

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055845	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Leisure Glen Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Mission Road Glendale, CA 91205	

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>42854</p> <p>Based on observation, interviews and record review, the facility failed to report an allegation of abuse to the Department and other officials immediately, but not later than two hours for one of one sampled resident (Resident 1) in accordance with the mandated Federal and State regulatory guidelines.</p> <p>This deficient practice had the potential for the facility to under report allegations of abuse, which could lead to failure to investigate alleged abuse in a timely manner.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated an admitted on 4/3/2024 with diagnoses including hemiplegia (paralysis on one side of body) and hemiparesis (muscle weakness on one side of body) following cerebral infarction (stroke) affecting left non-dominant side.</p> <p>A review of Resident 1 ' s History and Physical Examination dated 4/9/2024, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, an assessment and screen tool) dated 4/7/2024 indicated Resident 1 had moderately impaired cognition and needed some help with self-care, indoor mobility (ambulation) and function cognition (the need for assistance with planning regular tasks).</p> <p>A review of Resident 1 ' s Progress note dated 4/14/2024 timed at 2:13 PM indicated two (2) uniformed local enforcement officers came to facility to speak with Resident 1. The progress note indicated Resident 1 had concerns about a suppository (a solid but readily meltable cone or cylinder of usually medicated material for insertion into a bodily passage or cavity) not being given.</p> <p>During an interview with Resident 1 on 4/19/2024 at 1:14 PM, Resident 1 stated he felt sexually and verbally abused by the Administrator (ADM) because the ADM did not respect resident 1 ' s privacy when discussing the use of a plastic applicator for the suppository and spoke about an applicator that was being used for a suppository. Resident 1 stated the ADM verbalized to Resident 1 said in a common area within the facility that you told staff you want the thing up and to twirl it around. Resident 1 stated he was upset with the ADM.</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 with the Social Services Director (SSD) on 4/19/2024 at 1:38 PM, SSD stated she attempted to speak with Resident 1 multiple times after the local enforcement came to the facility to speak with Resident 1. SSD stated she did not document any follow up note after the local enforcement came since the SSD did not speak with the resident.</p> <p>During a concurrent interview and record review of Resident 1 ' s Progress notes with the Director of Nursing (DON) on 4/19/2024 at 2:25 PM, the DON could not find documented evidence to indicate an investigation was done after the local law enforcement was at the facility for Resident 1. The DON could not find documented evidence that the SSD attempted to follow up with Resident 1 after local law enforcement came to see resident. The DON stated the SSD should have documented that she attempted to follow up with Resident 1. The DON stated there should be an investigation and follow up with Resident 1 to address what the resident was feeling and make sure Resident 1 ' S psychosocial well-being is intact.</p> <p>A review of the facility ' s policy and procedure titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated 4/2024 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.</p>		