3/20/19 POC received & accepted by Admin

Tarzana
Health & Rehabilitation Center

Plan of Correction

F 609 Reporting of Alleged Violations CFR (s): 483.12(c)(1)(4)

Corrective Action

The Administrator who failed to submit the required SOC and notification to CDPH no longer works at the facility.

Although there is no record of CDPH being informed within 2 hours of Resident #1's allegation, the resident was safe-guarded from the accused C.N.A. and her allegation was promptly investigated by facility staff as evidenced by documentation in the medical records, including SBAR, progress notes, skin-head to toes assessment and pain assessment.

Residents Potentially Affected

All residents in the facility have the potential to be affected.

The Administrator will conduct a review of all incidents/cases reported to CDPH from 8/1/18 through 3/11/18 to ensure that all alleged violation 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.

Any identified issues will be immediately reported to the Administrator and immediate corrective action taken.

Systemic Change

The policy titled, "Abuse and Neglect Prohibition" was reviewed by the Administrator and DON and found to be compliant.

Facility staff will be inserviced by the Administrator / DSD / Designee on the Abuse and Neglect Prohibition" policy with emphasis on reporting by 3/29/18:

Survey Exit Date: 3/7/19 **Facility ID: CA920000067** **Event ID: VE6611**

Mgd Sandelman, Administrator 3/11/19

5650 Reseda Boulevard ■ Tarzana, California 91356 ■ Tel: (818) 881-4261 ■ Fax: (818) 343-7451

Reporting and Response

1. **STATE REPORTING OBLIGATIONS:** The facility will report all allegations and substantiated occurrences of **abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property** to the administrator, State Survey Agency, and law enforcement officials and adult protective services (where state law provides for jurisdiction in long-term care facilities) in accordance with Federal and State law through established procedures. Timeline for reporting is as follows:

    a. If the events that caused the allegation involve abuse or result in serious bodily injury, a report is made not later than 2 hours after the facility is notified of the allegation; or
    b. If the events that cause the allegation do not involve abuse and do not result in serious bodily injury, a report is made not later than 24 hours after the facility is notified of the allegation; and

2. **ELDER JUSTICE:** In accordance with the Elder Justice Act, the facility will report to law enforcement agencies and to the state agency reasonable suspicion of a crime against any individual who is a resident of, or receives care from the facility (see OP2 0115.00, Elder Justice Act for reporting requirements). Timing for Elder Justice reporting is:
    a. If the events that caused reasonable suspicion of a crime that results in serious bodily injury, then the event must be reported to law enforcement no later than two (2) hours after forming the suspicion.
    b. If the event that caused reasonable suspicion of a crime that does not result in serious bodily injury, then the event must be reported to law enforcement no later than 24 hours after forming the suspicion.

3. The facility will complete an Incident/Accident report and report events to management and Legal Departments in accordance with reporting procedures.

Ingrid Scarbrough, Administrator 3/11/19

4. The facility will report any occurrences of abuse by licensed or certified staff and any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for employment to the applicable State Board in accordance with State law.

5. The facility will submit a summary of its investigation to the appropriate State agency within 5 days of its initial report or within whatever time frame required by the State agency.

Monitoring

1. Ongoing audit will be conducted to ensure that all allegations and substantiated occurrences of abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property are reported to the administrator, State Survey Agency, and law enforcement officials and Ombudsman Office in accordance with Federal and State law and within required reporting timelines.

These audits will be conducted by the Administrator / Designee weekly x 4 weeks then monthly x 2 months. Any issue or concern not readily correctable or reoccurrence will be reported by the Administrator at QAPI for discussion and further action as needed x 2 months.

Completion Date

THRC will correct this deficiency no later than 3/27/19.

Ingrid Scantlebury, Administrator 3/11/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056124	A. BUILDING _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARZANA HEALTH AND REHABILITATION CENTER	5850 RESEDA BLVD TARZANA, CA 91356

(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 Department of Public Health during the investigation of a facility-reported incident (FRI) during an Abbreviated survey. FRI number: CA00597941 Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 38459 The inspection was limited to the specific FRI investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for FRI number: CA00597941.	F 000	PLEASE SEE ATTACHED POC	
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	F 609		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 3/11/19

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
	056124	A. BUILDING _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARZANA HEALTH AND REHABILITATION CENTER	5650 RESEDA BLVD TARZANA, CA 91356

(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 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 ensure an allegation of employee to resident abuse was reported to the California Department of Public Health (CDPH) within two hours, for one of three sampled residents (Resident 1). This deficient practice resulted in a delay in CDPH being aware of the incident and a delay in investigating the facts related to the abuse allegations. Findings: A review of the Admission Face Sheet indicated Resident 1 was originally admitted to the facility, on 11/16/09 and readmitted on 11/24/17, with diagnoses which included acute bronchitis (inflammation of the airways that carry air to the lungs) and hypertension (high blood pressure). A review of Resident 1's Situation, Background, Assessment, and Request (SBAR) Communication Form and Progress Note, dated 07/20/18, at 11:01 a.m., indicated the situation was regarding status post alleged abuse that started on the same date. The SBAR	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056124	A. BUILDING _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARZANA HEALTH AND REHABILITATION CENTER	5660 RESEDA BLVD TARZANA, CA 91356

(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 Communication Form and Progress Note further indicated that Resident 1 claimed that morning, Residential Care Specialist (RCS) had grabbed her hard while getting her ready that morning around 8:30 a.m. According to the head to toe skin checks on the SBAR Communication Form and Progress Note, Resident 1 had a right middle finger skin discoloration. A review of the Staff to Resident - 5 day summary report dated 07/25/18, indicated Resident 1 alleged that on 07/20/18, her assigned CNA (Certified Nursing Assistant)/RCS roughly handled her. The reported indicated it was faxed to CDPH on 08/02/18 at 9:15 a.m. Further review also indicated that CDPH did not receive an SOC 341 form (used to document the information given by the reporting party about the suspected incident of abuse or neglect of an elder or dependent adult) from the facility. On 8/16/19, at 12:55 p.m., during an interview, RCS/CNA stated she had gone to the resident's room that morning to assist her with morning care. She said she did not touch the resident's hands. On 8/16/18, at 3:11 p.m., during an interview, the Unit Manager (UM)stated she was informed by the housekeeping supervisor regarding Resident 1's allegation. She stated that she went to the resident, who showed her finger with a tiny discoloration. The UM further stated that Resident 1 said the CNA helped her get dressed and grabbed her hand. During an interview with the Division Director of Nursing (DDON) on 08/16/18, at 2:41 p.m. and 4:07 p.m., she stated that the previous	F 609		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056124	A. BUILDING _____ B. WING _____	C 03/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARZANA HEALTH AND REHABILITATION CENTER	6660 RESEDA BLVD TARZANA, CA 91335

(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 Administrator had reported the incident on 07/20/18. DDON further stated that she was not able to find any documentation that the incident was reported to CDPH on 07/20/18. On 02/22/19, at 2:05 p.m., during an interview, the Administrator indicated there was no record or confirmation found regarding the incident being reported to CDPH on 7/20/18. The facility's policy and procedure titled, "Abuse & Neglect Prohibition," revised July 2016, stated that the facility will report all allegations and substantiated occurrences of abuse, neglect, exploitation, mistreatment including injuries of unknown origin, and misappropriation of property to the administrator, State Survey Agency, and law enforcement officials and adult protective services in accordance with Federal and State law through established procedures. The policy and procedure further stated that the timeline for reporting is as follows: a. If the events that caused the allegation involve abuse or results in serious bodily injury, a report is made not later than two hours after the facility is notified of the allegation; or b. If the events that cause the allegation do not involve abuse and do not result in serious bodily injury, a report is made not later than 24 hours after the facility is notified of the allegations	F 609		