

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SANTA ANITA CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5522 GRACEWOOD AVE. TEMPLE CITY, CA 91780</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 0557  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility failed to provide dignity while assisting with activities of daily living for one of three sampled residents (Resident 1). During morning care, a facility staff left Resident 1 uncovered in undergarments to go to another unit. This deficient practice resulted in the resident feeling embarrassed. Findings: A review of Resident 1's Admission Record indicated the resident admitted to the facility initially on 6/5/2014 and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 4/30/2020, indicated Resident 1 made self-understood and understood others. Resident 1 had moderate impairment in cognitive skills and required extensive assistance (resident involved in activity, staff provided weight-bearing support) from staff for dressing. During an interview on 6/25/2020 at 1:38 p.m., Resident 1 stated on the morning of 6/19/2020, a Certified Nursing Assistant 1 (CNA 1) provided morning care (such as bathing and dressing) when another facility staff approached CNA 1 and told her that she was reassigned to another unit in the facility. The facility staff told CNA 1 to report immediately to another unit. CNA 1 left Resident 1 uncovered and in her undergarments. Resident 1 stated I was so embarrassed. I hope this never happens again to anyone because it was not nice. During an interview on 7/1/2020 at 10:15 a.m., a Licensed Vocational Nurse 1 (LVN 1) stated she responded to Resident 1's call light and found her uncovered, in a bra and underwear with the curtain drawn. LVN 1 stated that she finished helping Resident get dressed. LVN 1 stated CNA 1 should not have left Resident 1 without getting the resident dressed. LVN 1 also stated that CNA 1 should have notified her or another CNA to help before leaving to go to the other unit assignment. A review of the facility's policy and procedure titled, Resident Dignity and Personal Privacy, dated 12/2016, indicated the facility provides care for residents in a manner that respects and enhances each resident's dignity, individually, and right to personal privacy. Staff are to drape and dress residents at all times to avoid exposure and embarrassment.</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.