

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2020
NAME OF PROVIDER OF SUPPLIER STONEY POINT HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 21820 CRAGGY VIEW ST. CHATSWORTH, CA 91311	
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, the facility failed to report immediately, and no later than two hours, the allegation of resident to resident sexual abuse. The alleged incident between Resident 1 (perpetrator) and 2 (victim) occurred on 6/13/2020 and the facility made the necessary notifications to Law Enforcement, the local State Agency, and the Ombudsman Program on 6/19/2020, six days after the abuse incident occurred. This deficient practices place Resident 1 at risk for repeated abuse and delayed assessment of the resident's medical condition and delayed, feeling of intimidation and neglect. Findings: A review of Resident 1's Face Sheet (Admission Record) indicated the resident was a female admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the History and Physical Exam completed by the attending physician on 8/29/2019 indicated Resident 1 did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening tool), dated 5/13/2020, indicated the resident could sometimes make herself understood and understand others. Resident 1 required limited assistance with walking and eating. A review of Resident 1's Progress Notes dated 6/13 and 6/14/2020 did not indicate any abuse incident. On 6/19/2020 at 9:12 a.m., Resident 1's Progress Notes indicated a report was received (on 6/19/2020) the Resident 1 may had had inappropriate sexual contact with a male resident (Resident 2). Resident 1 was unable to give any information and police, ombudsman and the State Agency were notified. Resident 1 was assessed for any injury a, the physician and responsible party were notified. The attending physician ordered laboratory tests and transfer to General Acute Care Hospital 1 (GACH 1) for further evaluation. A review of Event Report on 6/19/2020, indicated Resident 1 was involved in an abuse incident on 6/13/2020 at 11: 45 p.m. Registered Nurse 1 (RN 1) found Resident 2 in Resident 1's room with his pants down sitting at the edge of Resident 1's bed. Resident 1 was lying on her bed with her briefs down and covered with a gown. Both residents were immediately separated and Resident 1 was assessed for any evidence of sexual abuse. A review of Resident 2's Face Sheet (Admission Record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the History and Physical Exam completed by the attending physician on 8/28/2019 indicated Resident 2 did not have the capacity to understand and make decisions. A review of Resident 2's MDS dated [DATE], indicated the resident has the ability to sometimes make himself understood and understand others. Resident 2 required limited assistance with walking and had unsteady balance. A review of Event Report on 6/19/2020, indicated Resident 2 was involved in an abuse allegation incident on 6/13/2020. It also indicated, Resident 2 was found in a female room sitting at the edge of a female resident's bed with his pants down and female resident was lying on her bed with her briefs down and covered with gown. The Event Report indicated, the residents were immediately separated. During an interview on 7/7/2020 at 3 p.m., RN 1, who was no longer working for the facility) stated the incident of possible sexual abuse happened on 6/13/2020, at 11.15 p.m. RN 1 stated she witnessed the incident and did not report to anyone until 6/19/2020, to the Director of Nursing (DON) during an inservice on abuse she was attending. During an interview on 7/7/2020 at 3.55 p.m., the DON stated, RN 1 informed her on 6/19/2020 of the possible sexual abuse on 6/13/2020. During an interview on 7/7/2020 at 4.05 p.m., the Administrator stated, the incident of suspected sexual abuse should have been reported immediately to the DON and Administrator. A review of the facility's revised policy and procedure titled, Abuse investigation and Reporting, dated 7/2017, indicated, all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two hours if the alleged violation involves abuse or has resulted in serious bodily injury; or b. Twenty-four hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury.</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.