STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A355	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Paz Geropsychiatric Center	8835 Vans Street Paramount, CA 90723

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 Based on observation, interview, and record review the facility failed to protect the resident rights to be free from physical abuse for one of two sampled residents (Resident 1) by a resident. This failure resulted in Resident 2 stabbed Resident 1 on his right index finger repeatedly with a pen. Resident 1 sustained a one inch cut on the right index finger. Findings: 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 diagnoses including schizophrenia (a mental condition characterized by abnormal thought processes and unstable mood), anxiety (emotion characterized by feelings of tension, worried thoughts) andhypertension (high blood pressure). During a review of Resident 1 ' s History and Physical (H&P) dated 7/2/2024 the H&P indicated Resident 1 was alert and oriented to name only. During a review of Resident 1 ' s Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 7/10/2024, the MDS indicated Resident 1 did not require assistance from staff with toileting, dressing, putting on and taking off footwear, repositioning, sitting, standing, and walking. The MDS indicated Resident 1 needed setup or clean up assistance from staff with getting in and out of the shower, eating, and oral hygiene. The MDS indicated Resident 1 required supervision or touching assistance from staff with bathing, and personal hygiene. During a review of Resident 2 ' s Admission Record (Face Sheet), the Admission Record indicated, Resident 2 was admitted to the facility on [DATE] with diagnoses including to schizophrenia, hearing loss and hypertension. During a review of Resident 2 ' s H&P dated 8/31/2023 the H&P indicated Resident 2 was alert and oriented to name, place, and time. (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated Resident 2 did not require assistance from staff with oral hygiene, toileting hygiene, dressing, putting on and taking off footwear, personal hygiene, repositioning, standing, sitting, transferring to a chair, and transferring to a toilet. The MDS indicated Resident 2 setup or clean up assistance from staff with eating. The MDS indicated Resident 2 needed supervision or touching assistance transferring to the shower, and walking. During a concurrent observation and interview on 8/1/2024 at 10:15 a.m. with Resident 1 in Resident 1 ' s room, observed Resident 1 had a one inch cut on his right index finger. Resident 1 stated that Resident 2 had stabbed him with a pen using a downward motion. During an interview on 8/1/2024 at 10:20 am with Resident 2, Resident 2 stated he stabbed Resident 1 three times with a pen in his right index finger. During an interview on 8/1/2024 at 10:25 a.m. with the Director of Nursing (DON), the DON stated on 7/17/2024 at 4:35 p.m. Resident 1 had sustained a cut on his right index finger. The DON stated Resident 2 had alleged that Resident 1 was threatening him, leading him to respond aggressively as a dare. Following the incident, Resident 1 received treatment consisting of a triple antibiotic, and the affected area was covered with gauze dressing. The DON also stated that Resident 2 was transferred to a psychiatric hospital for ongoing observation. The DON stated Resident 2 returned to the facility on [DATE] and his medications for schizophrenia were adjusted. During an interview on 8/1/2024 at 10:42 a.m. with the Administrator (ADM), ADM stated it was reported to him that during rounding Certified Nursing Assistant (CNA) noticed blood on Resident 1 ' s bed and Resident 1 showed the CNA his hand. ADM stated Resident 2 stab Resident 1 with a pen on his right index finger. ADM stated that he concluded that the abuse did happen but could not establish why the abuse occurred. ADM stated the residents were separated and placed in different rooms. The ADM stated Resident 2 was transferred to the psychiatric General Acute Care Hospital. During an interview on 8/1/2024 at12:10 pm with the ADM, ADM stated residents were allowed to have pens depending on their history. ADM stated Resident 2 does not have a pen at this time it was taken away. ADM stated Resident 2 will need supervision if he wants a pen again. ADM stated a resident will not be allowed to have a pen if they present a danger. ADM stated the pen will be taken away from the resident because they pose a danger to someone else. During a review of facility ' s policy and procedure (P&P) titled Abuse Prevention and Reporting, dated 1/30/2024, the P&P indicated, Any form of mistreatment of residents including but not limited to abuse, neglect, exploitation, involuntary seclusion, misappropriation of property or any crime are strictly prohibited . Abuse - means infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well -being. Willful means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.