STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055288	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Hills Health Care Center	430 N.Glendale Ave Glendale, CA 91206

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident's right to privacy and dignity when staff photographed the resident without their permission while the resident was in a vulnerable position. This deficient practice resulted in Resident 1 verbalizing feelings of embarrassment and crying.FINDINGS: During a review of Resident 1's admission Record (AR), the AR indicated the Resident was admitted to the facility on [DATE], with a diagnosis that included type 2 diabetes mellitus (the body doesn't make enough insulin or can't use it well causing high blood pressure), chronic kidney disease(long -term condition where the kidneys slowly stop working properly) , and paraplegia(loss of movement and felling in the lower half of the body) . During a review of Resident 1's History and Physical (H&P) dated 11/25/2025, the H&P indicated this resident has the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 3/9/2026, the MDS indicated Resident 1 was cognitively intact (a person's memory and thinking are normal) and is dependent (helper does all of the effort) with toileting hygiene requiring maximum assistance for repositioning and transfers. During a review of Resident 1's care plan titled Self-Care Deficit dated 6/19/2026, the care plan indicated a goal to assist with activities of daily living (ADLS the fundamental, routine self-care tasks that individuals perform daily to maintain independence and hygiene,) to maintain comfort and dignity. The care plans indicated interventions to inform Resident 1 prior to rendering care and providing privacy. During an interview on 4/14/2026 at 10 AM with the Director of Staff Development (DSD), the DSD stated during the Interdisciplinary Team Meeting (IDT) for Resident 1, held on 3/30/2026, Resident 1 reported that while Certified Nursing Assistant (CNA) 1 was providing personal care (changing her adult brief and hygiene assistance), a man opened the door without knocking. Resident 1 stated she felt exposed and her privacy had been violated. The SSD stated Resident 1 was being transferred by a Hoyer Lift (a mechanical device used to lift and move a person who cannot stand or walk), CNA 1 took a photo on CNA 1's cellphone of the Resident 1's private area though covered by an adult brief, to ensure Resident 1 that Resident 1 was not exposed. DSD stated that during the IDT meeting, Family Member (FM) 1 reported becoming aware of the incident after Resident 1 called FM 1 crying, and that Resident 1 stated feeling embarrassed, exposed, and had pictures taken of her. During an interview on 4/14/2026 At 11 AM with CNA 1 , CNA1 stated while providing personal care an unknown individual opened and closed the door, at that time Resident 1 began crying and expressed that she felt exposed , stating someone had seen her. CNA 1 further stated that during Resident 1 transfer using the Hoyer lift, while the resident was elevated, she pulled up Resident 1's dress exposing her adult diaper and took a photo. CNA 1 stated the intent to show the resident that her private area was not exposed but the resident began to cry more. CNA 1 stated she did not ask the resident why she continued to cry and acknowledged that she did not obtain the resident's permission prior to taking the photograph stating, she did not think about it. During an interview on 4/20/2026 at 11:30 AM with Resident 1, Resident 1 stated that while she was suspended in the Hoyer lift, an unknown individual opened the door. Resident 1 stated that although she was covered, she (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	believed she had been exposed and was upset and cried. Resident 1 stated she believed a male individual opened the door and reported that her legs were parted during the lift, which caused her to feel that her private area may have been visible. Resident 1 further stated while she was in the Hoyer lift, CNA1 took a photograph of her private area. The Resident stated that CNA1 did not ask her permission prior to taking the photograph. During a review of facility's policies and procedures (P&P) titled, Resident Dignity & Personal Privacy (undated), indicated the purpose of the policy to ensure resident are provided care in a manner that respects and enhances each resident dignity, individuality, and right to personal privacy. During a review of facility's policies and procedure (P&P titled, Personal Telephone Calls to/From Employees, Social [NAME] Use date (unknown), indicated cell phone camera functions shall not be used during work hours and further stated cell phone camera functions shall not be used during work hours. During a review of facility's policies and procedure (P&P) Titled Consent to photograph, video, or Audio record Residents dated (undated), indicated the purpose of policy is to establish a standardized, legally compliant process for obtaining and documenting resident or representative consent prior to any photography, video recording, or audio recording within the facility, ensuring protection of resident rights, dignity, privacy, and confidentiality in accordance with federal and California regulations. Further indicating the facility prohibits photographing, of any resident without prior informed consent. Consent must be voluntary, informed, specific to purpose, documented. Unauthorized photography by staff, visitors, or other residents is strictly prohibited.