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	06/12/2026

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** Based on interview, and record review, the facility failed to protect one of four sampled residents (Resident 1) from potential and/or continued sexual abuse when Resident 1 reported to the facility's Social Worker (SW) on 5/19/2026 at 4:35 p.m., that Resident 2 touched her (Resident 1) buttock four times with his hand. Resident 1 and 2 were not placed on every 15 minute monitoring, per their intervention, until 5/20/2026 at 1:30 p.m. (approximately 21 hours after the allegation was made). This deficient practice resulted in Resident 2 being unmonitored for 21 hours after Resident 1 alleged sexual abuse against Resident 2. This deficient practice placed Resident 1 at risk for continued sexual abuse by Resident 2.Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 had a diagnosis of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 3/9/2026, the MDS indicated Resident 1's cognition was moderately impaired, and she required set up or clean up assistance (helper sets up or cleans up) to complete her activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Post Event Assessment form dated 5/22/2026, the Post Event Assessment form indicated on 5/20/2026, Resident 1 reported a male peer (Resident 2) touched her on the buttocks with his hand without her consent. The Post Event Assessment form indicated a recommendation to increase monitoring of Resident 1 and Resident 2 for safety and further observation. During a review of Resident 1's 24 Hour Observation Checklist/Contact Log, the 24 Hour Observation Checklist/Contact Log indicated Resident 1 was monitored every 15 minutes beginning 5/20/2026 at 1:15 p.m. During a review of Resident 2's admission Record (Face Sheet), the Face Sheet indicated Resident 2 was admitted to the facility on [DATE]. Resident 2 had a diagnosis of schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognition was intact and he was able to independently complete his ADLs. During a review of Resident 2's 24 Hour Observation Checklist/Contact Log, the 24 Hour Observation Checklist/Contact Log indicated Resident 2 was monitored every 15 minutes beginning 5/20/2026 at 1:30 p.m. During an interview on 6/12/2026 at 12:06 p.m., a Registered Nurse (RN) stated nursing staff were not made aware of Resident 1's allegation against Resident 2 that occurred on 5/19/2026 until 5/20/2026. The RN stated nursing should have been made aware when the allegation of sexual abuse was made on 5/19/2026 so they could have begun monitoring both Residents immediately that day (5/19/2026). The delay in monitoring Resident 1 and 2 placed Resident 1 at risk for continued sexual abuse by Resident 2. During a review of the facility's Policy and Procedure (P/P) titled Abuse Prevention and Reporting revised on 6/28/2025, the P/P indicated while the investigation is being conducted, the accused individual not employed by the facility will be denied unsupervised access to the resident. The Administrator/Designee will take all measures to protect the resident from further potential abuse.

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
	05A355	A. Building B. Wing	06/12/2026

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to report an allegation of sexual abuse for one of four sampled residents (Resident 1) when Resident 1 reported to Social Worker (SW) 2 that Resident 2 touched her buttocks. This deficient practice resulted in the California Department of Public Health (CDPH) being unaware of the allegation of sexual abuse and had the potential to affect the CDPH's ability to conduct a timely investigation.Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 had a diagnosis of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 3/9/2026, the MDS indicated Resident 1's cognition was moderately impaired, and she required set up or clean up assistance (helper sets up or cleans up) to complete her activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Social Service Progress note dated 5/20/2026 and timed at 11:41 a.m., the Social Service Progress note indicated Resident 1 reported to the Rehabilitation Therapist (RT) that Resident 2 grabbed her (Resident 1) four times on the buttocks on 5/19/2026 around 4:29 p.m. During a review of the facility's email communication, the email communication indicated the facility sent the report of suspected dependent adult abuse to the CDPH on 5/21/2026 at 4:16 p.m. (approximately 16 hours after the facility was made aware of the allegation of sexual abuse). During an interview on 6/12/2026 at 2:38 p.m., the Administrator (ADM) stated an allegation of abuse should be reported to the CDPH and as far as he knew, Resident 1's allegation of sexual abuse was reported to the CDPH but stated he did not confirm with their Social Worker (SW) if or when he report was made. During a review of the facility's Policy and Procedure (P/P) titled Abuse Prevention and Reporting revised 6/28/2025, the P/P indicated the facility must report all alleged violations immediately but not later than two hours after forming the suspicion with written report within 24 hours.