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*pac Reviewed
Accepted
10/31/17*

03:14:25 p.m.

10-18-2017

9/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

HEALTH FACILITIES
INSPECTION DIVISION
ADMINISTRATION

PRINTED: 10/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055845	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>2017 OCT 30 AM 8:15</u> B. WING <u>RECEIVED</u>		(X3) DATE SURVEY COMPLETED C 10/18/2017
NAME OF PROVIDER OR SUPPLIER LEISURE GLEN POST ACUTE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 330 MISSION ROAD GLENDALE, CA 91205		
(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 reflects the findings of the California Department of Public Health during the investigation of one entity-reported incident. Entity-reported incident: 543743. Representing the Department: HFEN # 36904 The inspection was limited to the specific entity-reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint 543743.	F 000			
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.	F 225	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law. F225 Corrective Action/s for residents identified to have been affected: Resident 1 was no longer residing at the facility.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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03:14:39 p.m.

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F 225	Continued From page 1 (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (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 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (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	F 225	Identification of residents with the potential to be affected: QA Nurse Consultant reviewed recent and pending facility reported concerns to the CDPH on 10/27/17 and no other residents were affected by the deficient practice. Measures to prevent recurrence: QA Nurse Consultant will re-educate administrator in regards to timely reporting of summary of investigation within 5 working days of the incident to the State Survey agency. Facility's policy and procedure in regards to reporting will be reviewed and updated.		

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03:14:53 p.m.

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F 225	<p>Continued From page 2</p> <p>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:</p> <p>Based on interview and record review, the facility failed to report the results of the investigation regarding an allegation of verbal abuse within five working days to the Department (Licensing and Certification Program); from the time the allegation of verbal abuse was reported to the administrator for one out of two sample residents (Resident 1).</p> <p>Resident 1's family member called her a derogatory name on 6/29/17 and the investigation report was sent to the Department on 7/11/17 (7 working days later).</p> <p>This deficient practice had the potential for Resident 1 to be exposed to further abuse.</p> <p>Findings:</p> <p>On 7/18/17, the Department conducted an unannounced investigation at the facility regarding an allegation of verbal abuse directed towards Resident 1.</p> <p>During an interview on 7/18/17 at 2:03 p.m., registered nurse (RN 1) stated he (RN 1) witnessed Resident 1's family member calling Resident 1 a derogatory word on 6/29/17 at 6:45 p.m., outside in the facility's parking lot. RN 1 stated that Resident 1 was no longer at the facility and that Resident 1 was discharged home on 7/10/17.</p> <p>During a telephone interview on 7/18/17 at 2:18</p>	F 225	<p>Monitor for Corrective Action:</p> <p>VP of Operations will review each incident and ensure that conclusions are sent within 5 working days to appropriate State Survey agency.</p> <p>This will be monitor Issue will be reviewed during quarterly QAA/QAPI meeting for two quarters to ensure continued compliance.</p>			10/27/17	

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03:15:05 p.m.

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F 225	<p>Continued From page 3</p> <p>p.m., Resident 1 stated she was at her home doing well and she felt safe.</p> <p>A review of Resident 1's Record of Admission Indicated that Resident 1 was admitted to the facility on 5/22/17 with diagnoses of urinary tract infection requiring long term use of antibiotics (medicine that prevents the growth of or destroys bacteria).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 7/9/17 indicated that resident had the ability to express ideas and wants.</p> <p>During an interview on 7/18/17 at 4:25 p.m. the facility's administrator (ADM) stated that she sent the investigation report late to the Department because she did not know she had five working days to submit the conclusion. ADM stated that she should have sent the results sooner.</p> <p>A review of the facility's policy and procedure titled "Alleged Abuse and Elder Justice Act," with a revised date of September 2011, indicated that the results of all investigations must be reported to the appropriate state agency, as required by state law, within two working days of the alleged violation.</p>	F 225					