

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER TEMPLE CITY HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 5101 TYLER AVENUE TEMPLE CITY, CA 91780	
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 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to adequately safeguard and, detect monies and or funds withdrawals entrusted to the facility for 13 of 54 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13). This deficient practice resulted in \$42,076.29 missing, and unauthorized checks made out in the name of the Director of Nurses (DON) from 7/11/2016 to 9/2019, as follows: Resident 1-\$3732.77 Resident 2-\$1425.18 Resident 3-\$5873.87 Resident 4-\$217.34 Resident 5-\$161.36 Resident 6-\$572.51 Resident 7-\$1,946.41 Resident 8-\$725.00 Resident 9-\$7602.23 Resident 10-\$736.93 Resident 11-\$1340.08 Resident 12-\$1340.08 Resident 13- \$16,402.57 Findings: a. A review of Resident 1's Admission Record, indicated the facility initially admitted the resident on 4/7/2014 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 12/6/2019, indicated the resident had the ability to understand and make decisions. The MDS indicated the resident required supervision to limited assistance with transfer, bathing, personal hygiene and toilet use. A review of Resident 1's undated trust inventory/account audit from 1/2019 to 8/2019, indicated cash withdrawals were made to purchase clothing and cigarettes in the amount of \$3732.77. The trust inventory/account fund was missing receipts and signatures for Resident 1. On 1/31/2019, at 3:15 p.m., Resident 1 refused to be interviewed. b. A review of Resident 13's Admission Record indicated the facility initially admitted the resident on 5/18/2015 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 13 is 68-years-old male. A review of Resident 13's MDS dated [DATE], indicated the resident had moderate cognitive (ability to make daily life decisions) impairment, the ability to make self-understood and to understand others. Resident 13 required limited supervision with activities of daily living (ADLs, mobility, surface transfers, hygiene, eating, grooming and toileting). A review of Resident 13's Inventory/Account audit with HR Staff dated from 7/11/2016 to 7/26/2019, indicated checks were made out to the DON and Business Office Manager as follows: 1. Pre-need-\$800.00 2. Personal-\$85.00 3. Cigarettes-\$1864.87 4. Direct supply including curtains and artwork-\$1126.96 5. Clothing (women's clothing, perfume, purses, female items and house items)-\$10,124.90. Resident 13 was discharged during dates posted/purchased. 6. Cash withdrawals-\$230.00 7. Cigarettes and cash withdrawals-\$1910.47 8. Withdrawals/clothing including toy guns-\$228.04 9. Cigarettes and clothing-\$1340.39 10. Clothing and cash withdrawals-\$ 369.93 Grand total of \$16,402.57 was charged to Resident 13 account. Resident 13's trust inventory/account audit indicated no signature, no dates on receipt, no vendor receipts, items not found, artwork not in the facility, receipts incomplete, not a cash withdrawal, receipt with no resident's signature, no interdisciplinary team (IDT, involving more than one discipline)/care plan, no receipts, no backup, not inventoried, description whited, clothing not inventoried, receipts incomplete, curtains not purchased, wrong check posted, no cigarette receipt, missing receipts, female items not inventoried, no vendor, and no change in inventory. Resident 13 was discharged from the facility on 8/19/2019. 3. A review of Resident 2's Admission Record, indicated the facility initially admitted the resident on 8/4/2017, and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of the MDS dated [DATE], indicated Resident 2 required supervision to limited assistance with transfer, bathing, personal hygiene and toilet use. A review of Resident 2's undated trust fund inventory/account audit indicated \$1425.18, was missing from the resident's account from 1/2019 to 9/2019. Resident 2's trust inventory/account audit indicated no signature, no change in inventory, and resident discharge (DC) not in facility. Resident 2 was not in the facility for an interview. 4. A review of Resident 3's Admission Record, indicated the facility initially admitted the resident on 4/7/2017 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 3's MDS dated [DATE], indicated the resident had moderate impairment to understand and make decisions. The resident required supervision to limited assistance with transfer, bathing, personal hygiene and toilet use. A review of the Resident 3's undated trust fund inventory/account audit, indicated \$5873.87 was withdrawn to purchase clothing from 1/2019 to 9/2019. Resident 3's trust inventory/account audit indicated there was no signature, items not found and no change in inventory. During an interview with Resident 3 on 1/31/2020, at 3:40 p.m., he stated he signs whenever he took money from the business office. 5. A review of Resident 4's Admission Record, indicated the facility initially admitted the resident on 4/6/2018 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 4's MDS dated [DATE], indicated the resident had the ability to understand and make decisions, and required supervision to limited assistance with transfer, bathing, personal hygiene and toilet use. A review of Resident 4's trust fund inventory/account audit indicated \$217.34 was taken from 1/2019 to 4/2019, a total amount of \$217.34 was taken out of the resident's account. Resident 4's trust inventory/account audit indicated no resident signature, no change in inventory, and no receipts. On 1/31/2020, at 3:50 p.m., Resident 4 refused to be interviewed. 6. A review of Resident 5's Admission Record, indicated the facility initially admitted the resident on 11/20/2014 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 5's MDS dated [DATE], indicated the resident 5 had the ability to make self-understand and had the ability to understand others. A review of Resident 5's trust fund inventory/account audit indicated \$161.36 was taken to purchase clothing from 1/2019 to 8/2019. Resident 5's trust inventory/account audit indicated no signature, no details on receipt and no receipts. On 1/31/2020, at 4 p.m., Resident 5 refused to be interviewed. 7. Resident 6 was originally admitted to the facility on [DATE] and re- admitted on [DATE], with [DIAGNOSES REDACTED]. The MDS dated [DATE], indicated Resident 5 had the ability to make self-understand and had the ability to understand others. Resident 5 required extensive assistance with transfer, personal hygiene, walk in the room and required limited assistance with mobility, walk in the room and supervision in locomotion on and off unit. A review of Resident 6's trust fund inventory/account audit indicated \$572.51 was withdrawn for clothing from 1/2019 to 9/2019. Resident 6's trust inventory/account audit indicated no signature, no receipts, and not inventoried. During an interview on 1/31/2020, at 4:05 p.m., Resident 6 stated he did not remember signing his name after he taking his money. 8. A review of Resident 7's Admission Record, indicated the facility initially admitted the resident on 5/11/2016 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 7's MDS dated [DATE], indicated the resident had the ability to make self-understand and had the ability to understand others. A review of Resident 7's trust fund inventory/account audit indicated \$1,946.41 was taken for clothing from 1/2019 to 8/2019. Resident 7's trust inventory/account audit indicated no signature, no change to inventory, questionable items purchased, shipped to unknown address/unaccounted for, no change to inventory, and no receipts. During an interview on 1/31/2020, at 4:10 p.m., Resident 7 stated he did not remember if he signed when he gets the money. 9. A review of Resident 8's Admission Record, indicated the facility initially admitted the resident on 10/25/2013, and readmitted was on 10/6/2019, with [DIAGNOSES REDACTED]. A review of Resident 8's MDS dated [DATE], indicated the resident had the ability to make self-understood and understand others. Resident 8 required limited assistance with eating and supervision with bed mobility, transfer, locomotion on and off unit, dressing, personal hygiene, and toilet use. A review of Resident 8's Trust-Transaction History, indicated \$725.00 was withdrawn from 1/9/2019 to 11/1/2019. Resident 8's Trust-Transaction History indicated and no patient (PT) signature and no change to inventory. During an interview on 1/31/2020, at 4:15 p.m., Resident 8 stated at times he signed when he took some money out. However, the resident stated sometimes he did not</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.

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F 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>remember signing out when he withdrew money. 10. A review of Resident 9's Admission Record, indicated the facility initially admitted to the facility on [DATE] and re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 9's MDS dated [DATE], indicated Resident 9 had the ability to make self-understand and had the ability to understand others. Resident 9 required supervision to limited assistance with bed mobility, transfer, personal hygiene and extensive assistance with walking, dressing and toilet use. A review of Resident 9's trust fund inventory/account audit, indicated \$7,602.23 was removed for clothing from 1/2019 to September 2019. Resident 9's trust inventory/account audit indicated no receipts, no signature, no description on receipts, returns with no credits given on Patient Trust Account (PTA), and no change in inventory. Resident 9 declined an interview. 11. A review of Resident 10's Admission Record, indicated the facility initially admitted the resident on 10/26/2016 and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 10's MDS dated [DATE], indicated the resident had the ability to make be understood and understand others. Resident 10 required limited assistance with her ADLs. A review of Resident 10's trust fund inventory/account audit indicated \$736.93 was taken that from 1/2019 to 9/2019. Resident 10's trust fund inventory/account audit, indicated \$96.93 taken for clothing on 2/2019, had no signature, and no receipts. However, funds drawn on 1/2019, 3/2019, 4/2019, 5/2019, 6/2019, 7/2019, 8/2019 and 9/2019 were not itemized nor accounted. Resident 10 declined an interview. 12. Resident 11 was originally admitted to the facility on [DATE] and re-admitted on [DATE], with [DIAGNOSES REDACTED]. The MDS dated [DATE], indicated Resident 11 had the ability to make self-understand and had the ability to understand others. Resident 11 required supervision to limited assistance with her ADLs. A review of Resident 11's trust fund inventory/account audit indicated \$1340.08 was withdrawn for clothing from 1/2019 to 9/2019. Resident 11's trust inventory/account audit indicated no change to inventory, no receipts, no details on receipt, and no signature. Resident 11's trust fund inventory/account audit did not itemize/account had no cash log nor signature for \$30.00 withdrawn on 8/2019 and 9/2019. During an interview with Resident 11 on 1/31/2020, at 4:15 p.m., she stated she signed when she received money. 13. A review of Resident 12's Admission Record, indicated the facility initially admitted the resident on 2/23/2014, and was re-admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 12's MDS dated [DATE], indicated the resident had the ability to make self-understand and had the ability to understand others. Resident 11 required supervision to limited assistance with her ADLs. A review of Resident 12's trust fund inventory/account audit indicated \$700.08 was withdrawn for clothing on 3/2019, 4/2019 (first withdrawal), 6/2019, 7/2019 (first withdrawal) and 8/2019. However, \$640 withdrawn on 1/2019, 2/2019, 4/2019 (second withdrawal), 5/2019, 7/2019 (second withdrawal) and 9/2019, was not accounted for/itemized. Resident 12's trust fund inventory/account audit indicated no signature, no change inventory, no receipts, and clothes not for resident (swimwear/IR shoes). During an interview with Resident 12 on 1/31/2020, at 4:25 p.m., she stated she could not remember if she signed or not when she asked for money. A review of the facility's Patient Trust Investigation dated 11/20/2019, indicated jewelry items purchased for residents were not with the residents or on their inventory, and were placed in the DON's safety deposit box. The investigation report indicated the DON held the money, initialed that she signed out the money, and gave out the money once a week instead of daily, and that the residents were getting upset because they did not have access to their money when they wanted it. During record review with the Human Resources (HR) Staff on 1/31/2019, at 2:45 pm, discrepancies were identified in Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13's undated trust inventory/accounts. Concurrently, the HR Staff stated documented items purchased for Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13, were not reflected on the belongings inventory, had no description, were not itemized, had no vendor, no receipts, were missing and or have the residents' signature to acknowledge and or authorize the purchase. The HR stated the DON took money from the pool/pouch, bought T-shirts, and then give the receipts of purchased items for Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13, to the Business Office Manager who made a check out in the DON's name. During an interview on 1/3/2020, at 2 p.m., the Administrator stated the former Administrator was aware funds were missing from the trust fund account. The Administrator also stated the DON and the Business Office Manager were both suspended and had resigned. A review of the facility's policy and procedure, Trust Fund, dated 1/21/2020, indicated the following: 1. A system of accounting for Patient Trust Fund shall be established and maintain to assure full and complete accounting of resident's funds. 2. The accounting system for Patient Trust Funds shall include the following: a.) Signed receipts for all personal funds received from the residents and responsible parties b.) Deposit of Patient Trust Fund to a separate interest-bearing account with a bank, separate and distinct from the facility's bank account. c.) Full accounting of all disbursements made to or in behalf of the resident (e.g. supporting documents for all withdrawals made from the Trust Account) d.) Control Sheet for all receipts and expenditures with a running balance of the whole Trust Fund e.) Individual ledger for each resident containing details of sources and uses of the fund f.) Monthly reconciliation of bank statement and control balance sheet g.) Adjustment of records and balance of affected resident. h.) Others as applicable 3. All residents or responsible party shall be notified of their trust account balances on a quarterly basis, e.g. issuance of quarterly statements.</p>		