

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER EL MONTE CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 4096 EASY STREET EL MONTE, CA 91731	
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 interviews and record reviews, the facility failed to report to an allegation of resident abuse, with in two hours after the alleged abuse was made to the State Agency for one of four sampled residents (Resident 2) allegedly slapping Resident 1's hand. This deficient practice has the potential to expose the residents of the facility in an environment of abuse and mistreatment. Findings: On 9/11/18 at 12:40 p.m., an unannounced visit was made to the facility to investigate a facility reported incident regarding resident abuse. A review of Resident 1's face sheet (admission record) indicated that the facility admitted Resident 1 on 2/24/18. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care-screening tool, dated 6/1/18, indicated that Resident 1's cognition was intact. The MDS indicated that Resident 1 required extensive assistance from a staff to perform activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, and walking in the room or corridors. The MDS indicated that Resident 1 uses a walker or a wheelchair for mobility. A review of Resident 2's face sheet indicated that the facility admitted Resident 2 on 4/19/16. Resident 2's [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated that Resident 2's cognition was severely impaired. The MDS indicated that the resident did not show any undesirable physical or verbal behavior towards others during assessment and required extensive assistance from a staff to perform activities of daily living (ADLs) such as eating, dressing, toilet use, personal hygiene, and walking in the room or corridors. The MDS indicated that Resident 2 uses a wheelchair for mobility. During an interview on 9/11/18 at 1:50 p.m., Certified Nurse Assistant 1 (CNA 1) stated that on 8/25/18 at around 11:40 a.m., she was in the dining room supervising approximately 20 residents who were waiting for lunch while Resident 1 and 2 shared a table. Resident 2 attempted to take Resident 1's magazine, which he thought belonged to him. Resident 1 refused and Resident 2 slapped Resident 1's hand. CNA 1 stated that she was not able to intervene because there was no indication that an altercation would arise and the incident happened very quickly. CNA 1 stated that she separated the residents immediately and reported the incident to the charge nurse and to the treatment nurse. During an interview on 9/11/18 at 2:10 p.m., Licensed Vocational Nurse 1 (LVN 1) stated that CNA 1 reported to her on 8/25/18 (before noon) that Resident 1 and 2 had an altercation. She immediately went to the dining room to assess the residents and reported the incident to her supervisor, Registered Nurse 1 (RN 1). LVN 1 stated that RN 1 informed her that the incident was not reportable since the resident has dementia. During an interview on 9/11/18 at 3 p.m., the Director of Nurses (DON) stated that she is the abuse coordinator. She stated that the staff should report an abuse allegation to the abuse coordinator immediately and the facility must report the allegation to the state agency within two hours, after they make the allegation. The DON stated that RN 1 reported to her the incident on 8/27/18, two days after the event since RN 1 believed that the incident was not reportable due to Resident 2's [DIAGNOSES REDACTED]. A review of a faxed document received by the State Agency indicated that the facility transmitted the conclusion of their investigation on 8/27/18 involving Residents 1 and 2. A review of the facility's undated policy and procedure titled, Abuse Prevention, Intervention, Reporting, and Investigation indicated that the Administrator (ADM) would be promptly notified of any suspected abuse or incidents of abuse, and in conjunction with the DON, would notify other agencies including the State Licensing/Certification Agency.</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.