

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Greenfield Care Center of South Gate		STREET ADDRESS, CITY, STATE, ZIP CODE  8455 State Street South Gate, CA 90280	
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 0943  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on interview, and record review, the facility failed to ensure one of one Certified Nursing Assistant (CNA) 3 rom registry staffing (temporary contracted staffing) received facility training on abuse prevention prior to providing care to residents. The deficient practice had the potential to place residents at risk for abuse and neglect. Findings: During an interview on 2/19/2026 at 11:46 a.m., with Certified Nursing Assistant (CNA) 3, CNA 3 stated, the facility did not provide abuse prevention training or in-service prior to starting her shift. During an interview on 2/19/2026 at 12:20 p.m., with the Director of Staff Development, the (DSD) stated, the facility hires some staff as registry fillers (come only as needed, maybe one or two shifts) The DSD stated these temporary staff were not provided education on the facility's abuse policy and procedures prior to them beginning their shift at the facility. During an interview on 2/19/2026 at 9:15 a.m., with the Director of Nursing (DON), the DON stated, registry staff should receive facility abuse training to ensure they have the expected level of abuse training and knowledge. The DON stated that hiring staff who do not have abuse training could potentially result in lack of abuse identification, reporting, and prevention. During a review of the facility's records, there was no documentation of mandatory abuse training provided for temporary registry staff. During a review of the facility's policy and procedure (P&amp;P) titled, Abuse and Neglect Prevention Management dated 2/2018 indicated, All staff will be trained on the following topics during orientation, and ongoing re: issues related to abuse prevention practices: A. Facility abuse and neglect prevention protocol.</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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