

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055646	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER PALO ALTO SUB-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 911 BRYANT STREET PALO ALTO, CA 94301	
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. Based on interview and record review the facility failed to follow their own policy and procedure for one of two residents (Resident 1) when Resident 1 alleged someone stopped her for calling assistance by covering her face and the local law enforcement was not notified. This failure had the potential to affect resident's safety. Findings: Review of the facility's SOC 341 report (a form use by a facility to report suspected dependent adult/elder abuse) received by the California Department of Public Health (CDPH) on 5/18/2020 indicated Resident 1 made an allegation that someone stopped her for calling assistance by covering her face. There was no indication the local law enforcement was notified. During an interview on 5/28/2020 at 8:45 a.m., the administrator (ADM) confirmed he facility did not notify the law enforcement. A review of the facility's policy, Abuse Prevention, Intervention, Investigation & Crime Reporting Policy dated 11/2016, indicated it is the responsibility of all employees to immediately report To other officials in accordance with Federal and State law, any suspected or alleged 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.