

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Whittier Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S Pickering Avenue Whittier, CA 90602	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>36925</p> <p>Based on observation, interview, and record review, the facility failed to review and investigate the allegations made by a resident ' s representative (RP 1) for one of three sampled residents (Resident 1) and submit a written report of such findings to the administrator and RP 1, in accordance with the facility ' s policies and procedures.</p> <p>RP 1 complained that Resident 1 ' s specialized wheelchair had been missing, but the facility did not make prompt efforts to resolve the problem and provide a written response to RP 1 regarding the resolution of the grievance.</p> <p>This deficient practice had resulted to Resident 1 ' s rights to have grievances resolved, in accordance with the regulations and the facility ' s policy and procedure.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility initially admitted the resident on 9/28/12 and readmitted the resident last on 3/16/21, with diagnoses including chronic respiratory failure (a long-term respiratory problem that causes shortness of breath, extreme tiredness, and sleepiness) and quadriplegia (inability to move the arms and legs).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 3/21/24, indicated the resident has no discernible consciousness. The MDS indicated that the resident was dependent on a person to perform daily living activities.</p> <p>A review of Resident 1 ' s Resident ' s Clothing & Possessions list indicated that the resident had a wheelchair on admission on 9/28/12.</p> <p>During an interview on 4/15/24 at 9:45 AM, RP 1 stated Resident 1 had her own specialized wheelchair made for her and the facility threw it away without letting RP 1 know. RP 1 stated that the inventory of resident belongings was signed. RP 1 stated the facility said they will replace the wheelchair but it should not have been thrown away without RP 1 ' s knowledge why it needed to be thrown away. RP 1 stated she did not get a written response from the facility.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of Resident 1 on 4/15/24 at 3:35 PM, the resident was lying in bed, non-verbal, no signs of pain or distress, and there was no wheelchair in the room that belonged to Resident 1.</p> <p>During an interview on 4/16/24 at 10:55 AM, a Certified Nurse Assistant (CNA 1) stated that she has been working in the facility for nine years and is familiar with Resident 1. CNA 1 stated that Resident 1 had a personal wheelchair, but they stopped using it because it was not safe for the resident to use anymore. CNA 1 stated she did not know where the wheelchair is at this time.</p> <p>During an interview on 4/16/24 at 12:23 PM, the Assistant Director of Nursing (ADON) stated that that RP 1 asked for Resident 1 ' s missing specialized wheelchair during an Interdisciplinary Meeting (IDT, a meeting attended by healthcare providers from various specialties with diverse knowledge to respond to the resident ' s physical and clinical needs) on 2/20/24, but the facility did not document the mother ' s grievance in the IDT notes and did not address the issue. The ADON stated that the previous administrator (ADM 2) was present during the IDT meeting.</p> <p>A review of Resident 1 ' s IDT meeting on 2/20/24 showed no indication that the facility addressed the grievance of RP 1 regarding the missing specialized wheelchair.</p> <p>During an interview on 4/16/24 at 1:15 PM, the Maintenance Director (Maint Dir) stated that RP 1 asked for the whereabouts of the resident ' s specialized wheelchair sometime towards the end of the year in 2023. The Maintenance Director stated that he asked the previous administrator (ADM2) of its whereabouts, and ADM 2 told him that they threw the wheelchair away.</p> <p>During an interview on 4/16/24 at 1:35 PM, the Social Services Director (SSD) stated that RP 1 informed her on 3/25/24 that Resident 1 ' s specialized wheelchair had been missing and would like to know its whereabouts. The SSD stated that she immediately filled out a Grievance Report the following day, 3/26/24, and investigated the issue. The SSD stated that her investigation revealed that the facility threw the wheelchair away because it was unsafe for the resident to use. The SSD stated that when a resident complains about a loss of personal property, she immediately notifies the administrator, investigates, and follows up on the results accordingly. The SSD stated that any staff can file a grievance on behalf of a resident and should inform her to put the complaint on record.</p> <p>During a concurrent record review of the facility ' s Grievance binder log, the SSD stated that there was no grievance record on file made by a staff or the resident before March 2024.</p> <p>A review of a record titled, Theft/Loss and Grievance Report, indicated that RP 1 expressed her grievance on 3/25/24 (instead of around the end of 2023 as stated by the Maintenance Director and again on 2/20/2024 as indicated by the DON) regarding a missing specialized wheelchair.</p> <p>A review of Resident 1 ' s progress note dated 3/26/24, indicated that the current administrator (ADM 1) contacted RP 1 regarding her concern about locating the resident ' s wheelchair. ADM 1 informed RP 1 that ADM 2 disposed the wheelchair due to poor condition.</p> <p>A review of the facility ' s undated policy titled, Grievances/Complaints, Filing, revised in 4/2017, version 1.2, indicated:</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Any resident, family member, or appointed resident representative may file a grievance or complaint regarding any concerns about his/her stay at the facility. - The administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative. - Upon receipt of a grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings to the administrator within five (5) working days of receiving the grievance and/or complaint. -All grievances and complaints . stemming from residents or family groups concerning issues of resident care in the facility will be considered. The policy indicated actions on such issues will be responded to, in writing, including a rationale for the response.

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36925</p> <p>Based on interview and record review, the facility failed to update and revise the care plan for two of three sampled residents (Resident 1 and Resident 3) by failing to:</p> <ol style="list-style-type: none"> For Resident 1, revise and update the care plan after the resident tested positive for Carbapenem-resistant Acinetobacter baumannii (CRAB, a type of bacteria commonly found in the environment, especially in soil and water) that requires isolation (a condition where a resident has to be isolated to prevent the spread of the infection). For Resident 3, revise and update the activity care plan after the facility identified the type of music the resident enjoys listening. <p>This deficient practice has the potential to diminish the quality of life of the resident by not providing the staff the right information the resident needs that the staff follows in the care plan, to reach the resident 's highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> A review of Resident 1 ' s Admission Record indicated the facility initially admitted the resident on 9/28/12 and readmitted the resident last on 3/16/21 with diagnoses including chronic respiratory failure (a long-term respiratory problem that causes shortness of breath, extreme tiredness, and sleepiness) and quadriplegia (inability to move the arms and legs). <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 3/21/24, indicated the resident has no discernible consciousness. The MDS indicated that the resident was dependent on another person for all activities of daily living.</p> <p>A review of Resident 1 ' s laboratory result for urine culture, dated 9/3/23, indicated that the resident was positive for CRAB.</p> <p>A review of Resident 1 ' s Order Summary Report (a summary report of all the orders made by the physician) indicated that the physician ordered to place the resident in isolation for CRAB in the urine on 9/3/23.</p> <p>A review of Resident 1 ' s care plan, initiated on 3/9/17 and revised on 12/28/23, indicated that the resident will have out-of-room/out-of-bed activities to provide environmental stimulation at least 1x/week as able. The care plan was not updated to reflect that Resident 1 was supposed to be on isolation for CRAB in the urine since 9/3/23, including the timeframe the physician planned to place the resident out of isolation due to CRAB in the urine.</p> <ol style="list-style-type: none"> A review of Resident 3 ' s Admission Record indicated the facility initially admitted the resident on 8/21/23 and readmitted the resident last on 2/12/24 with diagnoses including acute respiratory failure (a sudden respiratory problem that causes shortness of breath, extreme tiredness, and sleepiness) and cerebral palsy (a group of conditions that affect movement and posture). <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 3 ' s MDS, dated [DATE], indicated the resident ' s cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was severely impaired. The MDS indicated that the resident was dependent on another person for all activities of daily living.</p> <p>A review of Resident 3 ' s Interdisciplinary Team (IDT) meeting notes, dated 3/8/23, indicated that the Activity Director (AD) made Resident 3 ' s representative (RP 2) know that the facility has been assisting Resident 3 to group activities on different occasions where he enjoys listening to a group named Black Eyed Peas.</p> <p>A review of Resident 3 ' s care plan, initiated on 1/16/24 and revised on 3/28/24, indicated that the facility will encourage the resident to participate in activities of interest including music, outdoor activities, exercise, reading, and television. The care plan did not indicate Resident 3 specifically enjoys listening to Black Eyed Peas to ensure continuity of care.</p> <p>During an interview on 4/16/24 at 9:40 AM, the AD stated that the activities that the facility provides a resident should be person-centered, meaning they are based on the resident ' s preferences and specific needs. The AD stated the facility develops a care plan for these activities and revises it accordingly if the resident does not meet the goals outlined in the care plan or if the resident changes his/her preferences.</p> <p>During an interview on 4/16/24 at 10:30 AM, the Minimum Data Set Coordinator (MDS) stated that the care plan should be person-centered, and that the facility should revise and update the resident ' s care plan if the resident has a change of condition.</p> <p>During an interview on 4/17/24 at 2:03 PM, the Director of Nursing (DON) stated the facility should update and revise the care plan of the resident whenever the resident has a change of condition or a change of needs. The DON also stated that the care plan should be person-centered to meet the resident ' s individual needs.</p> <p>A review of the facility ' s policy titled, Care Plans, Comprehensive Person-Centered, revised in 3/2023, version 2.0, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.</p>		