STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555249	A. BUILDING _____ B. WING _____	**07/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SEA CLIFF HEALTHCARE CENTER	**18811 FLORIDA ST HUNTINGTON BEACH, CA 92648**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0600 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure one of two sampled residents (Resident 1) was free from abuse. * The facility failed to ensure Resident 1 remained free from the physical abuse when CNA 1 was witnessed by Resident 1's roommate to slap Resident 1 in the face. This failure had to cause consequences such as fear and anxiety to Resident 1 and other vulnerable residents. Findings: According to the facility's P&P titled Abuse: Prevention and Prohibition Against revised in April, 2019, the residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. Review of the SOC 341 (facility's report of suspected dependent adult/elder abuse) dated 6/19/2020, showed Resident 1's roommate (Resident 2) saw CNA 1 slap Resident 1 in the face. Review of the facility's abuse investigation completed on 6/19/2020, showed Resident 1 verbalized CNA 1 beat him up and slapped him in the face. Resident 1's roommate (Resident 2) was interviewed and showed Resident 2 reported he had witnessed CNA 1 slap Resident 1 in the face. Review of the facility's investigative conclusion dated 6/24/2020, showed the facility substantiated the physical abuse allegation. Medical record review for Resident 1 was initiated on 6/25/2020. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of the MDS dated [DATE], showed Resident 1 had severe cognitive impairment, was not able to communicate his needs, and was dependent on the staff for daily care needs. On 6/25/2020 at 1345 hours, an interview was conducted with Resident 1's roommate (Resident 2). Resident 2 stated on 6/19/2020 at around 0720 hours, he was in bed watching television when CNA 1 entered the room and provided breakfast and care to Resident 1. Resident 2 stated he could see Resident 1 asleep in bed through the mirror by the wall next to the television in their room. Resident 2 stated the privacy curtain was drawn halfway, but he was able to see the other side of the room where Resident 1's bed was. Resident 2 stated CNA 1 tried to wake up Resident 1 up for breakfast. Resident 2 stated he overheard Resident 1 say What do you want? Resident 2 said CNA 1 walked around to the right side of Resident 1's bed, stood at the head of bed, and looked down at Resident 1. Resident 2 stated he heard CNA 1 telling Resident 1 to be quiet. Resident 2 stated he then saw CNA 1 slap Resident 1 in his face. Resident 2 said he heard Resident 1 say Why did you hit me? CNA 1 then told Resident 1 to be quiet. Resident 2 stated he could not believe what he saw and heard and he felt sorry for Resident 1. Resident 2 stated he had no problems with CNA 1 as he was nice to him. He stated a couple of days before this incident, he overheard Resident 1 say don't hit me to CNA 1. Resident 2 stated he was afraid to use his call light because CNA 1 might answer it. He stated he reported the incident to the wound care nurse (LVN 1) when he came into their room a short time later. Resident 2 stated afterwards, he did not see CNA 1 again. Resident 2 stated the Administrator and Social Worker came in to talk to him and Resident 2. On 6/25/20, several attempts were make to interview Resident 1; however, he was too confused to answer any questions. On 6/25/20, CNA 1's employee file showed CNA had been working at the facility for a little over a year and had received abuse prevention inservice. On 7/22/20 at 1355 hours, an interview was conducted with LVN 1. LVN 1 stated Resident 2 reported to him he had witnessed CNA 1 slap Resident 1 in the face. LVN 2 stated he immediately reported it to his supervisor and went back and checked Resident 1 for any injuries and reassured Resident 1 he was safe. On 7/22/20 at 1500 hours and 7/29/20 at 1400 hours, telephone messages were left for CNA 1. However, no return calls were ever received. On 7/29/2020 at 1510 hours, a telephone interview was conducted with the ADON. The ADON stated on 6/19/2020 at around 0730 hours, he received the report about Resident 1 being slapped by a CNA 1. The ADON stated he immediately began an investigation and assessed Resident 1. The ADON stated Resident 1 confirmed he had been hit by CNA 1 in his face. The ADON stated he did not observe any redness and the resident was not complaining of any pain and/or distress. The ADON stated he interviewed Resident 2 who reported he saw CNA 1 slapped Resident 1 in the face. The ADON stated when he informed the resident's family of the incident, the family member stated the resident had complained of a CNA hurting him, but he did not believe him. The ADON said when he interviewed CNA 1, he denied hitting the resident. On 7/29/2020 at 1700 hours, a telephone interview was conducted with the Administrator. The Administrator verified the above findings and stated CNA 1 was no longer employed with 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.