

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116	
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 0943 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and policy and procedure reviews, the facility failed to develop, implement and maintain an effective abuse training program that included a process to assess staff's knowledge and competency to determine if the abuse training program was effective, for one of two employees, Certified Nurse Assistant (CNA) A. This failure had a potential to expose Resident 1 and all residents cared for by CNA A to the risk of abuse and neglect resulting in the potential for Resident 1 and all residents cared by CNA A to experience physical and psychosocial harm from lack of CNA A's knowledge and competence to report and protect residents from abuse and neglect, compromising their health and safety. Findings: A review of the facility document for Resident 1 titled Registration and Admission record revised 4/19/19, indicated that Resident 1 was admitted to the facility on [DATE]. A review of Resident 1's annual Minimum Data Set (MDS-an assessment tool facilities used to assess residents' care needs and develop residents care plans based on identified needs), dated 7/6/18, documented that: a. The facility admitted Resident 1 with a [DIAGNOSES REDACTED]. life). b. Resident 1 had severe cognitive impairment (intellection function), and was totally dependent on facility staff's assistance for bathing, eating, toilet use, and personal hygiene activities. During an interview with CNA A, on 6/14/19, at 12:15 p.m., in the presence of Charge Nurse B and Risk Management (RM) Nurse, CNA A stated the following: a. She had been taking care of Resident 1 since Resident 1 was admitted to the facility. b. She remembered that last year Resident 1 had developed a bruise on the bridge of her nose, and required a lot of gentle care because she bruised easily. c. Resident 1 was not verbal, does not talk, but squints her eyes a lot, and communicated with her facial expressions. d. She did not remember what the facility trained her regarding abuse prevention. During an interview with Charge Nurse B, on 6/14/19, at 12:25 p.m., in the presence of CNA A and RM Nurse, Charge Nurse B stated the following: a. CNA A was nervous and that was why She did not remember her training information on abuse prevention. b. The facility investigated Resident 1's bruise on the bridge of her nose as an injury of unknown source. A review of the facility policy and procedure titled Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting, and Response revised May 14, 2019, indicated that: a. New employees/volunteers, including transfers or inter-facility reassignments to LHH, shall, as a condition of employment, review and sign a statement acknowledging the prohibition against the abuse of elder and dependents adults and the obligation to report such abuse. c. Nurse Educators were required to provide additional abuse and neglect prevention training to nursing staff annually, including recognition of psychological, behavioral, or psychological indicators of abuse, and recognition of environmental factors that could potentially lead to abuse. The policy and procedure did not document how the facility: a. Evaluated its abuse training program effectiveness to ensure staff was knowledgeable and competent in preventing abuse and neglect, and identifying injuries of unknown origin. b. Identified gaps in employee abuse and prevention education that contributed to staff's lack of abuse prevention knowledge, and recommended additional abuse and training to address those gaps. c. Assessed all new and existing employees' knowledge in abuse and neglect prevention to ensure that employees were knowledgeable and competent in activities that constituted residents' abuse and neglect. d. Developed and implemented a process to ensure that the facility's abuse and prevention training program included a system to assess and evaluate the effectiveness of its abuse training program.</p>		
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.