

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA PLAZA CONVALESCENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1209 HEMLOCK WAY SANTA ANA, CA 92707</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, medical record review, and facility P&amp;P review, the facility failed to ensure an allegation of staff to resident abuse was reported to the facility's Administrator for one of two sampled residents (Resident 2). This failure had the potential to result in abuse going undetected for Resident 2. Findings: Review of the P&amp;P titled Abuse - Reporting and Investigations revised March 2018 showed the allegations of abuse, neglect, mistreatment, exploitation or reasonable suspicion of a crime are to be reported to the Administrator or designated representative immediately. On 5/14/2020 at 1114 hours, an interview was conducted with Resident 2. Resident 2 was asked regarding his roommate's (Resident 1) abuse allegation on 5/13/2020. Resident 2 stated he did not witness any incident with his roommate and CNA 1. However, Resident 2 stated CNA 1 had slapped him on the right side of his face with his hand while CNA 1 was providing care to him. Resident 2 stated this occurred on 5/13/2020 around 0730 hours. When asked to elaborate, the Resident 2 stated he was sitting on the side of his bed. Resident 2 stood up so CNA 1 could pull up his incontinence briefs and pants. When asked what happened next, Resident 2 stated CNA 1 then slapped his face. When asked if he had reported the incident with CNA 1, Resident 2 stated he had reported it to a staff member on 5/13/2020. On 5/14/2020 at 1203 hours, an interview was conducted with the Administrator. When asked if the staff had reported an allegation of abuse from Resident 2, the Administrator stated no. The Administrator stated he was aware of the abuse allegation involving Resident 1 and CNA 1, but not with Resident 2. When asked what the process for reporting an allegation of abuse, the Administrator stated the staff were to make him aware of an allegation as soon as it occurred. Medical record review for Resident 2 was initiated on 5/18/2020. Resident 2 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], showed Resident 2 had no cognitive impairment. Review of the Staffing Assignment and Sign-in sheet dated 5/13/2020, for the 0700-1500 hours shift, showed CNA 1 was assigned to provide care to Resident 2. Review of the Licensed Personnel Weekly Progress Notes showed an entry from the DSD dated 5/13/2020 at 1200 hours, showing Resident 2 reported an allegation of abuse against CNA 1. The documentation showed the investigation had been done; the CNA involved was suspended; and the law enforcement, state agency, and Ombudsman had been contacted. On 5/27/2020 at 0814 hours, a telephone interview and concurrent medical record review was conducted with LVN 1. LVN 1 verified the above findings and stated he was aware of the abuse allegation from Resident 2 on 5/13/2020. LVN 1 stated she did not report the allegation to anyone because the resident told her he had reported it already. On 5/28/2020 at 1021 hours, a telephone interview was conducted with the DSD. The DSD stated Resident 2 reported CNA 1 had smacked him on the face the morning of 5/13/2020. When asked if he had reported the abuse allegation made by Resident 2, the DSD stated yes. The DSD stated he reported it to the Administrator and DON on 5/13/2020. On 5/28/2020 at 1418 hours, an interview was conducted with the DON. The DON stated she became aware of the abuse allegation from Resident 2 on 5/14/2020, after the surveyor brought it to her attention. The DON stated the staff had to notify her or the Administrator immediately for any allegations of abuse. When asked if the DSD followed the policy on reporting an allegation of abuse, the DON stated no. The DON verified the law enforcement, state agency, and Ombudsman had not been contacted on the day the incident occurred as documented by the DSD.</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.