

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview and record review, the facility failed to protect one (1) of three (3) sampled residents (Resident 1 from verbal abuse (a type of mental abuse [the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation] with (the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability) based on the facility's policy and procedure.</p> <p>This deficient practice had resulted to Resident 1 experiencing verbal abuse from Resident 2 which could affect Resident 1's emotional and psychosocial wellbeing.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of diabetes mellitus (DM, a metabolic disease, involving inappropriately elevated blood glucose levels), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and hypertension (high blood pressure).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 7/18/2024, the MDS indicated Resident 1 had severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 needed substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs but provides more than half the effort) in shower/ bathe self, lower body dressing, and putting on/taking off footwear, lying and sitting on the side of the bed, sit to stand position, toilet transfer and tub/shower transfer.</p> <p>During a review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR, a verbal or written communication tool that helps provide essential, concise information, usually during crucial situation), dated on 7/31/2024, indicated Resident 1's roommate (Resident 2) was cursing in the room while resident (Resident 1) was present.</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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of a facility form titled, Post- Event Review, dated 8/2/2024, the form indicated a resident-to-resident altercation on 7/31/2024 at 8 AM. It indicated that Resident 1's roommate (Resident 2) was noted to have verbal aggression while resident (Resident 1) was present in the room. It indicated that the Director of Nursing (DON) was notified by the staff that Resident 1's roommate (Resident 2) was heard cursing while Resident 1 was present in the room.</p> <p>2. During a review of Resident 2's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), dementia, and hypertension.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 2 required partial moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half of the effort) in shower/ bathe self, upper and lower body dressing, putting on/ taking off footwear, personal hygiene, and tub/shower transfer.</p> <p>During a review of Resident 2's SBAR, dated 7/31/2024, indicated Resident 2 had verbal aggression with alleged abuse. It indicated that Resident 2 was heard cursing in Spanish while wheeling herself to the bathroom while roommate (Resident 1) was present in the room.</p> <p>During a review of a facility form titled, Post- Event Review, dated 8/2/2024, the form indicated a resident-to-resident altercation on 7/31/2024 at 8:10 AM. It indicated that the Director of Nursing (DON) was notified by the staff that Resident 2 was heard cursing while wheeling herself to the restroom. It further indicated that Resident 2 was attempting to wheel herself to the bathroom however resident was unable to fully open the bathroom door due to roommate's (Resident 1) bedside table was in the way. It indicated Resident 2 started cursing with roommate present in the room, possibly out of frustration and that resident was on monitoring for verbal aggression at this time.</p> <p>During an interview with the Medical Records Assistant (MRA) on 8/6/2024 at 8:53 AM, MRA stated when she went to the nurse's station on 7/31/2024, she heard a resident cursing in Spanish. MRA stated she went to Residents 1 and 2's room and witnessed Resident 2 come out of the restroom and slammed the door.</p> <p>During an interview with MRA on 8/6/2024 at 9:04 AM, MRA stated, it was her first time to witness a verbal abuse when Resident 2 cursed Resident 1.</p> <p>During an interview with Certified Nursing Assistant 1 (CNA 1) on 8/6/2024 at 12:29 PM, CNA 1 stated, a resident cursing at other people is verbal abuse. CNA 1 stated, It is very offensive if the other resident hears it.</p> <p>During an interview with the Laundry Personnel (LDP) on 8/6/2024 at 1:20 PM, LDP stated on 7/31/2024, she witnessed Resident 1 being yelled and cursed in Spanish by Resident 2 by saying, Move, you son of a b_ _ _ ch. LDP stated she heard the same cursing words that MRA heard inside Resident 1's room. LDP stated this was considered verbal abuse. LDP stated she always hear Resident 2 insult and say bad words to Resident 1 every day. LDP stated she did not report the abuse incidents because she was scared to get in trouble.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Maintenance Supervisor (MTS) on 8/6/2024 at 1:38 PM, MTS stated it is considered verbal abuse if a resident curses at another resident. MTS stated, We have to report it (verbal abuse). I don't think it is okay to be mean to someone else. I will really feel bad if I or my loved ones would hear it.</p> <p>During an interview with the LDP on 8/6/2024, at 1:28 PM, LDP stated according to the inservice she attended, abuse should be reported. LDP stated she was not aware of the timeline for abuse reporting.</p> <p>During a concurrent review of Resident 2's SBAR, dated 7/31/2024, and interview with the Director of Nursing (DON) on 8/6/2024, at 1:48 PM, the DON stated the SBAR indicated Resident 2 was verbally aggressive and was cursing her roommate. The DON stated, Hearing cursing words is considered verbal abuse because it is hurtful towards the other person.</p> <p>During an interview with Director of Nursing (DON) on 8/6/2024, at 2:09 PM, the DON stated, it was important to report abuse to keep the resident safe and prevent another incident.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 4/2021, the P&P indicated the resident has the right to be free from abuse .Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, but not necessarily limited to other residents. Identify and investigate all possible incidents of abuse, neglect, mistreatment . Investigate and report any allegations within timeframes required by federal requirements.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on interview and record review the facility failed to report an allegation of verbal abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) for one (1) of three sampled residents (Residents 1) within 2-hour timeframe to the State Survey Agency (SA, where state law provides for jurisdiction in long-term care facilities), the state ombudsman (advocates for residents of nursing homes, board and care homes and assisted living facilities), and local law enforcement.</p> <p>This deficient practice had the potential to compromise or impede the protection of Resident 1, which could affect the resident's emotional and mental wellbeing.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of diabetes mellitus (DM, a metabolic disease, involving inappropriately elevated blood glucose levels), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), and hypertension (high blood pressure).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 7/18/2024, the MDS indicated Resident 1 had severely impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 needed substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs but provides more than half the effort) in shower/ bathe self, lower body dressing, and putting on/taking off footwear, lying and sitting on the side of the bed, sit to stand position, toilet transfer and tub/shower transfer.</p> <p>During a review of a facility form titled, Post- Event Review, dated 8/2/2024, the form indicated a resident-to-resident altercation on 7/31/2024 at 8 AM. It indicated that Resident 1's roommate (Resident 2) was noted to have verbal aggression while resident (Resident 1) was present in the room. It indicated that the Director of Nursing (DON) was notified by the staff that Resident 1's roommate (Resident 2) was heard cursing while Resident 1 was present in the room.</p> <p>2. During a review of Resident 2's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), dementia, and hypertension.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had severely impaired cognitive skills for daily decision making. The MDS also indicated Resident 2 required partial moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half of the effort) in shower/ bathe self, upper and lower body dressing, putting on/ taking off footwear, personal hygiene, and tub/shower transfer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of a facility form titled, Post- Event Review, dated 8/2/2024, the form indicated a resident-to-resident altercation on 7/31/2024 at 8:10 AM. It indicated that the Director of Nursing (DON) was notified by the staff that Resident 2 was heard cursing while wheeling herself to the restroom. It further indicated that Resident 2 was attempting to wheel herself to the bathroom however resident was unable to fully open the bathroom door due to roommate's (Resident 1) bedside table was in the way. It indicated Resident 2 started cursing with roommate present in the room, possibly out of frustration and that resident was on monitoring for verbal aggression at this time.</p> <p>During an interview with the Medical Records Assistant (MRA) on 8/6/2024 at 8:53 AM, MRA stated when she went to the nurse's station on 7/31/2024, she heard a resident cursing in Spanish. MRA stated she went to Residents 1 and 2's room and witnessed Resident 2 come out of the restroom and slammed the door.</p> <p>During an interview with MRA on 8/6/2024 at 9:04 AM, MRA stated, it was her first time to witness a verbal abuse when Resident 2 cursed Resident 1.</p> <p>During an interview with Certified Nursing Assistant 1 (CNA 1) on 8/6/2024 at 12:29 PM, CNA 1 stated, a resident cursing at other people is verbal abuse. CNA 1 stated, It is very offensive if the other resident hears it.</p> <p>During an interview with the Laundry Personnel (LDP) on 8/6/2024 at 1:20 PM, LDP stated on 7/31/2024, she witnessed Resident 1 being yelled and cursed in Spanish by Resident 2 by saying, Move, you son of a b_ _ _ ch. LDP stated she heard the same cursing words that MRA heard inside Resident 1's room. LDP stated this was considered verbal abuse. LDP stated she always hear Resident 2 insult and say bad words to Resident 1 every day. LDP stated she did not report the abuse incidents because she was scared to get in trouble.</p> <p>During an interview with the Maintenance Supervisor (MTS) on 8/6/2024 at 1:38 PM, MTS stated it is considered verbal abuse if a resident curses at another resident. MTS stated, We have to report it (verbal abuse). I don't think it is okay to be mean to someone else. I will really feel bad if I or my loved ones would hear it.</p> <p>During an interview with the LDP on 8/6/2024, at 1:28 PM, LDP stated according to the inservice she attended, abuse should be reported. LDP stated she was not aware of the timeline for abuse reporting.</p> <p>During a concurrent review of Resident 2's SBAR, dated 7/31/2024, and interview with the Director of Nursing (DON) on 8/6/2024, at 1:48 PM, the DON stated the SBAR indicated Resident 2 was verbally aggressive and was cursing her roommate. The DON stated, Hearing cursing words is considered verbal abuse because it is hurtful towards the other person.</p> <p>During an interview with Director of Nursing (DON) on 8/6/2024, at 2:09 PM, the DON stated, it was important to report abuse to keep the resident safe and prevent another incident. The DON stated abuse should be reported to the State agency, Ombudsman and local law enforcement within 2 hours according to facility policy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation- Reporting and Investigating, revised 9/2022, the P&P indicated if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. P&P indicated the Administrator or the individual making the allegation immediately 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 . e. Law enforcement officials. The P&P also indicated, Immediately is defined as within 2 hours of an allegation involving abuse or result in serious bodily injury.		