STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555753	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Healthbridge Children's Hospital - Orange D/P Snf	393 S Tustin St Orange, CA 92866

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 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** 48844 Based on interview, medical record review, and facility P&P review, the facility failed to implement their P&P for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act when the facility did not report an allegation of abuse to the CDPH, L&C program for one of two sampled residents (Resident 1). This failure had the potential for the abuse allegation going unreported and uninvestigated. Findings: Review of the facility's P&P with subject Abuse revised 1/2024 showed it is the policy of the facility to report all alleged violations and all substantiated incidents to the state department of health and to all other agencies as required, in a timely manner. When an alleged or suspected case of mistreatment, neglect, injuries of unknown source, or abuse is reported, the Administrator or designee will notify the following individuals or agencies, as applicable, within two hours by telephone and an initial twenty-four hours in writing of the alleged incident: The State licensing/certification agency responsible for surveying/licensing the facility and the local/state Ombudsman among others. On 10/16/24, CDPH L&C Program received a complaint alleging Resident 1 was physically abused by an unknown provider on 9/11/24. Closed medical record review for Resident 1 was initiated on 10/17/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE]. Review of Resident 1's Progress Notes showed an entry dated 9/13/24, by the SS/CM. The SS/CM documented a social worker from an acute care hospital informed the facility of an abuse allegation reported by Resident 1's family member. However, the facility failed to report the abuse allegation to the CDPH, L&C Program. On 10/17/24 at 0956 hours, a concurrent interview was conducted with the CEO and the SS/CM. Both the CEO and the SS/CM were unable to provide documented evidence the CDPH L&C Program was notified of the alleged abuse documented by the SS/CM on 9/13/24.

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844 Based on interview, medical record review, and facility P&P review, the facility failed to thoroughly investigate an allegation of abuse for one of two sampled residents (Resident 1) when Resident 1 was allegedly abused by an unknown staff on 9/11/24. This failure posed the risk for the potential abuse to remain unidentified and for the residents to go unprotected. Findings: Review of the facility's P&P with subject Abuse revised 1/2024 showed any incident or allegation of abuse, neglect, mistreatment, or misappropriation of resident's property or injury of unknown source, will result in timely and thorough investigation. The staff member assigned to gather the facts will at a minimum review the resident's medical record to determine events leading up to the incident, interview the person(s) reporting the incident, interview any witnesses to the incident, interview staff members (on all shifts) who have had contact with the resident, review all events leading up to the alleged incident. The Administrator will review the investigation report and submit the completed report to State Licensing Department within the required time frame of five days. On 10/16/24, CDPH L&C Program received a complaint alleging Resident 1 was physically abused by an unknown provider on 9/11/24. Closed medical record review for Resident 1 was initiated on 10/17/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE]. Review of Resident 1's Progress Notes showed an entry dated 9/13/24, by the SS/CM. The SS/CM documented a social worker from an acute care hospital informed the facility of an abuse allegation reported by Resident 1's family member. The progress notes further showed the SS/CM informed the acute care hospital social worker that the claim had been thoroughly vetted by the facility and CalOptima three different times with no evidence found to back up the claim. On 10/22/24 at 0830 hours, a concurrent interview was conducted with the CEO and the SS/CM. The CEO stated a meeting was held with the night shift staff regarding the alleged abuse. However, when asked about the internal investigation of Resident 1's alleged abused, the CEO was unable to provide documentation. Cross reference to F609.