

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 03/05/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on interview and record review, the facility failed ensure one of two sampled residents (Resident 1) was treated with respect and dignity in accordance with the facility policy by failing to allow the resident to voice grievances (statement of complaint over something believed to be wrong or unfair) without discrimination (to treat that person differently or less favorably) or reprisal (the act of retaliation).</p> <p>This deficient practice has the potential for Resident 1 to not voice future grievances and affect the resident's self-worth and self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/8/2025, the MDS indicated resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, shower/bathe self, upper body dressing, lower body dressing and personal hygiene.</p> <p>During an interview on 3/5/2025 at 10:42 AM in Resident 1's room, Resident 1 stated Certified Nursing Assistant 1 (CNA 1) stated if Resident 1 keeps complaining about the facility's CNAs (not specified who), no one would want to work with the resident. Resident 1 also stated she felt she is being retaliated against and she would not want to voice any future grievances or concerns to the facility management.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/5/2025 at 1:20 PM with Director of Staff Development (DSD) and CNA 1, CNA 1 stated she did tell Resident 1 if the resident kept complaining, no one would want to work with her. DSD stated that is not okay to say because it is disrespectful to Resident 1 and the resident would not be able to voice out her concerns if resident has any due to fear of retaliation.</p> <p>During a concurrent record review and interview on 3/5/2025 at 2:50 PM with DSD, the facility's Policy and Procedure (P&P) titled, Resident Rights, revised 2/2021, was reviewed. The P&P indicated the resident has a right to voice grievances to the facility, or other agency that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal. The P&P also indicated employees shall treat all residents with kindness, respect and dignity. The DSD stated it is in the facility's policy where the resident has the right to voice grievances without discrimination and/or retaliation and CNA 1 should have not told Resident 1 that if Resident 1 keeps on complaining, no one would want to work with the resident.</p>		