

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 10/30/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</p> <p>Based on observation, interview and record review the facility failed to ensure that facility staff implement the facility ' s policies and procedures on Abuse, Neglect , Exploitation and Misappropriation Prevention Program and Abuse, Neglect, Exploitation and Misappropriation -Reporting and Investigating during the provision of care and services for one of two sampled residents (Residents 1). The facility failed to:</p> <p>Identify and investigate all possible incidents of abuse when Resident 1 reported she did not want Certified Nursing Assistant (CNA)1 providing her pericare (the practice of washing the genital and anal areas of the body) on 10/27/2024.</p> <p>Investigate and Report all alleged possible incidents of abuse immediately to the Administrator, state licensing agency within two hours, in accordance with the federal regulations.</p> <p>These deficient practices resulted in Resident 1 being assigned again to CNA 1 on 10/28/2024, a day after (10/27/2024) she had reported to RN 1, not wanting CNA 1 to care for Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Face Sheet indicated the resident was admitted to the facility on [DATE], with diagnoses that included acute chronic respiratory failure, unspecified atrial fibrillation (an irregular heartbeat that begin in the hearts top chambers).</p> <p>A review of Resident 1 ' s History and Physical assessment dated [DATE], indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (a federally mandated resident assessment tool) dated 9/20/2024 indicated Resident 1 was severely impaired. The MDS indicated the Resident 1 is dependent (helper does all of the effort) on facility staff for oral hygiene, toileting, shower personal hygiene, The MDS indicated Resident 1 requires maximal assistance (helper does more than half the effort) for upper body dressing.</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
---	-------	-----------

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 10/30/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s care plan titled Resident and /or responsible party have been made aware that the facility has stable system in place to identify not only abuse but also those practices and omission that lead to abuse, neglect and misappropriation of property, initiated on 10/15/2024. The care plan goals indicated the facility would promptly identify and take appropriate measures to protect residents from abuse. The care plan included interventions such as staff would immediately separate all involved parties, conduct head to toe assessments of affected all involved parties, conduct head to toe assessment of affected resident, document all findings and notify Physician accordingly.</p> <p>A review of Resident 1 ' s care plan for Resident states that a male CNA spends too much time doing peri-care while providing incontinence brief change initiated on 10/29/2024. The care plan goals indicated: facility will promptly identify and take appropriate measures to protect residents from abuse.</p> <p>A review of a facility document titled Daily staffing assignment dated 10/27/1024, indicated CNA 1 was assigned to provide care to Resident 1.</p> <p>A review facility document titled Daily staffing assignment dated 10/28/2024 indicated CNA 1 was assigned to provide care to Resident 1, on 10/28/24 during the 3:00 PM - 11:00 PM shift.</p> <p>During an interview on 10/30/2024 at 1:55 PM with the Assistant Director of Nursing (ADON), the ADON stated he was notified on 10/28/204 around 5:00 PM to 5:30 PM by CNA 2 that Resident 1 verbalized she did not want CNA 1 being assigned to her. The ADON stated he went to interview Resident 1 with the Social Services Director. The ADON stated he asked Resident 1 if she had issues with any of the facility staff and Resident 1 responded she preferred female CNA ' S and did not elaborate anything else. The ADON stated he changed Resident 1 ' s assignment and informed CNA 1 on 10/28/24 that he would no longer be assigned to Resident 1.</p> <p>During an interview on 10/30/2024 at 2:30 PM with Resident 1, Resident 1 stated she did not want CNA 1 providing peri care to her. Resident 1 stated the last time CNA 1 provided peri care to her, CNA 1 kept wiping her vaginal area over and over in the same spot making her feel uncomfortable. Resident 1 stated she told the staff she did not want CNA 1 providing care to her, but he was again assigned to her (10/28/2024) and that made her feel unsafe in the facility. Resident 1 stated she told another facility staff [RN 1] on a different date [10/27/24] but could not recall the date she did not want CNA 1 being her nurse.</p> <p>During an interview on 10/30/2024 at 3:20 PM with CNA 1, CNA 1 stated he was assigned to provide care to Resident 1 on 10/27/2024 and 10/28/2024 . CNA 1 stated on 10/27/2024 he provided peri care to Resident 1, one time during his 8-hour shift during the beginning of the shift. CNA 1 stated when he attempted to provide peri care again to Resident 1 on 10/27/24, Resident 1 refused. CNA 1 stated towards the end of his shift on 10/27/24, he attempted for again to offer to provide peri care to Resident 1, who verbalized she did not want to be changed by him (CNA1). CNA 1 stated he left Resident 1 ' s room and informed RN 1. CNA 1 stated he did not enter Resident 1 ' s room anymore on 10/27/2024. CNA 1 stated when he arrived to work at the facility on 10/28/2024, he saw that he had been assigned to care for Resident 1 again. CNA 1 stated he went to Resident 1 ' s room and offered help to which Resident 1 refused stating she did not need anything. CNA 1 stated a few hours later into his shift on 10/28/24, he was approached by the ADON who informed him he would no longer be caring for Resident 1 that day.</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/2024 at 4:45 PM with the Director of Staff Development (DSD), the DSD stated she was in charge of completing the staffing assignment for the facility. The DSD stated she was not aware when she completed the assignment for 10/29/2024, that Resident 1 had verbalized she did not want CNA 1 providing her care. The DSD stated if she would have been aware she would not have scheduled CNA 1 to care for Resident 1 again on 10/28/2024.</p> <p>During an interview on 10/30/2024 at 3:38 PM with RN1, RN 1 stated on 10/27/2024, CNA 1 approached her stating Resident 1 did not want CNA 1 providing care for her. RN 1 stated she interviewed Resident 1 who told her she did not feel comfortable with having male CNAs and preferred to having females provide her care. RN 1 stated she did not have any additional females at that time and asked Resident 1 if it was ok if CNA 2 who is also a male provide her care to which Resident 1 responded it is ok as she felt comfortable with CNA 2. RN 1 stated she did not inform to DON, SSD or ADON or Administrator that Resident 1 had verbalized not wanting CNA1 providing her care.</p> <p>During an interview and concurrent record review on 10/30/2024 with Director of Nursing (DON)1, DON 1 stated there was no care plan initiated on 10/27/2024 or 10/28/2024 when Resident 1 first informed RN 1 not wanting CNA 1 or male CNAs providing her care. DON 1 stated when Resident 1 first informed RN 1 she did not want CNA 1, RN 1 should have reported and informed the DON or ADM as ADM is the abuse coordinator</p> <p>During a review of the facility ' s P&P titled, Abuse, Neglect , Exploitation and Misappropriation Prevention Program 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment. Or misappropriation of resident property. .9. Investigate and report any allegations within timeframes by federal requirements.</p> <p>During a review of the facility ' s P&P titled Abuse , Abuse, Neglect , Exploitation and Misappropriation -Reporting and Investigating1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2.The administrator or the individual making the allegation immediately reports his or hers suspicion to the following agencies: the state licensing The local/state ombudsman, the resident representative, law enforcement officials, the resident attending physician and the facility medical director, 3. Immediately is defied as a. within two hours of an allegation involving abuse or result in serious bodily injury; withing 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>		