

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER ROYAL TERRACE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1340 HIGHLAND AVE. DUARTE, CA 91010	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, certified nurse assistant 2 (CNA 2) failed to follow the facility's Abuse Investigation and Reporting policy and procedure (P&P) for reporting allegation of abuse for one of one resident (Resident 1). This deficient practice resulted in the facility to investigate and not report the allegation of abuse to the Department, law enforcement and ombudsman (an official appointed to investigate individuals' complaints against maladministration, especially that of public authorities) State appointed officials immediately or not later than 24 hours and in accordance to mandated Federal and State regulatory guidelines for one of three sampled residents (Resident 1). Findings: On 1/8/18 at 2 p.m., an unannounced entity reported incident (ERI) visit was conducted regarding alleged abuse of resident rights. A review of the admission record indicated the facility admitted Resident 1 on 8/24/15 with [DIAGNOSES REDACTED]. A review of the minimum data set (MDS, standardized assessment and care planning tool), dated 10/27/17, indicated Resident 1 had severe cognitive (mental action or process of acquiring knowledge and understanding) impairment (diminished or loss of function). The MDS indicated that Resident 1 had a [DIAGNOSES REDACTED]. The MDS indicated Resident 1 had the ability to express ideas and wants, understand others and required supervision with walking, locomotion, dressing, toilet use and personal hygiene. On 1/8/18 at 2:32 p.m., during an interview translated by licensed vocational nurse 2 (LVN 2), Resident 1 stated she met certified nurse assistant 4 (CNA 4) family member in the past. Resident 1 stated she was in bed when CNA 4's family member came to the resident's room at night on 12/2016 and took the resident's \$100. Resident 1 stated she observed CNA 4's family member open her closet, take \$100 bill from the resident's small bag and put in his pocket. Resident 1 stated CNA 4 was the only one who knew about the money. Resident 1 stated she reported the incident to the night shift registered nurse (RN) supervisor who did not pay much attention to the resident. On 1/8/18 at 2:48 p.m., during an interview, CNA 2 stated Resident 1 is alert and oriented, forgetful and sometimes confused. CNA 2 stated the facility conducts a belongings inventory upon a resident's admission and documents the belongings on the resident's inventory sheet. CNA 2 stated the belonging sheet is updated with additional belongings brought in the facility during the resident's stay. CNA 2 stated residents are not permitted to keep money in their rooms except for residents who are alert and oriented and either a licensed nurse or the director of staff development (DSD) stores the residents' money for safety. CNA 2 stated Resident 1 informed her approximately two months ago that CNA 4's family member took the resident's \$100 from the closet. CNA 2 stated she did not report because she thought everyone knew about it. On 1/8/18 at 3:10 p.m., during interview, the DSD stated any allegation of abuse, (such as sexual, neglect, involuntary seclusion, financial, verbal, mental, physical) neglect or misappropriation of resident's property are reported to the administrator right away. The DSD stated the facility's policy indicates that the ombudsman, the Department and law enforcement are notified within 24 hours of any allegation of abuse. The DSD stated the names of CNA 4 and the RN that Resident 1 reported were not on the facility staffing roster. The DSD stated CNA 4's name resembled a CNA who no longer worked at the facility. On 1/8/18 at 3:35 p.m., during interview, CNA 3 stated the different types of abuse included sexual, neglect, involuntary seclusion, financial, verbal, mental, and physical. CNA 3 stated taking a resident's money is a financial abuse. CNA 3 stated any type of abuse is reported to the charge nurse or the director of nursing (DON). On 1/8/18 at 3:40 p.m., during interview, Administrator 1 stated CNA 2 did not report to him that Resident 1 alleged CNA 4's son took the resident's \$100. Administrator 1 stated all staff are mandated reporters and aware to report any allegation of abuse including misappropriation of resident's property to the administrator immediately. Administrator 2 stated the facility's policy indicates allegations of abuse are reported within two hours. Administrator 2 stated investigations of allegations of abuse are important for the facility to substantiate (support or prove the truth) or unsubstantiate the allegation. A review of the facility's policy and procedure titled, Abuse Allegation Reporting, revised 12/2016, indicated that all alleged violations involving neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies which included, but not limited to, the State licensing/certification agency responsible for surveying/licensing the facility, local/State Ombudsman, and law enforcement officials. It also stipulated that alleged abuse, neglect, exploitation, or mistreatment, (including injuries of unknown source and misappropriation of resident property) will be reported within two hours. If events that cause allegation, do not involve abuse or not resulted in serious bodily injury, the report must be made within 24 hours.</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.