STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. BUILDING _____ B. WING _____	**04/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE REHABILITATION CENTER OF SANTA MONICA	**1338 20TH STREET SANTA MONICA, CA 90404**

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 0607 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Develop and implement policies and procedures to prevent abuse, neglect, and theft.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to file an allegation of abuse made by one sampled resident (Resident 1) against a certified nursing assistant (CNA 1) in CNA 1's personnel record and failed to report the allegation to the Department, according to the facility's policy. This deficient practice resulted in an incomplete employee record, had the potential to hinder the facility's ability to keep track of abuse allegations regarding specific employees and caused an increased risk in the protecton of each resident. Findings: A review of Resident 1's admission record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening tool) dated 1/27/20 indicated the resident was able to express ideas and wants and was able to clearly understand others. The MDS indicated Resident 1 required extensive assistance from staff with bed mobility (how the resident moves in bed), dressing, toilet use, and personal hygiene (how the resident maintains personal hygiene, including combing hair, brushing teeth, etc.). A review of Resident 1's physician's orders [REDACTED]. During a phone interview with the social worker (SW) from the GACH on 3/23/20 at 1:08 p.m., the SW stated she spoke to Resident 1 on 2/7/20 after she was transferred to the GACH. The SW stated Resident 1 told her a staff member, whom she identified as CNA 1, hit her, pulled her hair, and did not take her to the bathroom. The SW stated Resident 1 reported bruising under her arms and stated she felt humiliated. During a phone interview with the facility social services designee (SSD) on 3/26/20 at 11:33 a.m., the SSD stated she had first heard there was an allegation of abuse made by Resident 1 against CNA 1 from the previous Director of Nursing (DON) during a stand up meeting, although she could not remember the exact date or details. The SSD stated it was sometime after Resident 1 was transferred to the GACH. During a phone interview with the administrator (ADM) on 3/26/20 at 3:41 p.m., the ADM stated he and his previous DON were first made aware of Resident 1's abuse allegation against CNA 1 when a surveyor from the Department of Public Health came onsite to investigate a complaint. When asked if he initiated his abuse protocol after first hearing about the allegation, the ADM stated, I think the (previous) DON looked into it but was uncertain if an investigation was thoroughly conducted or completed. The ADM stated he would look to see if an investigative report was completed. Additionally, the ADM stated they did not immediately suspend CNA 1 pending the outcome of the investigation as indicated in the facility's policy because Resident 1 was not at the facility anymore and the ADM stated he did not see the need to. The ADM confirmed if the facility did not conduct a thorough investigation regarding Resident 1's allegation of abuse, the facility would not be able to ensure the safety of other residents who were assigned to CNA 1. During a subsequent phone interview with the ADM, on 3/27/20, at 12:45 p.m., the ADM stated he could not locate an investigative report for the abuse allegation involving Resident 1 and CNA 1, and confirmed the previous DON did not conduct or complete an investigation regarding the alleged incident as indicated in their facility's abuse policy. The ADM confirmed there were no disciplinary actions found in CNA 1's employee file as well as no information regarding Resident 1's allegation of abuse against CNA 1, per the facility policy. During a phone interview with the ADM on 3/27/20 at 12:50 p.m., the ADM confirmed the facility did not send a written report of the findings of the investigation to the Department of Public Health within five working days after knowledge of the incident as indicated in the facility's abuse policy. A review of the facility's policy titled, Abuse Investigation and Reporting, revised 5/28/19 indicated any allegations of abuse will be filed in the accused employee's personnel record along with any statement by the employee disputing the allegation, if the employee chooses to make one. The policy indicated all alleged violations involving abuse will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency responsible for surveying/licensing the facility (i.e., the Department of Public Health), local/state Ombudsman, and law enforcement officials. The policy indicated an alleged violation of abuse will be reported immediately, but not later than two (2) hours if the alleged violation involves abuse or has resulted in serious bodily injury; or twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. The policy indicated the Administrator, or his/her designee, will provide the Department of Public Health with a written report of the findings of the investigation within five working days of the occurrence of the incident. The policy also indicated if the investigation revealed findings of abuse, such findings should be reported to the State Abuse Registry.
F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Respond appropriately to all alleged violations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to investigate an allegation of abuse upon receiving notification of the incident and failed to prevent further potential mistreatment while the investigation was ongoing as indicated in the facility's abuse policy for one sampled resident (Resident 1). This deficient practice had the potential to result in an unsafe environment and expose other residents to incidents of abuse due to lack of thorough investigation. Findings: A review of Resident 1's admission record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening tool) dated 1/27/20 indicated the resident was able to express ideas and wants and was able to clearly understand others. The MDS indicated Resident 1 required extensive assistance from staff with bed mobility (how the resident moves in bed), dressing, toilet use, and personal hygiene (how the resident maintains personal hygiene, including combing hair, brushing teeth, etc.). A review of Resident 1's physician's orders [REDACTED]. During a phone interview with the social worker (SW) from the GACH on 3/23/20 at 1:08 p.m., the SW stated she spoke to Resident 1 on 2/7/20 after she was transferred to the GACH. The SW stated Resident 1 told her a staff member, whom she identified as CNA 1, hit her, pulled her hair, and did not take her to the bathroom. The SW stated Resident 1 reported bruising under her arms and stated she felt humiliated. During a phone interview with the social services designee (SSD) on 3/26/20 at 11:33 a.m., the SSD stated she had first heard there was an allegation of abuse made by Resident 1 against CNA 1 from the previous Director of Nursing (DON) during a stand up meeting, although she could not remember the exact date or details. The SSD stated it was sometime after Resident 1 was transferred to the GACH. During a phone interview with the administrator (ADM) on 3/26/20 at 3:41 p.m., the ADM stated he and his previous DON were first made aware of Resident 1's abuse allegation against CNA 1 when a surveyor from the Department of Public Health came onsite to investigate a complaint. When asked if he initiated his abuse protocol after first hearing about the allegation, the ADM stated, I think the (previous) DON looked into it but was uncertain if an investigation was thoroughly conducted or completed. The ADM stated he would look to see if an investigative report was completed. Additionally, the ADM stated they did not immediately suspend CNA 1 pending the outcome of the investigation as indicated in the facility's policy because Resident 1 was not at the facility anymore and the ADM stated he did not see the need to. The ADM confirmed however if the facility did not conduct a thorough investigation regarding Resident 1's allegation of abuse, the facility would not be able to ensure the safety of other residents who were assigned to CNA 1. During a subsequent phone interview with the ADM on 3/27/20 at 12:45 p.m., the ADM confirmed he could not locate an investigative report for the abuse allegation involving Resident 1 and CNA 1 and confirmed the previous DON

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.

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F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) did not conduct or complete an investigation regarding the alleged incident as indicated in their facility's abuse policy. A review of the facility's policy titled, Abuse Investigation and Reporting, revised 5/28/19 indicated, all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ('abuse') shall be thoroughly investigated by facility management. The policy also indicated, the Administrator will suspend immediately any employee who has been accused of resident abuse, pending the outcome of the investigation and will ensure that any further potential abuse, neglect exploitation or mistreatment is prevented. The policy indicated, if the investigation reveals that the allegation(s) of abuse are founded, the employee(s) will be terminated. If the investigation reveals that the allegation(s) of abuse are unfounded, the employee(s) will be reinstated to his/her/their former position with back pay. The policy also indicated the role of the investigator included, at a minimum, reviewing the completed documentation forms, all events leading up to the alleged incident, and the resident's medical record to determine events leading up to the incident, interviewing the persons reporting the incident, any witnesses to the incident, the resident, the resident's attending physician as needed to determine the resident's current level of cognitive function and medical condition, staff members on all shifts who had contact with the resident during the period of the alleged incident, the resident's roommate, family members, and visitors, and other residents to whom the accused employee provides care or services. The policy indicated the investigator would consult daily with the administrator concerning the progress/findings of the investigation and upon conclusion of the investigation, would record the results of the investigation on approved documentation forms and provide the completed documentation to the administrator.