

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

PRINTED: 07/22/2022

FORM APPROVED

OMB NO. 0938-0391

POC ACCEPTED 8/2/22 BY #35491

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055711	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/21/2022
NAME OF PROVIDER OR SUPPLIER  BRENTWOOD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 FRANKLIN STREET SANTA MONICA, CA 90404		
(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 an abbreviated standard survey.  Complaint number: CA00790556.  Representing the Department: Health Facilities Evaluator Nurse: 40537.  The inspection was limited to specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was identified for Complaint number: CA00790556.	F 000	<b>Disclaimer Statement</b>  Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law.  <b>This plan of correction hereby constitutes the facility's Credible Allegation of Compliance</b>		
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 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established	F 609	<b>F 609 483.12(c)(1)(4) REPORTING OF ALLEGED VIOLATIONS</b>  The facility will continue to correctly respond to allegations of abuse, neglect, exploitation, or mistreatment.  <b>Corrective Action for residents found to have been affected by this deficiency:</b>  The Facility conducted a full investigation of the injury by interviewing all staff / residents / family involved as well as Resident 1. The facility took all the proper steps in separating the residents and communicating to parties and it was concluded that no abuse had occurred due to the confused nature of both residents. Full investigation was completed.	6/13/2022	

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

TITLE

(X6) DATE

ADMINISTRATOR

8/1/22

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.

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F 609	<p>Continued From page 2</p> <p>including a history of high blood pressure, Alzheimer's disease (A progressive disease that destroys memory and other important mental functions), and dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 6/3/22, indicated the cognition of R 1 was impaired.</p> <p>A review of Resident 2's MDS, dated 6/3/22, indicates the cognition of Resident 2 was severely impaired.</p> <p>A review of Resident 1's Interdisciplinary Team (IDT, of professionals plan, coordinate and deliver you personalized health care) Incident Review, dated 6/11/22, indicated, " ...around 10:30 pm while sitting in nursing station heard that resident is calling for help. Supervisor went to assess the resident and noted resident is on the floor and her roommate is on the top of [Resident 1] and is hitting her with a reacher grabber and [Resident 1] is pulling [Resident 2]'s hair. [Resident 1] explained to the supervisor that she was sitting on her wheelchair and her Roommate came towards her and tried to pull her out of wheelchair. Noted [Resident 1]'s head in a position that was hit by closet handle and caused a cut, bleeding and a big bump on the back of her head ... Patient sent to ER [Emergency Room] for evaluation..."</p> <p>A review of Resident 2's IDT - Incident Review, dated 6/11/22, indicated, "Supervisor at around</p>	F 609	<p><b>Corrective Action for residents that maybe affected by the deficiency:</b></p> <p>The Facility Administrator looked back on any recent abuse allegations and ensured that the allegation was properly investigated and reported.</p> <p><b>Measures that will be put into place to ensure that this deficiency does not recur:</b></p> <p>The Facility Administrator reviewed Facility abuse policies on June 17, 2022 and ensured the facility and staff were in compliance with all policies. The Facility Administrator will review the abuse policies quarterly ongoing and educate and in-service staff as needed.</p> <p>Additionally, the facility conducted in-service for licensed nurses and CNAs for all shifts on recognizing abuse and the different kinds of abuse.</p> <p><b>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</b></p> <p>The Facility has monthly trainings through online training portal called Relias where abuse education and recognition is a quarterly training topic. The Administrator will ensure the abuse trainings are completed by 30 days following its due date for all staff. This is for all staff, including direct care and administrative. This will be done on a quarterly basis and</p>	<p>6/17/2021</p> <p>7/11/2022</p>	



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F 609	<p>Continued From page 1 procedures.</p> <p>§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:</p> <p>Based on interview and record review, the facility failed to report to the Department of Public Health (State Survey Agency [SSA]), the local Long-Term Care Ombudsman (assist residents in the long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences), and local law enforcement about a witnessed physical altercation between two of five sampled residents (Residents 1 and 2).</p> <p>This deficient practice, resulted in Resident 1 experiencing a fall and head injury and there was a delay in the SSA investigation and specifics of the alleged incident (date, time, residents involved) could not be obtained placing Resident 1 at risk for further abuse.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident, a 93-year-old female, on 2/28/20, with a medical history of high blood pressure and diabetes (High sugar level in the blood).</p> <p>A review of Resident 2's Admission Record indicated the facility admitted the resident, a 93-year-old female, on 4/3/2022 with diagnoses</p>	F 609	<p>any findings will be discussed and addressed with the QA team.</p> <p>QA team will review on a quarterly basis any staff that have not completed abuse trainings on time and the Administrator or Administrator Designee such as the Director of Staff Development will meet one-on-one with those staff members until compliance is met.</p> <p>Administrator is responsible for monitoring of corrective action plans for sustained compliance.</p>		

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F 609	<p>Continued From page 3</p> <p>10:30 pm while sitting in nursing station heard that resident is calling for help. Supervisor went to assess the resident and noted resident is on the floor and her roommate is on the top of [Resident 1] and is hitting her with a reacher grabber and [Resident 1] is pulling [Resident 2]'s hair. [Resident 1] explained to the supervisor that she was sitting on her wheelchair and her Roommate came towards her and tried to pull her out of wheelchair. Noted [Resident 1] head in a position that was hit by closet handle and caused a cut, bleeding and a big bump on the back of her head. [Resident 1] was assessed and was able to move all her extremities without c/o [complain of] pain. She was alert and oriented x4. [Resident 1] was transferred to bed safely. Charge nurse applied ice on the bump area on the head. after applying ice resident was feeling better. Supervisor notified RP [Responsible Party] 1 and MD 3. Supervisor called 911 and they around 10:50pm took the resident to (a General Acute Hospital (GACH)...</p> <p>A review of Resident 1's Skilled Charting, dated 6/10/22, indicated, "pt alert. reports headache. hospitalized due to physical fight."</p> <p>A review of Resident 1's Change in Condition Note, dated 6/11/22, indicated, "pt transferred to hospital, for cut on head."</p> <p>A review of Resident 1's Change in Condition, dated 6/13/22, indicated, "Note Text: Pt. c/o nausea and headache. Will transfer to ER for further evaluation."</p> <p>During an interview on 6/27/22, at 3:12 PM, Administrator (ADM) 1 stated the facility did not report the physical altercation between Residents 1 and 2 as a possible resident abuse because in</p>	F 609			



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F 609	<p>Continued From page 4</p> <p>the past, Resident 2 had a physical altercation with another resident and a representative of The Department told him (the Administrator) that because Resident 2 was formally diagnosed with dementia and Alzheimer's disease, Resident 2 cannot be deemed to have willfully and intentionally abused another resident. The Administrator further confirmed and stated the facility did not report the altercation to the SSA, the police, or the Ombudsman.</p> <p>A review of a letter written by the Administrator, addressed to the SSA, dated 6/28/22, indicated, "Regarding the non-report: It was not viewed as abuse due to Resident 2's diagnosis of dementia/Alzheimer's, there was absolutely no abuse that took place. Resident 2 isn't even aware of her surroundings ..."</p> <p>During an interview with Ombudsman (OMB) 1, on 6/28/22 at 2:42 PM, the OMB 1 stated the facility did not report a physical altercation resulting in an injury between Residents 1 and 2 in the month of June of 2022 by phone, fax, email, or in person.</p> <p>A review of the facility's policy and procedures titled "Abuse and Neglect - Clinical Protocol," dated 3/2016, indicated, "The management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect. The management and staff, with physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations."</p>	F 609			