STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555883	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Anaheim Medical Center D/P Snf	3033 W Orange Ave Anaheim, CA 92804

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 50787 Based on interview, medical record review and facility P&P review, the facility failed to take immediate action to prevent further potential abuse after the allegation of verbal and physical abuse was reported for one of two sampled residents (Resident 1). * The facility failed to immediately remove CNA 1 (alleged perpetrator) from the resident care assignment after the allegation of abuse was reported by Resident 1. The failure had the potential to negatively impact Resident 1's well- being. Findings: Review of the facility's P&P titled Abuse Recognition/ Reporting: Elder/Dependent Adult, reviewed on 2/2024 showed Protection/Reporting- if the incident is not witnessed but reported by a resident, take measures to protect the resident immediately. Remove/separate the resident from the area or ask the individual in question to leave the room or the area. On 11/17/24 at 1420 hours, an interview was conducted with RN 1. RN 1 stated on 10/27/24 between 2100 to 2130 hours, Resident 1 reported being physically and verbally abused by CNA 1. CNA 1 was removed from Resident 1's assignment after RN 1 received a call from the DON on 10/28/24 approximately 0400 hours, seven hours after the alleged abuse was reported. RN 1 further stated CNA 1 should have been immediately removed when Resident 1 made the allegations. On 11/7/24 at 1057 hours, an interview was conducted with CNA 1. CNA 1 stated she was removed from Resident 1's assignment at 0400 hours when the supervisor decided to report the alleged abuse. On 11/7/24 at 1605 hours, an interview was conducted with the Clinical Educator/Acting DON. The Clinical Educator/Acting DON acknowledged CNA 1 was removed at 0400 hours (seven hours after reporting the alleged abuse) instead of immediately after the alleged abuse was reported.

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