

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555917</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/11/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VETERANS HOME OF CALIFORNIA - WEST LOS ANGELES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>11500 NIMITZ AVENUE LOS ANGELES, CA 90049</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one complaint and one Facility Reported Incident.</p> <p>Complaint Number: CA00955683</p> <p>Facility Reported Incident Number: CA00956503</p> <p>The inspection was limited to the specific complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>Deficiencies were issued for complaint number CA00955683 and Facility Reported Incident number CA00956503 (Refer to F609).</p>	F 000	<p><b>F000</b></p> <p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider to the truth of facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed and constitutes our written credible allegation of compliance for the deficiencies noted.</p> <p>Initials <i>[Signature]</i></p>	
F 609 SS=E	<p><b>Reporting of Alleged Violations</b></p> <p>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides</p>	F 609	<p><b>F609</b></p> <p>a) 1. Resident 1 was assessed on April 10, 2025, with no injuries or emotional distress noted, including no signs of [REDACTED] Resident was assessed and placed on close monitoring following [REDACTED] at the outside facility on March 4, 2025. Resident had no complaints, including no complaints of headache, nausea, vomiting, or body soreness. No skin issues were noted. IDT for the alleged incident that occurred at the outside facility scheduled for April 11, 2025. Resident's [REDACTED] at outside facility were postponed until investigation conducted determined it was safe to proceed. SOC341 was filed on April 10 2025, and CDPH, LTC Ombudsman, and CHP notified.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Skilled Nursing Admin</i>	(X6) DATE <i>5-06-25</i>
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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.

*Kacy Floyd HFCS APOC 5/6/2025*

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F 609	<p>Continued From page 1</p> <p>for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure multiple allegations of ██████████ involving residents diagnosed with ██████████ were reported to the required authorities when:</p> <ol style="list-style-type: none"> <li>1. The facility did not notify local law enforcement, the Ombudsman (independent advocate who protects the rights and ensures the well-being of patients in long-term care facilities), the state survey agency (CDPH, California Department of Public Health), and the facility's Administrator (ADMIN) immediately, but not later than 2 hours after the allegation was made, when one of five sampled residents (Resident 1) reported an allegation ██████████</li> <li>2. The facility did not notify the state survey agency (CDPH, California Department of Public Health) immediately, but not later than 2 hours after the allegation was made, when one of five sampled residents (Resident 1) was ██████████ ██████████ Resident 2 in the common area, ██████████ witnessed by staff.</li> </ol> <p>These findings resulted in the delay of the</p>	F 609	<p>The Therapeutic Activities Staff, Social Worker, Supervising Registered Nurse, Director of Nursing, Staff Nurse Instructor, Nurse Practitioner, and Administrator were all in-serviced on April 10 and April 11, 2025 on the updated mandated reporting tree detailing all required entities to contact for elder abuse reporting, including the LTC Ombudsman, law enforcement, and the California Department of Public Health.</p> <p>2. Resident 1 was immediately assessed after the alleged incident on April 4, 2025, with no injury noted. Residents 1 and 2 were immediately separated to ensure the safety of Resident 1. During immediate interviews conducted separately by Nursing and Social Work staff, Resident 1 denied any inappropriate physical contact between Resident 1 and Resident 2. Resident 1 denied any emotional distress related to the alleged event. Resident 1 was placed on close monitoring for emotional distress following the incident; none was noted. Resident 2 was placed on 1:1 nursing observation on April 4, 2025, to be in place indefinitely until IDT determines it is clinically appropriate and safe to taper. Resident 2 was assessed by psychiatric NP, and a medication change was ordered by ██████████ primary care physician, with daily monitoring for inappropriate behavior. Resident 1 and Resident 2 will continue to be housed in separate wings of the unit, with meals held in different dining rooms, to minimize potential contact. IDT</p>		



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F 609	<p>Continued From page 3</p> <p>Clinical Notes, dated 3/26/2025 were reviewed. The note indicated, SW was "informed by [TAS] that [Resident 1] has been verbalizing [REDACTED] name] for treatment." The SW stated Resident 1 did not bring up [REDACTED] when the SW checked in with Resident 1. The SW stated she did not think the report from Resident 1 counted as an [REDACTED] so she did not fill out an SOC 341 (official state form used to report suspected dependent adult/elder abuse form). The SW confirmed she was made aware of the allegation on 3/26/2025 and that she did not report it as an [REDACTED] to local law enforcement, the Ombudsman, CDPH, and the ADMIN.</p> <p>During an interview on 4/8/2025 at 5:28 PM with the Supervising Registered Nurse (SRN), the SRN stated Resident 1 had [REDACTED]</p> <p>The SRN stated Resident 1's [REDACTED] but confirmed it was the first time Resident 1 reported [REDACTED]. The SRN stated if she had felt it was "really true" and that Resident 1 had really [REDACTED] she would have reported it "right away." The SRN confirmed that she did not report it as an abuse allegation to local law enforcement, the Ombudsman, CDPH, and the ADMIN.</p> <p>During an interview on 4/9/2025 at 8:44 AM with the Ombudsman, the Ombudsman confirmed she did not receive an SOC 341 or any type of verbal or written report regarding Resident 1 alleging [REDACTED] at [medical facility name].</p>	F 609	<p>F609, facility policy, "Elder Abuse Prevention and Response," the updated mandated reporting tree, updated instructions for whom to notify in-house for any suspicion of abuse or neglect, with emphasis on notifying the facility's Abuse Coordinator and the Standards &amp; Compliance Manager, and the SOC341 form. In-services will be complete by May 11, 2025.</p> <p>d) Starting April 10, 2025, the Standards &amp; Compliance Manager and/or designee began auditing all incident reports weekly to ensure any events that could be perceived as [REDACTED] are reported to all required entities and agencies. In addition, in-service trainings on elder abuse prevention, response, and mandated reporter requirements will be provided annually to all staff by the Director of Staff Development and as needed. In addition, Standards &amp; Compliance staff will conduct quarterly random reviews and interviews with facility staff throughout the facility to ensure staff understanding of the mandated reporter requirements. All findings will be reported to the SNF Administrator and facility QAPI committee for monthly review and continuous quality improvement until the QAPI committee deems compliance has been sustained. Administration will revisit and modify the plan of correction as needed.</p> <p>e) Corrective action will be in place on or before May 11, 2025.</p>		

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F 609	Continued From page 4  During an interview on 4/9/2025 at 2:06 PM with the Director of Nursing (DON), the DON stated staff "had to have reasonable suspicion before reporting." The DON stated, "If an alert and oriented resident [REDACTED] at an outside hospital, I would have reported it right away." The DON stated staff had to take Resident 1's [REDACTED] into account to "determine reasonable suspicion."  During an interview on 4/9/2025 at 3:44 PM with the Staff Nurse Instructor (NI), the NI stated staff needed to consider for [REDACTED]. The NI stated that for a resident [REDACTED] a SOC 341 would be filled out and reported, but for a resident [REDACTED] it would be hard to know whether this really happened and "you don't want to get somebody in trouble."  During an interview on 4/9/2025 at 4:20 PM with the Nurse Practitioner (NP), the NP stated she evaluated Resident 1 on 3/26/2025 due to Resident 1's [REDACTED] and determined it [REDACTED]. The NP confirmed that she did not fill out an SOC 341 and report it as an [REDACTED] allegation to anyone.  During a review of Resident 1's Clinical Notes, dated 3/26/2025, the note indicated, Resident 1 [REDACTED]	F 609			

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F 609	<p>Continued From page 5</p> <p>[REDACTED]</p> <p>During a concurrent interview and record review on 4/10/2025 at 9:25 AM with the ADMIN, the facility's policy &amp; procedure (P&amp;P) titled, "Elder Abuse Prevention and Response," dated 5/1/2024 was reviewed. The P&amp;P indicated, "Any mandated reporter, who, ... is told by an elder or dependent adult that he/she has experienced behavior constituting abuse ... shall report the known or suspected instances of abuse immediately." The ADMIN stated he was the abuse coordinator (responsible for ensuring staff are trained adequately regarding abuse prevention and reporting) for the facility. The ADMIN stated that he was not notified of every instance of abuse, and sometimes only found out abuse occurred once investigators were onsite. The ADMIN stated the staff needed to make sure the allegation was credible by investigation before reporting because Resident 1 [REDACTED]. The ADMIN was unable to provide documented evidence that he was notified of the [REDACTED] [REDACTED] 26/2025 within 2 hours after it was reported to staff.</p> <p>2. During a review of Resident 1's Face Sheet (demographics), dated 4/8/2025, the Face Sheet indicated Resident 1 was admitted with [REDACTED]</p>	F 609			

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F 609	<p>Continued From page 6</p> <p>[REDACTED]</p> <p>During a review of Resident 2's Face Sheet (demographics), dated 4/8/2025, the Face Sheet indicated Resident 2 was admitted with a [REDACTED]</p> <p>During a review of Resident 1's Clinical Notes, dated 4/4/2025, the notes indicated, the Registered Nurse (RN) was notified on 4/4/2025 [REDACTED]</p> <p>During an interview on 4/8/2025 at 11:14 AM with the RN. The RN stated she reported the incident to the Ombudsman and to local law enforcement on 4/4/2025 but not to CDPH because the facility trained the staff that reporting abuse to CDPH was not required when the abuse was caused by a [REDACTED] and if there was no serious bodily injury.</p> <p>During an interview on 4/9/2025 at 9:51 AM with the Activities Coordinator (AC), the AC stated that on 4/4/2025, she witnessed Resident 2 was walking through the common area and stopped behind Resident 1 who was seated in a chair. The AC stated she witnessed Resident 2 [REDACTED]</p> <p>During an interview on 4/9/2025 at 10:16 AM with the Certified Nursing Assistant (CNA), the CNA stated that on 4/4/2025 she was alerted by the AC that Resident 2 [REDACTED]</p>	F 609		
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F 609	<p>Continued From page 7</p> <p>tried to redirect Resident 2 away from Resident 1, she witnessed Resident 2 [REDACTED] Resident 1's [REDACTED]</p> <p>During an interview on 4/9/2025 at 11:06 AM with the Supervising Registered Nurse (SRN), the SRN stated Resident 1 was not [REDACTED]</p> <p>[REDACTED] The SRN stated the incident counted as [REDACTED] The SRN confirmed the RN reported the [REDACTED] to the Ombudsman and law enforcement on 4/4/2025, but not to CDPH.</p> <p>During a concurrent interview and record review on 4/10/2025 at 9:24 AM with the facility's Administrator (ADMIN), the facility's procedure form titled, "Mandated Reporter [undated]," was reviewed. The form indicated the facility's protocol for abuse reporting did not conform with the federal requirement to report allegations of abuse to the state survey agency, CDPH. The form indicated abuse incidents caused by a resident [REDACTED] and did not result in serious bodily injury did not need to be reported to CDPH. The ADMIN stated he was the abuse coordinator (responsible for ensuring staff are trained adequately regarding abuse prevention and reporting) for the facility. The ADMIN confirmed the facility's practice and staff training included not reporting to CDPH if the incident was "caused by resident [REDACTED] and there were "no serious bodily injury."</p> <p>During a review of the facility's policy &amp; procedure (P&amp;P) titled, "Elder Abuse Prevention and Response," dated 5/1/2024, the P&amp;P indicated, "Any mandated reporter, who, ... is told by an elder or dependent adult that he/she has</p>	F 609		

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F 609	Continued From page 8 experienced behavior constituting abuse ... shall report the known or suspected instances of abuse immediately."	F 609			