STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following represents the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00788040 Representing the Department: Health Facilities Evaluator Nurse(s): [42878] The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were identified for the Facility Reported Incident: CA00788040 (Refer to Ftag 609,610).	F 000	*Chandler Convalescent Hospital* makes its best effort to operate in full compliance with both the Federal and State regulations. Nothing included in The Plan of Corrections is an admission otherwise. Chandler Convalescent Hospital has submitted this Plan of Corrections in order to comply with its regulatory obligations and does not waive any objection and does not waiver any objection to the merits or from any allegations contained therein. Please note that Chandler Convalescent Hospital may contest to the merits or form of any deficiency or findings alleged below and may take reasonable steps to appeal them. This Plan of Correction constitutes our written credible allegation of compliance form the deficiencies noted during our Fiscal year 2019 NHPPD audit conducted by the Department Of Public Health.	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and	F 609	**F609 CFR 483.12(c)(1)(4) Reporting of Alleged Violations** **What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice** On 6/7/2022, upon knowledge of the incident regarding Resident 1's allegation towards C.N.A. 1, Administrator immediately initiated an investigation, submitted an SOC 341 to the Department of Health (DPH) and Ombudsman, and called the Glendale Police Department. Director of Staff Development (DSD), via telephone, also immediately placed C.N.A. 1 on suspension pending the results of the investigation and gave one-to-one in-service regarding facility's Abuse policy and	**6/7/22**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Judy Cayabyab MDO — ADMINISTRATOR — 7-29-22

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 1 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to report an allegation of sexual abuse to the administrator of the facility, and to other officials including to the State Survey Agency and adult protective services, immediately but not later than two hours for one of three sampled residents (Resident 1) from the time the incident occurred, when it failed to: 1. Ensure Licensed Vocational Nurse (LVN) 1 and Certified Nurse Assistant (CNA) 2 identify Resident 1's verbal report of CNA 1 touching his breast/chest area and asking Resident 1 to "suck his dick (penis)," as an alleged violation of sexual abuse between the alleged dates of 6/2/22 to 6/5/22 and report to the facility's administrator and other officials immediately. The facility reported the allegation of sexual abuse to the Department of Public Health on 6/7/22 (4 to 5 days after Resident 1's reported the allegations to LVN 1 and CNA 2 between 6/2/22 to 6/3/22. This deficient practice resulted in psychological	F 609	Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. On 6/8/2022, upon facility's knowledge that LVN 1 was aware that C.N.A. 1 was accused by Resident 1 for an alleged sexual allegation, LVN 1 was given one-to-one in-service regarding facility's Abuse policy and Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. LVN 1 was placed on suspension for three (3) days for failure to report Resident 1's abuse allegation in a timely manner. On 7/21/2022, DSD conducted one-to-one in-service to C.N.A. 2 regarding facility's Abuse policy and Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. DSD also gave a final warning to C.N.A. 2 for failure to report Resident 1's	6/8/22 7/21/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 2 distress for Resident 1 by being fearful of CNA 1, thinking that the alleged incident may happen again, when CNA 1 was reassigned back to care for Resident 1, on 6/4/22, after the resident made the first sexual abuse allegation between 6/2/22 and 6/3/22. Findings: A review of Resident 1's Face sheet (Admission Record) indicated the facility initially admitted Resident 1 to the facility on 3/28/2018 and readmitted to the facility on 5/11/2020. Resident 1's diagnosis included hemiplegia (paralysis of one side of the body) following cerebral infraction (damage to tissues in the brain due to a loss of oxygen to the area), and chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe). A review of Resident 1's History and Physical dated 9/9/21, indicated Resident 1 had fluctuating capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool)), a standardized care screening and assessment tool, dated 3/24/22 indicated Resident 1's cognition (thought process) as moderately impaired. The MDS indicated Resident 1 did not exhibit any physical behavioral symptoms directed towards others (e.g, hitting, kicking, pushing, scratching, grabbing ,abusing others sexually) or verbal behavioral symptoms directed towards others (e.g, threatening others, screaming at other, cursing at others). The MDS did not indicate any mood problems for Resident 1. The MDS indicated Resident 1 required one-person	F 609	allegation in a timely manner. From 6/7/2022 through 6/10/2022, Resident 1 was placed on monitoring for signs and symptoms of emotional distress. As per nursing and SSD's progress notes, Resident 1 verbalized that he feels safe in the facility with no signs of emotional distress noted.	6/10/22
			On 6/8/2022, Resident 1 was evaluated by attending psychiatrist in order to assess Resident 1's psychological status and for Resident 1 to verbalize his feelings. No new orders were given.	6/8/22
			How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other residents may have potentially affected by the alleged deficient practice of prompt reporting of an incident that may have constitute an Abuse.	
			On 7/21/2022, per interview and observations with current residents during daily room rounds and interviews by the department managers, no similar findings have been identified that indicates the same deficient practice.	7/21/22
			On 7/20/2022, DSD and the Administrator conducted a series of in-services to all staff on the facility's policies and procedures regarding Abuse Reporting and Abuse Prevention / Prohibition, emphasizing the importance of	7/20/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	625 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 3 extensive((means that the individual would not be able to perform or complete the activity of daily living (ADL) without another person to aid in performing the complete task, by providing weight-bearing assistance) physical assistance for bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. The MDS indicated Resident 1 could not walk. A review of the Nursing Staffing Assignment and Sign-In Sheet dated 6/2/22, indicated CNA 1 was assigned in Resident 1's room, to provide care for Resident 1's roommate, on 6/2/22 during the 11 P.M. to 7 A.M. shift. A review of Nursing Staffing Assignment and Sign-In Sheet dated 6/4/22 indicated CNA 1 was assigned back to Resident 1's room, provide care for Resident 1, on 6/4/22 during the 11 P.M. to 7 A.M. shift. A review of Resident 1's Departmental Notes dated 6/7/22, indicated the Social Services Director (SSD) received a phone call from the Resident 1's family member (Family 1). Family 1 asked about the "incident" that happened to Resident 1. The Note indicated the SSD went to Resident 1's room on 6/7/22 at around 10:30 A.M. and Resident 1 informed the SSD that CNA 1 touched and asked Resident 1 to do inappropriate things. The Note indicated the SSD informed the Administrator (ADM) and the Director of Nursing (DON). The Note indicated the Police Department arrived at the facility and interviewed Resident 1. A review of a "Fax transmittal report submitted to the department" submitted to the department on 6/7/22 indicated the facility reported an incident of	F 609	reporting any and all allegations of abuse, whether or not they are deemed to be valid. It was further emphasized that staff are not to use their own judgement in determining the validity of any and all allegations. Rather it is all facility staff's responsibility to report as we are Mandated Reporters. Participants were given examples with actual demonstration and scenarios on what is abuse, the different types of abuse, and it was furthermore accentuated that it is the responsibility of all staff as mandated reporters to promptly report any alleged Abuse incident to the Abuse Coordinator (Administrator / Designee) and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. Administrator and Assistant Administrator emphasized special attention to the possible consequential outcome of residents experiencing psychological and emotional distress as a result of late reporting. Any facility staff who fails to report any and all allegations of abuse timely will be given disciplinary action, with possibility of termination. In the absence of the Administrator or DON, the highest ranking staff member present in the facility the day an alleged abuse occurred or was verbalized, shall be responsible for reporting to the Local Police Department, Office of the Ombudsman, and the Department of Public Health.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 4 alleged sexual abuse by Certified Nursing Assistant (CNA 1) towards Resident 1. A review of Resident 1's Interdisciplinary Team (IDT; a group of health care professionals with various areas of expertise who work together toward the goals of their patients) conference record dated 6/7/22, indicated that on 6/7/22, the SSD received a phone call from Family 1 stating Family 1 spoke with Resident 1 and there was an incident that happened but did not know the details. The IDT note indicated Family 1 asked the SSD to speak with Resident 1 to find out the details about the incident and SSD went to Resident 1's room at around 10:30 A.M. The IDT note indicated Resident 1 stated that the CNA who was assigned to Resident 1 touched Resident 1 and asked Resident 1 to do inappropriate things. The IDT note indicated that SSD informed the administrator and the DON. The IDT note indicated the IDT members called Family 1 at 3:15 P.M. and informed Family 1 the details of the initial findings. A review of the facility document titled "Witness statement/interview," dated 6/7/22, indicated the Director of Staffing and Development (DSD) spoke to CNA 1 on 6/7/22 and asked the CNA if there was any incident that occurred with Resident 1. The document indicated CNA 1 responded that he was not aware of any incident that happened with CNA 1. During an interview with the DON on 6/8/22 at 10:45 A.M., the DON stated Resident 1 reported CNA1's allegation of sexual abuse on 6/7/22 at around 10:30 A.M. to the facility's SSD. The DON stated during the initial interview, Resident 1 described CNA 1 as the alleged staff that showed	F 609	Information on mandated reporting responsibilities were posted at each nursing station. **What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur** On 7/28/2022, the room rounds checklist assigned to all department managers was updated to include interviewing residents in their assigned rooms to ensure residents are given appropriate treatment as well as an opportunity to voice out any concerns or rather report any observation or activities they perceived unusual during rendering of their daily care by their healthcare worker assigned. Any findings will be promptly reported to the Administrator / Designee to ensure promptness of immediate corrective actions. Furthermore, any findings that indicate even a probable allegation of an abuse in any form shall be reported to the Administrator or to the designated Abuse Coordinator for prompt reporting no later than two hours to the Local Police Department, Department of Public Health, and Office of the Ombudsman. Findings will also be discussed during the department managers' stand up meeting which is conducted five times per week. Nursing staff conducts huddle every shift to endorse any and all incidents, including any reportable incidents. Additionally, DSD will provide a series of in-services to facility staff regarding facility's policy and procedure regarding Abuse Prevention and Prohibition /	7/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 5 his private part and touched Resident 1's chest and breast area. During an observation and interview on 6/8/22 at 11:15 A.M., inside Resident 1's room, Resident 1 was observed awake and sitting in bed. Resident 1's left arm was observed to be weaker than his right arm. Resident 1's room was observed to have three beds and Resident 1's bed was situated at the end of the room next to the window with the privacy curtain drawn around his bed. Resident 1 stated CNA 1 came into the resident's room a week ago (unable to recall the exact date) during the night to change Resident 1's incontinence brief. Resident 1 stated CNA 1 then proceeded to touch his breast/chest area. Resident 1 stated CNA 1 pointed to his private area and told Resident 1 to "suck his dick (penis)." Resident 1 stated he told CNA 1 "Don't do that to me," Resident 1 stated he told CNA 1 again "No," and then CNA 1 left the room. Resident 1 stated he reported the incident to LVN 1 that same night (unable to recall the date). Resident 1 stated that when he told LVN 1 about the incident with CNA 1, LVN 1 told him "Maybe you misunderstood him (CNA 1), there is no need to make a big deal about this. Let's understand each other." Resident 1 stated he told LVN 1 that what CNA 1 did was sexual harassment and inappropriate. Resident 1 stated he informed LVN 1 that he did not want CNA 1 assigned and providing care to him anymore. During a follow up interview on 6/8/22 at 1:38 P.M., Resident 1 stated the incident with CNA 1 made him feel scared that the sexual abuse might happen again. During a telephone interview with LVN 1 on 6/8/22	F 609	Investigating weekly x 1 month, every two weeks x 1 month, then monthly x 1 month. These in-services will include: 1. Review of facility's policies and procedures with emphasis on reporting any and all abuse allegations; reporting timeline to all three (3) entities: Local Police Department, Long-Term Care Ombudsman, and Department of Public Health. 2. Examples of abuse with return demonstration 3. Question & Answer portion These measures have been put in place to ensure that this deficient practice will not recur. **How the corrective action (s) will be monitored to ensure deficient practice will not recur i.e., what quality assurance program will be put into practice** Administrator will report any deficient findings to the Quality Assurance Committee. Any significant findings shall be reported promptly and acted upon accordingly in accordance with the facility policy on Abuse Prevention and Reporting of an Allegation of Abuse. **COMPLETION DATE: 7-29-22**	9/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 6 at 2:24 P.M., LVN 1 stated she was not sure of the exact date when Resident 1 reported the sexual abuse allegation to her. LVN 1 stated the sexual abuse allegation was reported by Resident 1 either on a Thursday (6/2/22) or a Sunday (6/5/22) during the night shift. LVN 1 stated Resident 1 reported that CNA 1 had touched his breast area. LVN 1 stated that during the night shift when Resident 1 first reported the incident, LVN 1 had talked to CNA 1 in front of Resident 1, inside the resident's room. LVN 1 stated that during that time, CNA 1 denied the sexual allegation in front of Resident 1. LVN 1 stated Resident 1 had asked him that he did not want CNA 1 assigned to him again. LVN 1 stated she did not report Resident 1's allegation to the administrator because LVN 1 did not think Resident 1's allegation was an abuse allegation. LVN 1 stated that thinking about the allegation now, LVN 1 stated that she should have reported Resident's 1 allegations to the Administrator or DON. During a telephone interview on 6/9/22 at 12:10 P.M., CNA 1 stated he could not recall the date but during the night shift LVN 1 told him Resident 1 had accused him of touching his chest area. CNA 1 stated that he told LVN 1 "Why would I do that?" CNA 1 stated CNA 1 would not touch Resident 1 unless he needed to change his incontinence briefs. CNA 1 stated he became aware that Resident 1 had made sexual abuse allegations about him from another CNA (CNA 2) on 6/3/22 during the change of shift, the next morning. CNA 1 stated that CNA 2 informed him that Resident 1 had made sexual abuse allegations against CNA 1. During a telephone interview on 6/15/22 at 4:15	F 609	THIS PAGE LEFT BLANK	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 7 P.M. with CNA 2, CNA 2 stated that a week ago (unable to recall exact date) while he gave Resident 1's morning breakfast tray, Resident 1 informed him that he had been sexually abused by CNA 1. CNA 2 stated that he did not respond to Resident 1 during that time, when Resident 1 reported his allegations to CNA 1. CNA 2 stated he was not interested in what Resident 1 had to say. CNA 2 stated he told Resident 1 he was busy and left Resident's 1 room. CNA 2 stated he told CNA 1 during the change of shift that day, to be careful with Resident 1 because Resident 1 informed him (CNA 2) that "CNA 1 tried to sexually abuse him (Resident 1)." During the telephone interview, on 6/15/22 at 4:15 P.M., CNA 2 stated he did not report Resident 1's allegation to anyone else other than CNA 1. CNA 2 stated he had received abuse inservices from the facility and knew he had to report all abuse allegations. During a telephone interview on 7/13/22 at 3:45 P.M., with the Administrator (ADM), the ADM stated he is the facility's abuse coordinator. The ADM stated if there was an allegation of abuse reported by a resident to any staff member it should be reported immediately and "In my absence to the DON or the next highest authority," so that the facility can investigate. The ADM stated the facility follow the mandated reporting process and report all allegations of abuse within two hours. The ADM stated all facility staff should report all alleged violations of abuse, neglect, or mistreatment immediately. A review of the facility's policy and procedure titled, "Abuse-Reporting and Investigations" revised in November 2018, indicated "The facility	F 609	THIS PAGE LEFT BLANK	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 609	Continued From page 8 will report all allegations of abuse as required by law and regulations to the appropriate agencies within 2 hours. The facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, exploitation, misappropriation of resident property, or injuries of an unknown source when appropriate." Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to immediately implement measures and appropriate corrective actions of a resident's allegation of abuse to Certified Nursing Assistant (CNA) 1 for one of three sampled residents (Resident 1) by failing to: 1. Initiate an investigation when Resident 1	F 609		
F 610 SS=G		F 610	**F610 CFR(s): 483.12(c)(2)-(4) Investigate/ Prevent/ Correct Alleged Violation** **What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice** On 6/7/2022, upon knowledge of the incident regarding Resident 1's allegation towards C.N.A. 1, Administrator immediately initiated an investigation, submitted an SOC 341 to the Department of Health (DPH) and Ombudsman, and called the Glendale Police Department. Director of Staff Development (DSD), via telephone, also immediately placed C.N.A. 1 on suspension pending the results of the investigation and gave one-to-one in-service regarding facility's Abuse policy and Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations	6/7/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	625 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 9 Informed Licensed Vocational Nurse (LVN) 1 and CNA 2 of an alleged sexual abuse to the facility's administrator and other officials from 6/2/22 to 6/3/22 when Resident 1 alleged CNA 1 touched the resident's breast/chest area and when CNA 1 asked Resident 1 to "suck his dick (penis)." 2. Complete a thorough investigation of the allegation when LVN 1 informed Resident 1 that the resident's sexual abuse allegation was a misunderstanding. 3. Protect Resident 1 from further potential abuse when CNA 1 was reassigned back to Resident 1, on 6/4/22, after Resident 1 made the first sexual abuse allegation to CNA 1 between 6/2/22 and 6/3/22. The facility reported the allegation of sexual abuse to the Department of Public Health on 6/7/22 (4 to 5 days after Resident 1 reported the allegations to LVN 1 and CNA 2 between 6/2/22 to 6/3/22) This deficient practice resulted in psychological distress for Resident 1 by being fearful of CNA 1, thinking that the alleged incident may happen again. Findings: A review of Resident 1's Face sheet (Admission Record) indicated the facility initially admitted Resident 1 to the facility on 3/28/2018 and readmitted to the facility on 5/11/2020. Resident 1's diagnosis included hemiplegia (paralysis of one side of the body) following cerebral infraction (damage to tissues in the brain due to a loss of oxygen to the area), and chronic obstructive	F 610	On 6/8/2022, upon facility's knowledge that LVN 1 was aware that C.N.A. 1 was accused by Resident 1 for an alleged sexual allegation, LVN 1 was given one-to-one in-service regarding facility's Abuse policy and Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. LVN 1 was placed on suspension for three (3) days for failure to report Resident 1's abuse allegation in a timely manner. On 7/21/2022, DSD conducted one-to-one in-service to C.N.A. 2 regarding facility's Abuse policy and Procedures that entails prompt reporting of any alleged Abuse incident to the Administrator and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. DSD also gave a final warning to C.N.A. 2 for failure to report Resident 1's allegation in a timely manner. From 6/7/2022 through 6/10/2022, Resident 1 was placed on monitoring for signs and symptoms of emotional distress. As per nursing and SSD's progress notes, Resident 1 verbalized that he feels safe in the facility with no signs of emotional distress noted.	6/8/22 7/21/22 6/10/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 10 pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe). A review of Resident 1's History and Physical dated 9/9/21, indicated Resident 1 had fluctuating capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool)), a standardized care screening and assessment tool, dated 3/24/22, indicated Resident 1's cognition (thought process) as moderately impaired. The MDS indicated Resident 1 did not exhibit any physical behavioral symptoms directed towards others (e.g, hitting, kicking, pushing, scratching, grabbing, abusing others sexually) or verbal behavioral symptoms directed towards others (e.g, threatening others, screaming at other, cursing at others). The MDS did not indicate any mood problems for Resident 1. The MDS indicated Resident 1 required one-person extensive((means that the individual would not be able to perform or complete the activity of daily living (ADL) without another person to aid in performing the complete task, by providing weight-bearing assistance) physical assistance for bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. The MDS indicated Resident 1 could not walk. A review of the Nursing Staffing Assignment and Sign-In Sheet dated 6/2/22, indicated CNA 1 was assigned in Resident 1's room, to provide care for Resident 1's roommate, on 6/2/22 during the 11 P.M. to 7 A.M. shift. A review of Nursing Staffing Assignment and	F 610	On 6/8/2022, Resident 1 was evaluated by attending psychiatrist in order to assess Resident 1's psychological status and for Resident 1 to verbalize his feelings. No new orders were given. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** On 7/21/2022, per interview and observations with current residents during daily room rounds and interviews by the department managers, no similar findings have been identified that indicates the same deficient practice. No resident expressed any psychological and/or emotional concerns. Residents stated that they feel safe within the facility. On 7/20/2022, DSD and the Administrator conducted a series of in-services to all staff on the facility's policies and procedures regarding Abuse Reporting and Abuse Prevention / Prohibition, emphasizing the importance of reporting any and all allegations of abuse, whether or not they are deemed to be valid. It was further emphasized that staff are not to use their own judgement in determining the validity of any and all allegations. Rather it is all facility staff's responsibility to report as we are Mandated Reporters. Participants were given examples	6/8/22 7/21/22 7/20/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 11 Sign-In Sheet dated 6/4/22 indicated CNA 1 was assigned back to Resident 1's room, provide care for Resident 1, on 6/4/22 during the 11 P.M. to 7 A.M. shift. A review of a "Fax transmittal report submitted to the department" submitted to the department on 6/7/22 indicated the facility reported an incident of alleged sexual abuse by Certified Nursing Assistant (CNA 1) towards Resident 1. A review of Resident 1's Departmental Notes dated 6/7/22, indicated the Social Services Director (SSD) received a phone call from the Resident 1's family member (Family 1). Family 1 asked about the "incident" that happened to Resident 1. The Note indicated the SSD went to Resident 1's room on 6/7/22 at around 10:30 A.M. and Resident 1 informed the SSD that CNA 1 touched and asked Resident 1 to do inappropriate things. The Note indicated the SSD informed the Administrator (ADM) and the Director of Nursing (DON). The Note indicated the Police Department arrived at the facility and interviewed Resident 1. A review of Resident 1's Interdisciplinary Team (IDT; a group of health care professionals with various areas of expertise who work together toward the goals of their patients) conference record dated 6/7/22, indicated that on 6/7/22, the SSD received a phone call from Family 1 stating Family 1 spoke with Resident 1 and there was an incident that happened but did not know the details. The IDT note indicated Family 1 asked the SSD to speak with Resident 1 to find out the details about the incident and SSD went to Resident 1's room at around 10:30 A.M. The IDT note indicated Resident 1 stated that the CNA	F 610	with actual demonstration and scenarios on what is abuse, the different types of abuse, and it was furthermore accentuated that it is the responsibility of all staff as mandated reporters to promptly report any alleged Abuse incident to the Abuse Coordinator (Administrator / Designee) and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. Any facility staff who fails to report any and all allegations of abuse timely will be given disciplinary action, with possibility of termination. **What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur** On 7/28/2022, the room rounds checklist assigned to all department managers was updated to include interviewing residents in their assigned rooms to ensure residents are given appropriate treatment as well as an opportunity to voice out any concerns or rather report any observation or activities they perceived unusual during rendering of their daily care by their healthcare worker assigned. Any findings will be promptly reported to the Administrator / Designee to ensure promptness of immediate corrective actions. Furthermore, any findings that indicate even a probable allegation of an	7/28/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 12 who was assigned to Resident 1 touched Resident 1 and asked Resident 1 to do inappropriate things. The IDT note indicated that SSD informed the administrator and the DON. The IDT note indicated the IDT members called Family 1 at 3:15 P.M. and informed Family 1 the details of the initial findings. A review of the facility document titled "Witness statement/Interview," dated 6/7/22, indicated the Director of Staffing and Development (DSD) spoke to CNA 1 on 6/7/22 and asked the CNA if there was any incident that occurred with Resident 1. The document indicated CNA 1 responded that he was not aware of any incident that happened with Resident 1. A review of Resident 1's "Physician Progress Notes" indicated a handwritten note dated 6/8/22 from the psychiatrist (a medical practitioner specializing in the diagnosis and treatment of mental illness) that evaluated the resident on 6/8/22. The Progress Note indicated, "I was asked to see the patient, he complained of sexual harassment by a CNA. Patient was well groomed and alert and oriented times 4 (someone who is alert and oriented to person, place, time and event). Resident 1 reported that a certain CNA touched his breast over the clothing and asked Resident 1 "to suck his penis" but did not took his penis out, but patient reported, he can't see it hard from under the CNA uniform (sic). Patient reported that he yelled at the CNA and it stopped. Patient reports that this happened last week but it also happened several times before, not sure how many ..." During an interview with the DON on 6/8/22 at 10:45 A.M., the DON stated Resident 1 reported	F 610	abuse in any form shall be reported to the Administrator or to the designated Abuse Coordinator for prompt reporting no later than two hours to the Local Police Department, Department of Public Health, and Office of the Ombudsman. Findings will also be discussed during the department managers' stand up meeting which is conducted five times per week. In the absence of the Administrator or DON, the highest ranking staff member present in the facility the day an alleged abuse occurred or was verbalized, shall be responsible for reporting to the Local Police Department, Office of the Ombudsman, and the Department of Public Health. Information on mandated reporting responsibilities were posted at each nursing station. Nursing staff conducts huddle every shift to endorse any and all incidents, including any reportable incidents. Additionally, DSD will provide a series of in-services to facility staff regarding facility's policy and procedure regarding Abuse Prevention and Prohibition / Investigating weekly x 1 month, every two weeks x 1 month, then monthly x 1 month. These in-services will include: 1. Review of facility's policies and procedures with emphasis on reporting any and all abuse allegations; reporting timeline to all three (3) entities: Local Police Department, Long-Term Care Ombudsman, and Department of Public Health. 2. Examples of abuse with return demonstration	9/30/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 13 Resident 1's allegation of sexual abuse on 6/7/22 at around 10:30 A.M. to the facility's SSD. The DON stated during the initial interview, Resident 1 described CNA 1 as the alleged staff that showed his private part and touched Resident 1's chest and breast area. During an observation and interview on 6/8/22 at 11:15 A.M., inside Resident 1's room, Resident 1 was observed awake and sitting in bed. Resident 1's left arm was observed to be weaker than his right arm. Resident 1's room was observed to have three beds and Resident 1's bed was situated at the end of the room next to the window with the privacy curtain drawn around his bed. Resident 1 stated CNA 1 came into the resident's room a week ago (unable to recall the exact date) during the night to change Resident 1's incontinence brief. Resident 1 stated CNA 1 then proceeded to touch his breast/chest area. Resident 1 stated CNA 1 pointed to his private area and told Resident 1 to "suck his dick (penis)." Resident 1 stated he told CNA 1 "Don't do that to me," Resident 1 stated he told CNA 1 again "No," and then CNA 1 left the room. Resident 1 stated he reported the incident to LVN 1 that same night (unable to recall the date). Resident 1 stated that when he told LVN 1 about the incident with CNA 1, LVN 1 told him "Maybe you misunderstood him (CNA 1), there is no need to make a big deal about this. Let's understand each other." Resident 1 stated he told LVN 1 that what CNA 1 did was sexual harassment and inappropriate. Resident 1 stated he informed LVN 1 that he did not want CNA 1 assigned and providing care to him anymore. During a follow up interview on 6/8/22 at 1:38 P.M., Resident 1 stated the incident with CNA 1	F 610	3. Question & Answer portion These measures have been put in place to ensure that this deficient practice will not recur. **How the corrective action (s) will be monitored to ensure deficient practice will not recur i.e., what quality assurance program will be put into practice** Administrator will report any deficient findings to the Quality Assurance Committee. Any significant findings shall be reported promptly and acted upon accordingly in accordance with the facility policy on Abuse Prevention and Reporting of an Allegation of Abuse. **COMPLETION DATE: 7-29-22**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 14 made him feel scared that the sexual abuse might happen again. During a telephone interview with LVN 1 on 6/8/22 at 2:24 P.M., LVN 1 stated she was not sure of the exact date when Resident 1 reported the sexual abuse allegation to her. LVN 1 stated the sexual abuse allegation was reported by Resident 1 either on a Thursday (6/2/22) or a Sunday (6/5/22) during the night shift. LVN 1 stated Resident 1 reported that CNA 1 had touched his breast area. LVN 1 stated that during the night shift when Resident 1 first reported the incident, LVN 1 had talked to CNA 1 in front of Resident 1, inside the resident's room. LVN 1 stated that during that time, CNA 1 denied the sexual allegation in front of Resident 1. LVN 1 stated Resident 1 had asked him that he did not want CNA 1 assigned to him again. LVN 1 stated she did not report Resident 1's allegation to the administrator because LVN 1 did not think Resident 1's allegation was an abuse allegation. LVN 1 stated that thinking about the allegation now, LVN 1 stated that she should have reported Resident's 1 allegations to the Administrator or DON. During a telephone interview on 6/9/22 at 12:10 P.M., CNA 1 stated he could not recall the date but during the night shift LVN 1 told him Resident 1 had accused him of touching his chest area. CNA 1 stated that he told LVN 1 "Why would I do that?" CNA 1 stated CNA 1 would not touch Resident 1 unless he needed to change his incontinence briefs. CNA 1 stated he became aware that Resident 1 had made sexual abuse allegations about him from another CNA (CNA 2) on 6/3/22 during the change of shift, the next morning. CNA 1 stated that CNA 2 informed him	F 610	THIS PAGE LEFT BLANK	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 15 that Resident 1 had made sexual abuse allegations against CNA 1. During a telephone interview on 6/15/22 at 4:15 P.M. with CNA 2, CNA 2 stated that a week ago (unable to recall exact date) while he gave Resident 1's morning breakfast tray, Resident 1 informed him that he had been sexually abused by CNA 1. CNA 2 stated that he did not respond to Resident 1 during that time, when Resident 1 reported his allegations to CNA 1. CNA 2 stated he was not interested in what Resident 1 had to say. CNA 2 stated he told Resident 1 he was busy and left Resident's 1 room. CNA 2 stated he told CNA 1 during the change of shift that day, to be careful with Resident 1 because Resident 1 informed him (CNA 2) that "CNA 1 tried to sexually abuse him (Resident 1)." CNA 2 stated he did not report Resident 1's allegation to anyone else other than CNA 1. On 7/13/22 at 3:38 P.M., during a telephone interview and concurrent record reviews of Resident 1's care plans and progress notes from 2/2022 to 7/2022 with DON 1, DON 1 stated she could not find documented evidence that Resident 1 had manifested inappropriate behaviors or making up stories in the facility's progress notes or care plans. During a telephone interview on 7/13/22 at 3:45 P.M., with the Administrator (ADM), the ADM stated he is the facility's abuse coordinator. The ADM stated if there was an allegation of abuse reported by a resident to any staff member it should be reported immediately and "In my absence to the DON or the next highest authority," so that the facility can investigate. The ADM stated the facility follow the mandated	F 610	THIS PAGE LEFT BLANK	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056190	A. BUILDING _____ B. WING _____	C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHANDLER CONVALESCENT HOSPITAL	525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 610	Continued From page 16 reporting process and report all allegations of abuse within two hours. The ADM stated all facility staff should report all alleged violations of abuse, neglect, or mistreatment immediately. A review of the facility's policy and procedure titled, "Abuse-Reporting and Investigations" revised in November 2018, indicated "The facility will report all allegations of abuse as required by law and regulations to the appropriate agencies within 2 hours. The facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, exploitation, misappropriation of resident property, or injuries of an unknown source when appropriate."	F 610	THIS PAGE LEFT BLANK	