

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055192	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER PROVIDENCE ST ELIZABETH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 10425 MAGNOLIA BLVD NORTH HOLLYWOOD, CA 91601	
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	<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**</p> <p>Based on interview and record review, the facility failed to report an alleged verbal abuse within two hours for one of three sampled residents (Resident 1). On [DATE] in the morning, the facility received a call alleging a staff member was verbally abusing Resident 1, the abuse was not reported within two hours of learning about the allegation. This deficient practice resulted on the State Agency notification on [DATE]. Findings: On [DATE], an unannounced visit was made to the facility to investigate an allegation regarding abuse. A review of Resident 1's Admission Record indicated the facility initially admitted Resident 1 on 7/12/2012 with the [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-planning tool) dated [DATE]20 indicated Resident 1 was alert and able to understand. On [DATE] at 1:05 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated reporting abuse allegations to the necessary agencies is done within two hours. On [DATE] at 2:40 p.m., during an interview, the Office Support Clerk (OSC), OSC stated in the morning of [DATE], an anonymous caller reported staff member was verbally abusing Resident 1. On [DATE] at 2:25p.m., during an interview with the Director of Nurses (DON), the DON confirmed that this allegation was not reported to the State Agency as per policy. A review of the facility policy titled Abuse Reporting/Elder Justice Act, last revised 6/2019, indicates that it is the facility's policy to, Comply with the Elder Justice Act ((EJA) designed to provide federal resources to prevent, understand, and intervene with elder abuse), [ST] State Welfare and Institutional Code, and any other applicable federal and state regulations for reporting crime or reasonable suspicion of crime. The policy also indicates, If there has been physical abuse that led to serious bodily injury or abuse is suspected that likely will lead to serious bodily injury, local law enforcement must be notified verbally immediately or as soon as is practicably possible, but under no circumstances later than 2 hours after forming the suspicion. Form SOC 341 (form for reporting suspected abuse) must be completed and sent to local law enforcement, the Long-term care ombudsman and the [ST] Department of Public Health within 2 hours.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.