

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116	
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	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their policy on reporting of suspected abuse of Resident 2 by Resident 3 when the Department was notified greater than two hours after discovery of the incident. This could have resulted in further abuse of Resident 2. Findings: Resident 2 was admitted with [DIAGNOSES REDACTED]. During an interview on 1/15/20 at 11:30 am with Risk Manager (RM) 1, she confirmed facility discovered the suspected abuse 12/8/19 at 5:30 pm and it was reported to the Department that day at 7:56 pm. RM 1 confirmed the facility policy and procedure requires notification to the Department within 2 hours. Record review of facility policy and procedure, Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response (sic) (Revised 9/10/19), indicated, Employees shall immediately respond to and report observed or suspected incidents of abuse by contacting the following within 2-hours (sic): CDPH .		
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.