

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Dreier's Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West Glenoaks Blvd Glendale, CA 91201	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48219</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents (Resident 2) was treated with dignity and respect during a routine diaper change by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 2 was treated with kindness, respect, and dignity as indicated in the Facility Policy titled Dignity dated February 2021. 2. Ensure the facility's staff spoke respectfully, without the use of demeaning practices and standards of care that compromised dignity as indicated in the Facility Policy titled Dignity dated February 2021. <p>These deficient practices had the potential to negatively impact the resident, leading to decreased self-worth, fear, vulnerability and depression.</p> <p>Findings:</p> <p>A review of Resident 2's admission record indicated Resident 2 was admitted on [DATE] with a diagnosis that included cerebral infarction (or stroke, occurs when blood flow to the brain is blocked, damaging brain cells) and hemiplegia (weakness of one side of body) and hemiparesis (inability to move on one side of the body) related to cerebral infarction (stroke).</p> <p>A review of Resident 2's Care plan dated 3/22/2023, titled Urinary incontinence indicated Resident 2 was to be kept clean, dry, and odor free. The listed interventions included to conduct a bladder assessment, check incontinence every two hours, encourage fluid intake and offer fluids, and provide Perineal care (cleaning and hygiene of washing the genital and anal area of the body) as needed.</p> <p>A review of Resident 2's Minimum Data Set (MDS), a comprehensive assessment used as a care- planning tool dated 12/13/2024, indicated Resident 2's cognition was intact (the ability for one to think, learn and understand with the ability to use sufficient judgment in planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment). The MDS Further indicated Resident 2 required moderate assistance (helper does more than half the effort, lifting or holding trunk or limbs) with toileting hygiene.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant 2 (CNA2) on 2/7/2025 at 12:42PM, CNA2 stated having knowledge of an abusive CNA who has been mistreating residents. CNA 2 stated Resident 2, who has a boyfriend, told her CNA 3 and CNA 4 had been teasing her and making inappropriate comments such as whether she is too old to have a boyfriend and asking her if she plans to have sex with him. CNA2 further stated she had recommended that she report this to her Social Worker. CNA2 stated after speaking to Resident 2 she reported the incident to the Social Worker.</p> <p>During an interview with Resident 2 on 2/7/2025 at 1:10PM, Resident 2 stated there was a pair of CNAs, CNA3 and CNA4 who repeatedly teased her. Resident 2 further stated the CNA's would ask her if she would have sex with her boyfriend, stating they would laugh at her and thought it was amusing to ask her these things while they were changing her diaper. Resident 2 went on to say how vulnerable she felt and further stated feeling helpless to say anything, fearing it would only make the situation or her treatment worse. Resident 2 stated this type of behavior went on for a while until she reported the incident to her social worker (SW) and the Director of Staff Development (DSD). Resident 2 stated after she had reported the incidents the CNAs were not assigned to her again.</p> <p>During an interview with Director of Staff Development (DSD) on 2/7/2025 at 2:26 PM, stated Resident 2 had spoken with him stating Resident 2 did not wish to be assigned to CNA3 or CNA4. The DSD stated at the time Resident 2 did not wish to specify why she no longer wished to be assigned to CNA3 and CNA4, only stating that she did not want anyone to get into trouble. The DSD stated he did not investigate further, nor did he provide documentation of the incident. The DSD further stated he had not spoken to either CNA 3 or CNA 4 regarding the incident only that they were not to be assigned to Resident 2 in the future. The DSD stated it was the responsibility of the Social Worker and the Director of Staff Development to further investigate ensuring the safety and wellbeing of the resident.</p> <p>During a concurrent interview and record review on 2/7/2025 at 2:07PM with the Director of Staff Development (DSD), employee records for CNA3 and CNA 4 were reviewed. The Employee records indicated there were no past corrections that had been issued for CNA 3 or 4, nor have there been any in-services conducted related to conduct concerning the dignity of residents.</p> <p>During a concurrent interview and record review on 2/7/2025 at 2:30PM with the Director of Staff Development (DSD) the 2023 and 2024 grievance logs were reviewed and indicated there were no grievance filed for this incident.</p> <p>A review of the facilities policy with a revised date of February 2021 titled Dignity indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well- being, level of satisfaction with life, feeling of self-worth and self- esteem. The policy indicated residents are to be treated with dignity and respect and spoken to with respect at all times. The policy further indicated the use of demeaning practices and standards of care are prohibited.</p>		