STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Park Nursing Center	8520 Western Avenue Buena Park, CA 90620

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	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** 49348 Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to implement the P&P to ensure the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for one of two sampled residents (Resident 1). * The facility failed to report Resident 1's sexual abuse allegation to the CDPH L&C Program, Ombudsman office, and local law enforcement agency timely. This failure had the potential for abuse allegations to go unreported and uninvestigated timely. Findings: Review of the facility's P&P titled Abuse Reporting and Prevention revised 4/2024 showed the Administrator or his/her designee will report each alleged abuse to the Ombudsman office and CDPH immediately or within two hours as per the California Health and Safety Code, Section 1418.91 and all alleged violations and all substantiated incidents will be reported to the CDPH and all other agencies as required by State law, i.e., the local law enforcement agency, Certified Nursing Assistant Certification board, appropriate licensing board, and local Ombudsman office. Under the section for Reporting Procedures showed to notify the charge nurse as soon as possible. If the charge nurse is notified, the charge nurse will immediately notify the Administrator, Abuse Coordinator, Director of Nursing, and Social Services Department staff; and begin the interventions as indicated. Review of the facility's SOC 341 dated 5/28/24, showed Resident 1 reported an allegation of sexual abuse against CNA 1 to the RN supervisor on 5/25/24. Medical record review for Resident 1 was initiated on 5/29/24. Resident 1 was admitted to the facility on [DATE]. On 5/29/24 at 1033 hours, an interview was conductedwith Resident 1. Resident 1 stated she reported the allegation of sexual abuse against CNA 1 to RN 1 on 5/25/24. On 5/29/24 at 1340 hours, an interview was conducted with RN 2. RN 2 stated she was not working at the time when RN 1 notified her of the sexual abuse allegation on 5/25/24. RN 2 stated she instructed RN 1 to write an incident report. RN 2 further stated when she returned to work on 5/28/24, and read the incident report, she realized the seriousness of the abuse allegation and reported it to the Administrator and DON on 5/28/24. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Park Nursing Center	8520 Western Avenue Buena Park, CA 90620

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	On 5/29/24 at 1456 hours, a telephone interview was conducted with RN 1. RN 1 stated she was notified by Resident 1 on 5/25/24, regarding CNA 1 inappropriately touching her. RN 1 stated the facility's policy for reporting abuse would be to notify the facility Administrator and DON within 24 hours. However, RN 1 verifiedshe did not notify the Administrator or DON on 5/25/24. On 5/30/24 at 0846 hours, a follow-up interview was conducted with RN 1. When asked who the facility's Abuse Coordinator was,RN 1 stated the Administrator. RN 1 acknowledged the Administrator should have been notified of the sexual abuse allegation reported by Resident 1. On 5/30/24 at 1227 hours, an interview and concurrent facility document review was conducted with the DON. The DON stated all staff were mandated reporters, and any abuse allegations were to be reported to the Administrator and DON. The DON acknowledged and verified the sexual abuse allegation made by Resident 1 against CNA 1 on 5/25/24, was not reported to the CDPH L&C Program, Ombudsman office, and law enforcement agency until 5/28/24, three days later. The DON stated all abuse allegations wereto be reported as soon as the facility was made aware. The DON acknowledged the above findings.

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NAME OF PROVIDER OR SUPPLIER Buena Park Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8520 Western Avenue Buena Park, CA 90620	

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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** 49348 Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the allegation of abuse was investigated timely to prevent further potential abuse for one of two sampled residents (Resident 1). * The facility failed to investigate Resident 1's sexual abuse allegation against CNA 1 when the facility received the report of the sexual abuse allegation from Resident 1 on 5/25/24. This failure had the potential to put Resident 1 and other vulnerable residents at increased risk for further sexual abuse. Findings: Review of the facility's P&P titled Abuse Reporting and Prevention revised 4/2024 showed when incidents involving the health, welfare, or safety of residents, including suspected abuse are reported, the Administrator, or his or her designee, shall take the following steps: - provide a safe environment for resident(s) as indicated by the situation. - if the suspected abuser is an employee remove employee immediately from the care of all residents and may suspend the employee immediately during the investigation in accordance with personnel policies and state law. The P&P section for Reporting Procedures showed to notify the charge nurse as soon as possible. If the charge nurse is notified, the charge nurse will immediately notify the Administrator, Abuse Coordinator, Director of Nursing, and Social Services Department staff; and begin the interventions as indicated. Review of the facility's SOC 341 dated 5/28/24, showed Resident 1 reported an allegation of sexual abuse against CNA 1 to the RN supervisor on 5/25/24. Medical record review for Resident 1 was initiated on 5/29/24. Resident 1 was admitted to the facility on [DATE]. On 5/29/24 at 1033 hours, an interview was conductedwith Resident 1. Resident 1 stated she reported the allegation of sexual abuse against CNA 1 to RN 1 on 5/25/24. Resident 1 further stated CNA 1 went in her room on 5/27/24,asking if he did something to upset her. Review of the facility's Nursing Staffing Assignment and Sign-in Sheet dated 5/27/24, showed CNA 1 was scheduled to work from 0700 to 1500 hours. The sign-in sheet further showed CNA 1's room assignments and signature. (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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/24 at 1340 hours, an interview was conducted with RN 2. RN 2 stated she was not working at the time when RN 1 notified her of the sexual abuse allegation on 5/25/24. RN 2 stated she instructed RN 1 to write an incident report. RN 2 further stated when she returned to work on 5/28/24, and read the incident report, she realized the seriousness of the abuse allegation and reported it to the Administrator and DON on 5/28/24. On 5/29/24 at 1433 hours, an interview was conducted with CNA 1. CNA 1 stated when he arrived to work on 5/27/24, he saw a notification that he was no longer allowed to care for Resident 1. CNA 1 stated he was not assigned to care for Resident 1 on 5/27/24; however, CNA 1 verified he went to Resident 1 to ask if he did something wrong. CNA 1 further stated he was notaware of the sexual abuse allegation made by Resident 1 against him until 5/28/24. On 5/29/24 at 1456 hours, a telephone interview was conducted with RN 1. RN 1 stated she was notified by Resident 1 on 5/25/24, regarding CNA 1 inappropriately touching her. RN 1 stated the facility's policy for reporting abuse would be to notify the facility Administrator and DON within 24 hours. However, RN 1 verifiedshe did not notify the Administrator or DON on 5/25/24. On 5/30/24 at 1227 hours, an interview was conducted with the DON. The DON stated the abuse allegation was not reported to the Administrator or DON until 5/28/24. The DON verified the abuse investigation did not begin until 5/28/24. The DON stated the investigation process should have been initiated on 5/25/24, when the sexual abuse allegation was reported by Resident 1. The DON verified CNA 1 was scheduled to work on 5/27/24, and not suspended until 5/28/24. The DON acknowledged the above findings.