STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056192	A. Building B. Wing	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbor Post Acute Care Center	21521 S. Vermont Avenue Torrance, CA 90502

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Social Service Policy & Procedure, Grievances which indicated that all facility grievance (complaint) investigations, should be initiated as soon as practicably possible, after the grievance is filed, for one of three sampled residents, Resident 1. This failure had the potential for an unaddressed and unresolved grievances and had the potential to affect the resident ' s quality of life. Findings: A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis of traumatic hemorrhage (a type of blood loss caused by blunt force) of left cerebrum (the largest part of the brain that is divided in two halves). A review of Resident 1 ' s History and Physical (H&P), dated 5/17/2024, indicated Resident 1 had the capacity (the ability to hold) to understand and make decisions. A review of Resident 1 ' s Minimum Data Set (Minimum Data Set [MDS] a standardized assessment and care screening tool), dated 5/21/2024, indicated Resident 1 was cognitively (the ability to think and reason) intact. The MDS indicated Resident 1 was dependent (requiring someone for help) with staff for toileting hygiene. The MDS indicated Resident 1 was dependent with toilet transfer. The MDS indicated Resident 1 was always incontinent (inability to control bowel and bladder movements, resulting in involuntary soiling) with bowel movement and urine elimination. A review of Resident 1 ' s care plan titled, Episode of confabulation - episode of fabricating (faked) or making up stories, indicated the Director of Nurses (DON) initiated the care plan on 6/12/2024. During an interview on 6/27/2024 at 12:18 p.m. with Resident 1, Resident 1 was unable to recall any incidents with staff on 6/12/2024. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 6/27/2024 at 3:49 p.m. with the DON, Resident 1 ' s clinical records were reviewed. Resident 1 ' s clinical records did not indicate progress notes, Change of Condition notes nor an Interdisciplinary Team ([IDT] group of healthcare professionals working together to provide residents with the care they need) meeting conducted addressing the concern indicated in Resident 1 ' s care plan titled, Episode of confabulation - episode of fabricating or making up stories. The DON stated she could not recall what happened on 6/12/2024. The DON stated an IDT meeting should have been conducted if there were new concerns in the care plan. The DON was unable to recall events that occurred related to the care plan titled Episode of confabulation - episode of fabricating or making up stories, she (DON) initiated on 6/12/2024. During an interview on 6/27/2024 at 4:45 p.m. with the Social Services Director (SSD), the SSD stated on 6/12/2024, Resident 1 informed her (SSD) that Resident 1 was left in a soiled diaper and a family member had taken pictures. The SSD stated she (SSD) spoke with Resident 1 ' s family member but denied taking the picture. During a concurrent interview and record review on 6/28/2024 at 12:14 p.m., with the SSD, Resident 1 ' s progress notes were reviewed. The progress notes did not indicate an investigation conducted regarding Resident 1 left in a soiled diaper. The SSD stated if there were no documentations, it (investigations) did not happen. The SSD stated an investigation must be conducted for any grievance to clarify and resolve the concerns. The SSD stated, any verbalized (spoken) complaint is considered a grievance and should be investigated and documented, onse resolved. During an interview on 6/28/2024 at 12:56 p.m. with the DON, the DON stated when concerns are brought to their attention, an investigation should be conducted. The DON stated that they (staff) did not ask Resident 1 regarding the alleged incident on 6/12/2024 after being informed by the SSD. The DON stated if it was not documented, it did not happen. A review of facility ' s P&P titled, Social Service Policy and Procedure, Grievances, dated 11/2020, indicated the facility should respect resident ' s right to voice and file grievances without discrimination or retaliation, to receive timely and thoughtful resolutions, and to keep residents apprised (informed) of efforts towards resolution. The P&P indicated a grievance may me filed orally. The P&P indicated all facility grievances should be initiated as soon as practicably possible after the grievance is filed. The P&P indicated the facility should actively seek a resolution and keep the resident appropriately apprised of its progress toward resolution. The P&P indicated corrective action will be taken promptly after filing the report.