

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MIRACLE MILE HEALTHCARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019</b>	
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 0607  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement their abuse policy for one of one resident (Resident 1). On 8/1/20, Resident 1 alleged that Certified Nursing Assistant (CNA 1) tried to hit him. The facility failed to: 1. Report the allegation of physical abuse to the Administrator or Director of Nursing (DON) immediately. 2. Report to the State agency and the ombudsman within the 24 hour timeframe. The allegation was reported on 8/3/20. 3. Remove CNA 1 from the assignment pending the outcome of the investigation. These deficient practices had the potential to fail to protect Resident 1 from further abuse. Findings: Review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS, standardized care and screening tool) dated 7/15/20 indicated Resident 1 was oriented to year, month and day. Resident 1 needed one person physical assistance with bed mobility, transfer, walking, dressing, toilet use and personal hygiene. Review of the History and Physical (H and P), dated 1/9/20, indicated Resident 1 had the capacity to understand and make decisions. Review of the Social Work Progress Notes dated 8/1/20 indicated CNA 1 informed the Social Services Designee (SSD) that Resident 1 accused him of trying to hit Resident 1. Review of the facility Report dated 8/3/20, indicated Resident 1 alleged that on 8/1/20 at 12 p.m., CNA 1 wanted to hit Resident 1. The report was sent to the police, ombudsman and the state agency on 8/3/20 by telephone and facsimile. On 8/14/20, at 9:40 a.m., during an interview, Resident 1 stated CNA 1 told him to shut up and be quiet. Resident 1 stated he felt threatened and called the police. On 8/14/20, at 10:48 a.m. during an interview, CNA 1 stated Resident 1 accused him of trying to hit Resident 1 on 8/1/20. CNA 1 denied that he tried to hit Resident 1. CNA 1 stated he went to lunch and when he came back, Resident 1 acted as if nothing happened. CNA 1 stated he continued to take care of Resident 1. On 8/20/20, at 8:10 p.m., during a telephone interview, the Registered Nurse Supervisor (RNS) stated Resident 1 alleged that CNA 1 threatened him. RNS stated she did not know what to do for an allegation of abuse. RNS stated the administrator and the director of nursing showed RNS what paperwork to fill out and who to notify. RNS stated she was informed by the administrator and the DON that CNA 1 should have been sent home. On 9/3/20, at 12:19 p.m. during an interview, DON stated the incident occurred on Saturday (8/1/20). DON stated no one called her about the incident and she did not know about the incident until Monday 8/3/20 during the standup meeting. DON stated Resident 1's allegation was reported on 8/3/20 to the State agency and the ombudsman. On 9/4/20, at 9:21 a.m., during a telephone interview with the administrator and the DON, the administrator stated when an allegation occurs, staff must report the allegation immediately to the administrator or the DON and notify the licensing agency, ombudsman, police and fill out a report. Review of the facility's Policy, titled Reporting Abuse to State Agencies and Other Entities/Individuals, with a revised date of 12/2009, indicated all suspected violations and all substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown origin source, or abuse (including resident to resident abuse) be reported, the facility administrator or his/her designee will promptly notify the following persons or agencies (verbally and written) of such incident: a. The State licensing /certification agency responsible for surveying/licensing the facility b. The local/state ombudsman c. The resident's representative (sponsor of records) d. Adult protective services e. Law enforcement officials f. The resident's attending physician g. And the facility medical director The Policy indicated verbal/written notices to the agencies will be made within 24 hours of the occurrence of such incident and such notice may be submitted via special carrier, fax, e-mail, or by telephone. Review of the facility Policy titled Reporting Abuse to Facility Management, with a revised date of 12/2013, indicated the administrator or director of nursing services must be immediately notified or suspected abuse or incidents of abuse. If such incidents occur or are discovered after hours, the administrator and director of nursing services must be called at home or must be paged and informed of such incident. Review of the facility Policy, titled Abuse Investigations, with a revised date of 4/2014, indicated employees of the facility, who have been accused of resident abuse will be suspended immediately pending the outcome of the investigation.</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.