

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555917	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - West Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE 11500 Nimitz Avenue Los Angeles, CA 90049	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39474</p> <p>Based on observation, interview and record review, the facility failed to report abuse allegation to the State Survey Agency, for one of four sampled residents (Resident 1) when Resident 2 displayed unwanted sexual actions in front of Resident 1.</p> <p>This failure resulted in undue emotional distress for Resident 1 and the potential for other residents to endure sexual abuse in a clinically vulnerable population.</p> <p>Findings:</p> <p>On 2/22/2024, an unannounced visit was made to the facility to investigate a complaint. The complaint involved Resident 2 masterbating in front of Resident 1 on 2/19/2024, at 7:40 A.M., while both residents were in the dining hall. This incident was witnessed by two facility dining hall staff.</p> <p>During a review of Resident 1's History & Physical (H&P), dated 1/31/2024, the H&P indicated, Resident 1 was a [AGE] year old female, admitted on [DATE] with a history of major depressive disorder, dementia (memory loss), Chronic Obstructive Pulmonary Disease (COPD, a condition caused by damage to the airways, lungs), and a recent admission to the hospital.</p> <p>During a review of Resident 2's History and Physical (H&P), dated 11/17/2023, the H&P indicated Resident 2 was a [AGE] year old male with a history of dementia (memory loss), behavior disturbance, and senile degeneration of the brain. There was no history or documentation of sexual assault.</p> <p>During an interview on 2/22/2024 at 11:30 A.M. with the Standards and Compliance Manager (SCM), SCM stated, the witnessed incident where Resident 2 exposed himself to Resident 1 was reported to management, law enforcement and the Ombudsman office and an abuse report was filed to the agencies. SCM stated, the incident was not reported to CDPH Licensing and Certification because both residents had a diagnosis of dementia. SCM stated, the welfare and institutions code does not require reporting to CDPH Licensing and Certification if the residents both have a diagnosis of dementia.</p> <p>During a concurrent observation and interview on 2/22/2024 at 1:20 P.M. with Resident 1 in her room, Resident 1 was sitting in her room and stated, Yes, [Resident 2] told me his penis was hard, and asked me, 'Do I want to see it?' Resident 1 stated, she told him no, then [Resident 2] took his penis out and showed it to me. Resident 1 stated, it was witnessed by the staff in the dining room.</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 2/27/2024 at 9:37 A.M. with Food Service Technician II (FST 2), FST 2 stated, I witnessed Resident 2 with his genitals outside his pants standing in front of Resident 1. FST 2 further stated, Resident 2 then fixed his pants and walked out of the dining room.</p> <p>During a telephone interview on 2/27/2024 at 9:45 A.M. with Food Service Technician I (FST 1), FST 1 stated, I was in the dining room following breakfast service and helping FST 2, when I witnessed Resident 2 stand up from his table, walk over and stand in front of Resident 1. FST 1 stated, they had a verbal exchange and I saw Resident 2 with his genitals outside of his pants as he walked away from Resident 1. FST 1 further stated, Resident 2 fixed his pants and left the dining room.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Elder Abuse Prevention and Response, dated 5/8/2023, the P&P indicated, Each Resident will be treated with dignity and respect. No Resident will be subjected to mental, physical, financial, sexual, or verbal abuse, neglect, corporal punishment, involuntary isolation/seclusion, or misappropriation of property .VI. Reporting .G. The Elder Abuse, Mandated Reporter form (SOC341) -Report of Suspected Dependent Adult/Elder Abuse will be used when reporting to Licensing and Certification, the Ombudsman, and/or local law enforcement.</p>		