

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555565</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR PALMS CARE CENTER OF ARTESIA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11900 E. ARTESIA BLVD. ARTESIA, CA 90701</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to report all alleged violations of abuse and mistreatment for two of two sample residents (Residents RG and RB) to the authorized agencies by no more than 2 hours as indicated in the facility's abuse policy. This deficient practice had the potential to place the resident's safety at risk that could result to physical harm, pain, or mental anguish. Findings: A review of an Admission Record indicated Resident RG was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of a Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 2/6/20, indicated Resident RG needed supervision with set-up only assist with locomotion on and off units (moves between corridors), dressing, eating and toilet use. A record review of Resident RG's progress note, dated 3/12/20, indicated the resident reported to both Licensed Vocational Nurse 1 (LVN 1) and Nursing Supervisor (NS) that he was punched in the mouth by Resident RB. On 3/23/20, at 4:15 PM, during an interview, LVN 1 confirmed the altercation between Resident RG and Resident RB and stated Resident RG had some pink discoloration around his lips. LVN 1 also stated the NS was informed of the altercation. A review of an Admission Record indicated Resident RB was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the MDS, dated [DATE], indicated Resident RB understand others and was usually understood. The MDS also indicated the resident needed limited assistance (highly involve in activity) with one-person support with transfers (to and from bed to wheelchair) and locomotion on and off unit. A review of Resident RB's progress note, written by NS, dated 3/12/20 at 4:20 PM, indicated RB admitted hitting RG. A record review titled Report of Suspected Dependent Abuse/Elderly Abuse, (SOC) was dated on 3/13/20 accompanied with fax confirmations sent to the police, long-term care ombudsman and the Department of Public Health (DPH) was dated sent 3/13/20 at 3:16 PM. There was no documented evidence the facility staff reported the alleged abuse within two hours to the authorized agencies. On 3/23/20 at 4:00 PM, during an interview with NS 2 stated the SOC was submitted a day late. NS 2 further stated the mandated time frame to fill out and submit an SOC to the police, Ombudsman and DPH with-in two hours. NS 2 also stated it was important to report abuse allegations within two hours of the known abuse occurrence to make sure all steps were taken to control the station and avoid further altercations. In addition, to ensure all parties are aware and informed and to keep a safe environment to the residents. On 3/23/20 at 4:20 PM, during an interview with LVN 1 stated any form of abuse was to be reported as soon as possible and no more than two hours to the police, Ombudsman and the DPH. A review of the facility's policy, titled Abuse Prohibition and Prevent Policy and Procedure and Reporting Reasonable Suspension of a Crime in the Facility, revised on 3/2018, indicated the facility will report allegation of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property even if no reasonable suspicion: immediately, no later than two hours - all abuse (actual, alleged or potential) or results in 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.