STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055581	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jurupa Hills Post Acute	6401 33rd Street. Riverside, CA 92509

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49113 Based on interview, and record review, the facility failed to implement their policy and procedure on abuse, for one of three residents, (Resident 1) when the facility failed to develop a plan of care to ensure safety of the resident including notifying the staff of the incident and interventions to prevent further abuse on Resident 1. This failure resulted in the facility staff to not be informed of necessary information to ensure safety and protection for Resident 1 and further place Resident 1 at risk for further abuse. Findings: On May 16, 2024, 9 a.m., an unannounced visit was conducted at the facility to investigate an allegation of financial abuse. On May 16, 2024, a review of Resident 1's medical record was conducted. Resident 1 was admitted to the facility on [DATE], with diagnoses which included anxiety (a feeling of worry, nervousness, or unease about something with an uncertain outcome), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities causing significant impairment in daily life), and Alzheimer Disease, (progressive mental deterioration that destroys memory). On May 16, 2024, at 9:20 a.m., an interview was conducted with Resident 1. Resident 1 stated she met the alleged perpetrator who was her caregiver (CG) over five months ago. Resident 1 stated she had given the CG permission to access money to purchase food for her. She stated she went to the bank and was told that 70,000 dollars had been withdrawn from her account. She stated she called the county's police department but was not able to give a report. On May 16, 2024, at 12:20 p. m., in an interview with the Registered Nurse (RN) 1, RN 1 stated she was not aware of the complaint of missing money reported by Resident 1. She stated no one reported to her any missing items or money. (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: 055581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Jurupa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 33rd Street. Riverside, CA 92509	

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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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On May 16, 2024, at 12:53 p.m., during an interview with Certified Nurse Assistant (CNA 1), CNA 1 stated she was not aware of a report of an allegation of financial abuse from any resident. CNA 1 stated if a resident reported any missing money or items, the facility's process is to inform the immediate supervisor, and the administrator would follow up with an investigation. CNA 1 stated a plan of care should be initiated to indicate the allegation of financial abuse and interventions to protect the resident from further abuse. On May 16, 2024, at 1:25 p.m., in an interview with the DON, she stated there was no documentation regarding the reported allegation of financial abuse The DON stated there was no documentation a plan of care was initiated to address the allegation of financial abuse on Resident 1. The DON stated the facility should have documented the allegation of financial abuse, initiate a plan of care including monitoring Resident 1's visitors, and followed up with outside agencies (police department) to keep Resident 1 safe and prevent further abuse. On May 16, 2024, at 2:17 p.m., a concurrent interview and record review was conducted with License Vocational Nurse (LVN) 2. LVN 2 stated there was no documentation of the allegation of financial abuse reported by Resident 1 against his former CG on the resident's medical record. He stated there was no documentation from the Social Services Designee and the IDT (Interdisciplinary Team - a group of healthcare professionals), and a care plan was initiated to address the allegation of financial abuse. LVN 2 stated he was not given a report of the alleged incident and was not made aware to monitor for visitors for Resident 1. A review of the facility's policy and procedure titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised September 2022, indicated, .Upon receiving any allegations. of abuse, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions, (if any), are needed for the protection of residents .

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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** 49113 Based on interview and record review, the facility failed to ensure an allegation of financial abuse was reported to the California of Department of Public Health (CDPH) immediately, or not later than two hours, when the facility received a report of the abuse allegation from the General Acute Hospital (GACH) staff, for one of three residents reviewed (Resident 1). This failure had the potential to result in a delay of the implementation of appropriate action and the provision of protection for Resident 1 and placed other residents at risk for further abuse. Findings: On May 16, 2024, at 9 a.m., an unannounced visit was conducted at the facility to investigate an allegation of financial abuse. On May 16, 2024, a review of Resident 1's medical record was conducted. Resident 1 was admitted to the facility on [DATE], with diagnoses which included anxiety (a feeling of worry, nervousness, or unease about something with an uncertain outcome), major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities causing significant impairment in daily life), and Alzheimer Disease, (progressive mental deterioration that destroys memory). On May 16, 2024, at 9:20 a.m., an interview was conducted with Resident 1. Resident 1 stated she met the alleged perpetrator who was her caregiver (CG) over five months ago. Resident 1 stated she had given the CG permission to access money to purchase food for her. She stated she went to the bank and was told that 70,000 dollars had been withdrawn from her account. She stated she called the county's police department but was not able to give a report. On May 16, 2024, at 1:25 p.m., in an interview with the Director of Nursing, (DON) the DON stated she received report from the Social Services Designee of Resident 1's allegation of financial abuse by the CG on May 13, 2024. The DON stated Registered Nurse (RN) 2 received the call from the General Acute Hospital (GACH) on the evening of May 12, 2024, regarding an allegation of missing money from Resident 1 with the previous CG as the alleged abuser. The DON stated the facility submitted the SOC 341 and spoke to CDPH on May 13, 2024. The DON stated the notification to the CDPH was not made within two hours and stated the notification to CDPH should have been made within the timeframe. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised September 2022, indicated, .All reports of resident abuse, including injuries of unknown origin, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported .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 . The administrator or the individual making the allegation immediately reports his or her suspicion to .The state licensing/certification agency responsible for surveying/licensing the facility .Immediately is defined as . within two hours of an allegation involving abuse or result in serious bodily injury .