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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055041 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Royal Care Skilled Nursing Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 2725 Pacific Avenue Long Beach, CA 90806 | |

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) |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45028</p> <p>Based on interview and record review, the facility failed to ensure a thorough investigation was conducted following two separate allegations of abuse by one sampled resident (Resident 1).</p> <p>This deficient practice resulted in the facility not identifying other potential residents who may have been affected by abuse and had the potential for the facility not to be able to determine if abuse actually occurred.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including right hemiplegia (paralysis on one side of the body) and hemiparesis (weakness or inability to move on one side of the body) following a cerebral infarction ([stroke] damage to tissues in the brain due to a loss of oxygen).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 3/22/2024, the H&P indicated Resident 1's cognition (thought process) was intact.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 4/18/2024, the MDS indicated Resident 1 had the ability to understand and be understood by others. The MDS indicated Resident 1 required substantial/maximum assistance from staff for rolling left to right in bed and was totally dependent on staff requiring two or more-person physical assistance for toileting and showering.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation ([SBAR] a form of communication between members of a health care team) of Alleged Abuse Report of Incident, dated 5/15/2024, the SBAR indicated Resident 1 reported an allegation of physical abuse, alleging Certified Nurse Assistant 1 (CNA 1) punched her (Resident 1) in her lower back on 5/10/2024 at 4 a.m.</p> <p>During a review of the facility's Verification of Incident/Administrative Summary dated 5/21/2024, the Verification of Incident/Administrative Summary indicated the investigation of the alleged abuse involving Resident 1 and CNA 1 did not include interviews from other residents that CNA 1 was assigned to on 5/10/2024 to identify if there were any other allegations of physical abuse against CNA 1.</p> <p>(continued on next page)</p> |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of Resident 1's SBAR dated 5/26/2024, the SBAR indicated Resident 1 reported a second allegation of physical abuse alleging CNA 2 hit her (Resident 1) in her chest on 5/25/2024 at 9 a.m.</p> <p>During a review of the facility Verification of Incident/Administrative Summary, dated 5/30/2024, the Verification of Incident/Administrative Summary indicated while Resident 1 was being showered by CNA 2 on 5/25/2024, CNA 2 hit Resident 1 in the chest and pulled her (Resident 1) hair. The Administrative Summary did not include interviews from other residents that CNA 2 was assigned to on 5/25/2024 to identify if there were any other allegations of physical abuse against CNA 2, nor were there interviews with RN 1 who was called to the shower room after the alleged abuse incident occurred or with CNA 3 who took over Resident 1's care following the allegation of abuse by Resident 1.</p> <p>During an interview on 5/31/2024 at 4:45 p.m., the Administrator (ADM) stated for both allegations of abuse involving Resident 1, he did not interview any other residents or staff other than what was reported on the facility's Verification of Incident/Administrative Summaries to determine if there might have been other allegations of abuse against CNA 1 and CNA 2.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Alleged or Suspected Abuse and Crime Reporting, revised 10/2022, the P&P indicated all reports of alleged abuse shall be thoroughly investigated. The P&P indicated any involved individuals should be interviewed including anyone else with direct knowledge of the incident. The investigation should be focused on determining the extent of abuse that may occurred and providing a complete and thorough investigation.</p> | | |