

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 05/27/2020
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 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 and record review, the facility failed to ensure one of three sampled residents (Resident 1) had the right to be free from verbal abuse by a facility's staff (Vocational Nurse 3 (LVN 3)). This deficient practice resulted in Resident 1 experiencing the feeling of unsafe environment. Findings: A review of Resident 1's Admission Record (face sheet) indicated that Resident 1 was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set, (MDS) an assessment and care screening tool, dated 12/28/18 indicated that Resident 1's cognitive level was intact. During an interview on 1/16/19 at 9:17 AM., Resident 1 stated all staff treated her well except LVN 3. Resident 1 stated LVN 3 yelled at her in three different occasions. Resident 3 stated LVN 3 was all in her face, like she was going to hit her. The resident stated LVN made her scared. Resident 1 stated after the facility fired LVN 3, she felt safe. During an interview on 1/16/19 at 9:48 AM., Social Worker (SW) stated witnessing LVN 3 approached Resident 1, and got really close to the resident's face and said F--- Y---. SW stated LVN 3 was always firm and had a strong personality in general, but LVN 3 got too strong in approaching Resident 1 on that particular time. A review of the facility's Notice to Employee as to Change in Relationship indicated that LVN 3 was discharged on [DATE] due to: 1. violation of patient's right. 2. verbal abuse. 3. violation of HIPAA. A review of the facility's policy and procedure titled Reporting Abuse to Facility Management, with revision date on 12/13, indicated that Verbal abuse defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents. A review of the facility's policy and procedure titled Abuse Prevention Program, with revision date on 12/16, indicated that Residents have the right to be free from abuse, including verbal abuse.		
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.