

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER HUNTINGTON POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 150 BELLEFONTAINE ST PASADENA, CA 91105	
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 interviews and record reviews, the facility failed to report alleged resident abuse within two hours after the allegation was made to the State Survey Agency for one of four sampled residents (Resident 2) who hit Resident 1 in the left eye during an altercation. This deficient practice has the potential to expose the residents of the facility in an environment of abuse, mistreatment, or neglect. Findings: On 7/2[DATE]8 at 9 a.m., an unannounced visit was conducted at the facility to investigate a facility reported incident regarding resident abuse. A review of Resident 1's face sheet (admission record) indicated that the facility admitted Resident 1 on 11/7/17 and readmitted him last on 8/8/18. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care-screening tool, dated 8/1[DATE]8, indicated that Resident 1's cognition was severely impaired. The MDS indicated that Resident 1 required limited assistance from a staff when eating but required extensive when performing activities of daily living (ADLs) such as bed mobility, transferring from one surface to another, and walking inside the bedroom. Resident 1 required total dependence from a staff when performing personal hygiene, dressing, and toileting. The MDS indicated that Resident 1 uses a wheelchair for mobility. A review of Resident 2's face sheet indicated that the facility admitted Resident 2 on 11/1[DATE]7 and readmitted him last on 7/20/18. Resident 2's [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated that Resident 2's cognition was intact. The MDS indicated that Resident 2 required limited to extensive assistance from a staff when performing ADLs such as bed mobility, transferring from one surface to another, dressing, toileting, personal hygiene, and walking inside the bedroom or hallways. The MDS indicated that Resident 1 uses a walker or a wheelchair for mobility. During an interview on 7/2[DATE]8 at 2 p.m., Resident 2 stated that on 7/19/18, Resident 1 was yelling and cursing at him. He got up from his bed and told Resident 1 to stop and accidentally touched Resident 1's face with the back of his hand while asking him to keep quiet. During an interview on 7/2[DATE]8 at 2:10 p.m., Resident 1 stated that he did not recall the incident. A review of the facility's investigation report, dated 7/20/18, indicated that on 7/19/18 at approximately 8:30 p.m., Resident 2 hit Resident 1 near his left eye while he was lying in bed and yelling out foul language. During the investigation, Resident 2 stated that he felt like Resident 1 was taunting him, so he went to him and swatted at him with his hand to get him to stop yelling. According to Resident 2, he did not mean to hurt Resident 1, just wanted him to stop. During an interview on 10/10/18 at 12:35 p.m., the Administrator (ADM) stated that she started working in the facility on 8/20/18 and that the facility should report an abuse allegation to the State Agency and to other officials within two hours. She stated that she could not get the hold of the previous ADM to confirm with him when he notified the State Agency about this incident. A review of the fax cover sheet received from the facility with the investigation report attached to it indicated that the facility initially notified the State Agency and the Ombudsman about the abuse allegation on 7/20/18 at 3:54 p.m. A review of the facility's policy titled, Abuse Investigation and Reporting, revised in December 2016, version 1.3 (H5MAPL005), indicated that suspected abuse, neglect, exploitation or mistreatment would be reported to the State licensing/certification agency and to other officials including the local/State Ombudsman and the law enforcement within two 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.