

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  13922 Cerise Avenue Hawthorne, CA 90250	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46832</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure an abuse allegation was reported to the State Survey Agency in a timely manner for one of 3 sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in further abuse to Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission record (face sheet), the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnosis that include chronic kidney disease (a disease characterized by progressive damage and loss of function in the kidneys), urinary tract infection (an infection in any part of the urinary system), osteoarthritis (a type of arthritis that occurs when flexible tissue at the ends of bones wears down), and Type 2 diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- an assessment and care screening tool), dated 6/25/2024, indicated Resident 1 was cognitive skills was intact. The MDS also indicated Resident 1 required supervision and partial assistance with toileting, showering, and lower and upper body dressing.</p> <p>During an interview on 10/9/2024, at 12:02 p.m., with the Social Services Director (SSD), the SSD stated the protocol for reporting abuse was to report it immediately. The SSD stated Resident 1 informed her of someone hitting her arm on 10/3/2024. The SSD stated she documented what Resident 1 told her and went back to interview Resident 1. The SSD stated once she interviewed Resident 1 a second time, Resident 1 denied being struck by anyone. The SSD stated she did not inform any facility staff and should have reported Resident 1 ' s allegation of abuse. The SSD stated the risk of not reporting abuse in a timely manner could result in a potential for further abuse.</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, on 10/9/2024, at 12:38 p.m., with the Director of Nursing (DON), the DON stated any allegation of abuse must be reported within 2 hours. The DON stated Resident 1 ' s allegations should had been reported immediately. The DON stated the risk of not reporting in a timely manner could result in the resident not feeling safe and could potentially cause further abuse. The DON stated, We should have investigated the allegation of abuse if we had known about it, we have just found out about the allegation today.</p> <p>During an interview, on 10/9/2024, at 1:04 p.m., with the Administrator (Admin), the Admin stated he was the abuse coordinator and all allegations of abuse was to be reported to him. The Admin stated Resident 1 ' s abuse allegation was not reported. The Admin stated the risk of not reporting abuse in a timely manner could result in further abuse.</p> <p>A review of the facility ' s policy and procedures, revised 4/2019, titled Abuse: Prevention Of and Prohibition Against, indicated All allegations of abuse, neglect, misappropriation of resident property, or exploitation are to be reported to the Administrator immediately.</p>		