

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/06/2023
NAME OF PROVIDER OR SUPPLIER Two Palms Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2637 E. Washinton Blvd Pasadena, CA 91107	

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** 42334</p> <p>Based on interview and record review, the facility failed to report alleged violations of misappropriation of properties (the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money) as required by law and facility policy for one of three sampled residents (Resident 1).</p> <p>These deficient practices had the potential to result in Resident 1's loss of rights to be free from theft, loss of property, including the loss of a silver white ring and a broken necklace.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident on 5/21/2023 with diagnoses that included dysphagia (difficulty swallowing foods or liquids), dementia (a group of thinking and social symptoms that interferes with daily functioning), and malignant neoplasm of the prostate (cancer of a man's reproductive system that has spreading to other parts of the body).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 5/13/2023, indicated Resident 1 had impaired decision-making. The MDS indicated, Resident 1 was unable to walk and was extensively dependent on facility staff for completion of all activities of daily living (ADL 's- dressing, grooming, toileting), except [NAME] that required limited assistance.</p> <p>During interview on 9/6/2023 at 9:30 am, the facility Administrator (ADM) stated that she was aware of Resident 1's son had reported a ring was missing. She stated that facility staff had seen the ring on the Resident 1's hand prior to the allegation.</p> <p>During an interview on 9/6/2023 at 10:10 am, Social Services Designee (SSD) stated when ADM called and asked her about the lost ring that was the time she made aware of missing ring. After facility could not locate the ring the next step is to report and investigate the missing property.</p> <p>During an interview on 9/6/2023 at 10:35 am, Licensed Vocation Nurse (LVN1) stated not sure the date, she saw the son put the ring, a chain, and sunglasses on Resident 1, she did not see the ring again. She stated she was aware of the allegation that the ring was stolen.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/6/2023 at 10:45 am interview Certified Nursing Assistant (CNA1) said stated she was aware of the allegation that the ring was stolen. CNA1 stated that misappropriation of property is a form of abuse and that it should be reported to the administrator immediately.</p> <p>During an interview and concurrent record review of Resident 1's medical chart on 9/6/2023 at 11:20 am, ADM stated that son wrote on Resident 1's inventory of personal effects (belongings), missing ring! Filed police report. ADM stated we never reported the allegation to authorities because the item in question was not on the inventory. ADM stated the facility did their own investigation, following the facility's policy.</p> <p>During an interview on 9/6/2023 at 11:35 am, ADM stated that the facility became aware of the allegation of misappropriation of property on the night of the 8/23/2023 (14 days prior to interview).</p> <p>During an interview and concurrent record review of Resident 1's medical chart on 9/6/2023 at 1:40 pm, ADM stated that the missing ring was not documented anywhere in the medical chart until it was missing. ADM stated we did not report missing ring because it was not documented. ADM stated that it was a form of misappropriation of property and misappropriation of property is a form of abuse and facility did not report it to authorities.</p> <p>A record review of Resident 1's nurses' progress notes dated 8/25/2023 indicated that the son of Resident 1 informed the facility of the allegation of the theft of his father's ring.</p> <p>A record review of Resident 1's nurses progress notes dated 8/31/2023 indicated that son of Resident 1 signed Resident 1's inventory of personal effects (belongings) and wrote on it indicated missing ring and filed police report.</p> <p>A review of the facility's policy titled, Abuse Prevention and Prohibition Program, dated 5/1/2023, indicated that, Facility staff are mandated (required) reporters, and that, the facility will report allegations of misappropriation of resident property, no later than 24 hours after the alleged violation.</p> <p>A review of the facility's policy titled, Theft Prevention, dated 11/1/2023, indicated that, When an alleged or suspected case of misappropriation of resident property is reported, the Administrator, or designee, notifies the following person or agencies within 24 hours: Department of Public Health, Ombudsman, Law enforcement officials.</p>		