STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055297	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Post-Acute	10625 Leffingwell Road Norwalk, CA 90650

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055 Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) was treated with dignity and respect when the Assistant Director of Nursing (ADON) mentioned to Resident 1 that peace can be found six feet below the ground. This deficient practice resulted Resident 1's feeling sad and depressed. Findings: During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure (a condition where there's not enough oxygen [element that supports life] or too much carbon dioxide [important part of air] in your body) and schizoaffective disorder (a mental health disorder affecting how resident interprets reality). During a review of Resident 1's Minimum Data Set ([MDS]), a standardized assessment and care screening tool), dated 7/29/2024, the MDS indicated Resident 1's cognition was moderately impaired. During a review of Resident 1's History and physical (H&P), 6/5/2024, the H&P indicated Resident 1 was alert and oriented and had the capacity to make decisions. During a review of Resident 1's Resident Grievance/ Complaint Form, dated 7/19/2024, the form indicated family member (FM) 2 filed a report that the Assistant director of Nursing (ADON) suggested for Resident 1 to transfer to another facility. The form indicated Resident 1 refused and the ADON responded to Resident 1's request for peace in Resident 1's room with You will find peace six feet under! During an interview on 8/13/2024 at 11:42 a.m., with Resident 1, Resident 1 stated on the day (unsure of date) of the incident the ADON informed Resident 1 If you want to find peace you will find it 6 feet underground. Resident 1 stated he was shocked; the comment was bothersome that's why FM 2 filed the complaint. Resident 1 stated it made him feel depressed and sad and he felt it was verbally abusive because you don't say those things to other people. (continued on next page)

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Social Services 1 (SS 1) on 8/13/2024 at 12:34 p.m. SS1 stated the ADON did say 6 feet under, but the ADON did not make the comment direct towards Resident 1, it was a general statement. SSD stated Resident 1 verbalized I want to have a peace and quiet place, and ADON then stated to Resident 1, I don't think you want to be there because I don't want to be there either and you know where is that? Resident stated, Where? ADON then stated, Has to be 6ft below the ground and you don't want to be there, and I don't want to be there. During an interview on 8/14/2024 at 1:43 p.m., with the Director of Nursing (DON), the DON stated with that quote six feet under the ground, The DON gave coaching and counseling because it was an inappropriate statement so Resident 1 was upset. The DON stated he told the ADON that's not a good joke. The DON stated Filipinos use that term but it's inappropriate. The DON stated, We need to be sensitive. The DON stated we had the ADON apologize to Resident 1 but not sure when. During an interview on 8/14/2024 at 3:06 p.m., the ADMIN stated the ADON made an inappropriate statement and was counseled. The ADMIN stated FM 2 asked for an apology and the ADON apologized for what she had said. During a review of the facility's policy and procedure (P&P) titled, Resident Rights revised 2/2021, the P&P indicated the employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all the residents of the facility and that include the resident's right to a dignified existence and to be treated with respect, kindness, and dignity.

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055 Based on interview and record review, the facility failed to report family member 2's (FM 2) allegation of abuse, involving one of four sampled residents (Resident 1), to the California Department of Public Health (CDPH), State Long Term Care Ombudsman (an agency that assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences), and local police within the regulated time frame of two hours. This deficient practice resulted in CDPH's inability to investigate the allegation of abuse timely and had the potential for other allegations of abuse to go unreported. Findings: During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure (a condition where there's not enough oxygen [element that supports life] or too much carbon dioxide [important part of air] in your body) and schizoaffective disorder (a mental health disorder affecting how resident interprets reality). During a review of Resident 1's Minimum Data Set ([MDS]), a standardized assessment and care screening tool), dated 7/29/2024, the MDS indicated Resident 1's cognition was moderately impaired. During a review of Resident 1's History and physical (H&P), 6/5/2024, the H&P indicated Resident 1 was alert and oriented and had the capacity to make decisions. During a review of Resident 1's Resident Grievance/ Complaint Form, dated 7/19/2024, the form indicated FM2 filed a report that the Assistant director of Nursing (ADON) suggested for Resident 1 to transfer to another facility. The form indicated Resident 1 refused and the ADON responded to Resident 1's request for peace in Resident 1's room with You will find peace six feet under! The form indicated it was Total abuse! The form was signed by Social Services (SS) 2 and the Administrator (ADMIN). During an interview and record review on 8/14/2024 at 9:39 a.m., with SS 2, Resident 1's Resident Grievance/ Complaint Form was reviewed, and it indicated FM 2 alleged the incident was Total Abuse! SS 2 after reading the form stated that the allegations made by FM 2 was reportable to CDPH, police, and the ombudsman. SS 2 stated the incident should have been reported. During an interview and record review on 8/14/2024 at 1:43 p.m., with the Director of Nursing (DON) Resident 1's Resident Grievance/ Complaint Form was reviewed, and it indicated FM 2 alleged the incident was Total Abuse! The DON stated he was unaware the FM1 was alleging abuse. The DON stated he did not read the actual grievance form and just went by what the SS 1 reported. The DON stated had he known it was an allegation of abuse the incident would have been reported to CDPH, police, and the ombudsman. (continued on next page)

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/14/2024 at 3:06 p.m., the ADMIN stated he read everything on Resident 1's Grievance form on 7/30/2024. The ADMIN stated all abuse was reportable and all allegations of abuse was reportable. The ADMIN stated he did not report it because he did not think it was abuse but it should have been reported. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, and Exploitation or Misappropriation- Reporting and Investigating, revised 9/2022, the P&P indicated All reports of resident abuse (including injuries of unknown origin) are reported to local, state, and federal agencies (as required by current regulations). The P&P indicated the administrator or the individual making the allegation immediately within two hours reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident' s attending physician; and g. The facility medical director.

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055 Based on interview, and record review, the facility failed to prevent further potential abuse for one of four sampled residents (Resident 1) after family member 2's (FM 2) reported allegations of abuse by failing to: a. Immediately assess Resident 1's physical and psychosocial status and evaluation of whether the alleged victim felt safe. b. Immediately notify Resident 1's physician. c. Remove access of the Assistant Director of Nursing (ADON) to Resident 1 and other residents after the allegation was reported on 7/19/2024. d. Notify the California Department of Public Health (CDPH), State Long Term Care Ombudsman (an agency that assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences), and local police; and e. Provide the five-day conclusion of facility investigation to the CDPH. These deficient practices resulted in the inability of CDPH to determine if FM 2's allegation of abuse was true and failure to protect Resident 1 and other residents from potential abuse. Findings: During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including acute and chronic respiratory failure (a condition where there's not enough oxygen [element that supports life] or too much carbon dioxide [important part of air] in your body) and schizoaffective disorder (a mental health disorder affecting how resident interprets reality). During a review of Resident 1's Minimum Data Set ([MDS]), a standardized assessment and care screening tool), dated 7/29/2024, the MDS indicated Resident 1's cognition was moderately impaired. During a review of Resident 1's History and physical (H&P), 6/5/2024, the H&P indicated Resident 1 was alert and oriented and had the capacity to make decisions. During a review of Resident 1's Resident Grievance/ Complaint Form, dated 7/19/2024, the form indicated FM 2 filed a report that the Assistant director of Nursing (ADON) suggested for Resident 1 to transfer to another facility. The form indicated Resident 1 refused and the ADON responded to Resident 1's request for peace in Resident 1's room with You will find peace six feet under! The form indicated it was Total abuse! The form did not indicate the date and time the incident occurred. The form was signed by Social Services (SS) 2 and the Administrator (ADMIN). (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and record review on 8/14/2024 at 9:39 a.m., with SS 2, Resident 1's Resident Grievance/ Complaint Form was reviewed, and it indicated FM 2 alleged the incident was Total Abuse! SS 2 after reading the form stated that the allegations made by FM 2 was an allegation of abuse and reportable to CDPH, police, and the ombudsman. SS 2 stated the incident should have been reported. During an interview on 8/14/2024 at 10:26 a.m., with Registered Nurse 1 (RN 1) and record review of Resident 1's medical records .RN 1 did not have documentation of any interventions to check Resident 1's wellbeing after allegations of abuse was reported by FM 2 on 7/19/2024. RN 1 confirmed Resident 1's records did not have a detailed report of the incident, Resident 1's physical and psychosocial assessment, notification of physician, nursing progress notes of the alleged incident, updated care plans to address FM 2's allegation of abuse, interdisciplinary team meeting notes addressing the abuse allegation, and 72-hour post incident psychosocial follow up. RN 1 stated if FM 2 reported to RN 1 that Resident 1 was abused she would expect at least a change of condition (COC) report in the chart that indicated a detailed report of the incident, Resident's 1 physical and psychosocial assessment, notification to physician and responsible parties. RN 1 stated she would report the incident to the ADMIN who will report it to the entities- local police, CDPH, and ombudsman. During an interview on 8/14/2024 at 1:43 p.m., with the Director of Nursing (DON) and record review of Resident 1's Resident Grievance/ Complaint Form, the form indicated FM 2 alleged the incident was Total Abuse! The DON stated he was unaware the FM 2 was alleging abuse. The DON stated he did not read the actual grievance form and just went by what the SS 1 reported. The DON stated had he known it was an allegation of abuse the incident would have completed the whole nine yards. The DON stated the abuse allegation should have been reported to CDPH, police, and the ombudsman. After allegation of abuse staff should have been placed on administrative leave during the investigation. A Five-day report should have been submitted to the CDPH. The DON stated for Resident 1, a Situation Background Assessment Response (SBAR) form would have been completed which includes a resident assessment and physician notification. The DON stated an abuse allegation would also have triggered psychosocial visits to the resident for 72 hours, psychological evaluation if needed, and Resident 1's care plan should have been updated. During an interview on 8/14/2024 at 3:06 p.m., the ADMIN stated he read everything on Resident 1's Grievance form on 7/30/2024. The ADMIN stated all abuse was reportable and all allegations of abuse was reportable. The ADMIN stated he did not submit a 5-day investigation to CDPH and ombudsman. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, and Exploitation or Misappropriation- Reporting and Investigating, revised 9/2022, the P&P indicated: 1. Upon receiving any allegations of abuse, the administrator was responsible for determining what actions (if any) are needed for the protection of residents. 2. The administrator ensures that the resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility. 3. The investigator notifies the ombudsman that an abuse investigation is being conducted. The ombudsman is invited to participate in the review process. If the ombudsman declines the invitation to participate in the investigation, that information is noted in the investigation record. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	n. The ombudsman is notified of the results of the investigation as well as any corrective measures taken. The P&P indicated as a Follow-Up Report: l. Within five (5) business days of the incident, the administrator will provide a follow-up investigation report. 2. The follow-up investigation report will provide sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. 3. The follow-up investigation report wil1 provide as much information as possible at the time of submission of the report. 4. The resident and/or representative are notified of the outcome immediately upon conclusion of the investigation.