

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055541</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROYAL TERRACE HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1340 HIGHLAND AVE. DUARTE, CA 91010</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an environment that is free from accident hazards for the residents. The facility staff stored Hoyer lift (machine used to carry or transfer a person) and Geri-chair (large reclining chair) across each other on both sides of the passageway towards the smoking patio. This deficient practice had the potential to result in accidents and injury to the residents. Findings: An unannounced visit was made to the facility on [DATE] to investigate a Facility Reported Incident regarding resident safety. During an observation on 1/27/20, at 1:10 p.m., with Registered Nurse (RN) 1, the hallway towards the smoking patio closed to room [ROOM NUMBER] and room [ROOM NUMBER] had two Hoyer lifts and one Geri-chair approximately seven feet away from the exit door. One Hoyer lift next to the Geri-chair was stored at the right side of the hallway and another Hoyer lift was stored at the left side of the hallway. During an observation on 1/27/20, at 1:17 p.m., residents were walking through the cluttered hallway, in and out of the smoking patio. RN 1 called a staff to clear the hallway after one resident nearly stumble to the Hoyer lift. During an interview on 1/27/20, at 1:33 p.m., Certified Nurse Assistant (CNA) 1 stated the Hoyer lift on the right side of the hallway leading to the patio was broken and the one on the left side was not broken. CNA 1 stated the Hoyer lift and the Geri-chair should be stored in the utility room. During an interview on 3/25/20, at 10:45 a.m., RN 1 stated Hoyer lift and Geri chair should not be stored in the hallway used by the residents to go in and out of the smoking patio and they should be stored in the utility room. RN 1 stated there should be no equipment blocking the way going to the smoking patio and hallways should be clear to prevent accidents to the residents. A review of the facility's policy and procedure titled, Safety Precautions, General, indicated, all personnel shall follow general safety precautions established by this facility. Do not leave equipment or supplies in passageways or exits.		
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.