

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555765</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE HILLS POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1800 OLD TUSTIN ROAD SANTA ANA, CA 92705</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 0550  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and medical record review, the facility failed to ensure two of four sampled residents (Resident 2 and Resident 3) dignity was maintained when providing care. The facility failed to ensure the staff listened and understood the residents' concerns about being handled roughly during ADL care. This resulted in Residents 2 and 3 feeling frustrated and upset. Findings: 1. On 3/11/2020 at 0720 hours, an interview was conducted with Resident 3. Resident 3 stated she had experienced being handled roughly during care by CNA 1. Resident 3 stated CNA 1 had changed her incontinence briefs and peri care two times during the evening. Resident 3 stated she informed CNA 1 to be careful and gentle with her twice when she provided peri care. However, CNA 1 continued cleaning her in a rough manner. Resident 3 stated she felt uncomfortable with CNA 1 since CNA 1 was not listening to her. Resident 3 stated she informed another CNA (CNA 2) what had occurred with CNA 1. Resident 3 stated CNA 2 brought the Administrator in to speak with her and her roommate (Resident 2). Medical record review for Resident 3 was initiated on 3/11/2020. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's MDS dated [DATE], showed the resident had no cognitive impairment. On 3/13/2020 at 1430 hours, a telephone interview was conducted with CNA 2. CNA 2 stated Resident 3 had informed her that CNA 1 had been rough during with her and her roommate while providing ADL care on the night shift. CNA 2 stated reported this to the the Administrator as soon as she was done providing care to Residents 1 and 2. On 3/11/2020 at 1430 hours, an interview was conducted with Resident 2 in her native language. Resident 2 stated she was legally blind and her primary language is not English. Resident 2 stated she had experienced being handled roughly during ADL care by CNA 1. Resident 2 stated she needed to go to the bathroom and CNA 1 was unable to transfer her to the bathroom. Resident 2 stated CNA 1 appeared to not understand her request to go to the bathroom. Resident 2 stated she tried to explain to CNA 1 the best way to transfer her to the bathroom, but CNA 1 ignored her. Resident 2 stated at one point CNA 1 grabbed her left arm in the location of her newly placed A/V fistula. Resident 2 stated she was fearful CNA 1 would drop her and did tell CNA 1 her arm was hurt. Resident 2 stated when CNA 1 was combing her hair and tried to CNA 1 she was hurting her but CNA 1 ignored her. Resident 2 stated she had to call out to get help from another CNA who could understand her. Resident 2 stated she was legally blind and could see the clock. Resident 2 stated she felt very frustrated with the situation. Medical record review for Resident 2 was initiated on 3/11/2020. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's MDS dated [DATE], showed the resident was cognitively intact. Review of the history and physical examination [REDACTED]. On 3/13/2020 at 1430 hours, a telephone interview was conducted with CNA 2. CNA 2 stated she came in to assist Resident 2 after she heard her calling out for help. CNA 2 stated she saw Resident 2 in sitting in her wheelchair and CNA 1 was combing her hair. CNA 2 stated she heard Resident 2 telling CNA 1 to stop combing so hard as it was hurt. CNA 1 continued combing her hair and was not responding to Resident 2 until CNA 2 translated what Resident 2 was saying. CNA 2 stated Resident 2 had told her she needed to go to the bathroom, but CNA 1 did not understand her. CNA 2 stated she helped assist Resident 2 to the bathroom but did not know how long Resident 2 had been waiting. CNA 2 stated Resident 2 had informed her CNA 1 had grabbed her where her A/V fistula was just placed and it hurt. On [DATE]20 at 1512 hours, a telephone interview was conducted with CNA 1. CNA 1 stated she was assigned Resident 2. CNA 1 stated she did not speak or understand Resident 2's language. CNA 1 stated she had been assigned to get Resident 2 ready for an appointment. CNA 1 stated she was unaware she had caused Resident 2 any discomfort or pain to her arm until CNA 2 had translated what Resident 2 was saying. CNA 1 verified she did not request help from other staff member to translate for Resident 2 or to transfer her from the bed into the wheelchair. Cross reference to F558.		
F 0558  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Reasonably accommodate the needs and preferences of each resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and medical record review, the facility failed to accommodate the needs of one of four sampled residents (Resident 2). The facility failed to ensure Resident 2 was provided with the appropriate communication system to communicate her needs with direct care staff. This failure created a communication barrier between the resident and CNA, which delayed Resident 2's care needs. Findings: On 3/11/2020 at 1430 hours, an interview was conducted with Resident 2 in her native language. Resident 2 stated she was legally blind and her primary language is not English. Resident 2 stated she had experienced being handled roughly during ADL care by CNA 1. Resident 2 stated she needed to go to the bathroom and CNA 1 was unable to transfer her to the bathroom. Resident 2 stated CNA 1 appeared to not understand her request to go to the bathroom. Resident 2 stated she tried to explain to CNA 1 the best way to transfer her to the bathroom, but CNA 1 ignored her. Resident 2 stated at one point CNA 1 grabbed her left arm in the location of her newly placed A/V fistula. Resident 2 stated she was fearful CNA 1 would drop her and did tell CNA 1 her arm was hurt. Resident 2 stated when CNA 1 was combing her hair and tried to CNA 1 she was hurting her but CNA 1 ignored her. Resident 2 stated she had to call out to get help from another CNA who could understand her. Resident 2 stated she was legally blind and could see the clock. Resident 2 stated she felt very frustrated with the situation. Medical record review for Resident 2 was initiated on 3/11/2020. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's MDS dated [DATE], showed the resident was cognitively intact. Review of the history and physical examination [REDACTED]. Review of Resident 2's plan of care showed a care plan problem dated [DATE], to address Resident 2's risk for a communication deficit related to language barrier and the resident was unable to use a communication board due to [MEDICAL CONDITION]. The intervention showed to communicate by using a translation service or staff member who could speak the resident's language. On 3/13/2020 at 1052 hours, a telephone interview was conducted with LVN 1. LVN 1 stated the expectation for caring for Resident 2 was to use a staff member who spoke both the resident's primary language and the primary caregiving staff member's language to help communicate with the resident. On 3/13/2020 at 1430 hours, a telephone interview was conducted with CNA 2. CNA 2 stated she came in to assist Resident 2 after she heard her calling out for help. CNA 2 stated she saw Resident 2 in sitting in her wheelchair and CNA 1 was combing her hair. CNA 2 stated she heard Resident 2 telling CNA 1 to stop combing so hard as it was hurt. CNA 1 continued combing her hair and was not responding to Resident 2 until CNA 2 translated what Resident 2 was saying. CNA 2 stated Resident 2 had told her she needed to go to the bathroom, but CNA 1 did not understand her. CNA 2 stated she helped assist Resident 2 to the bathroom but did not know how long Resident 2 had been waiting. CNA 2 stated Resident 2 had informed her CNA 1 had grabbed her where her AV fistula was just placed and it hurt. On [DATE]20 at 1512 hours, a telephone interview was conducted with CNA 1. CNA 1 stated she was assigned Resident 2. CNA 1 stated she did not speak or understand Resident 2's language. CNA 1 stated she had been assigned to get Resident 2 ready for an appointment. CNA 1 stated she was unaware she had caused Resident 2 any discomfort or pain to her arm until CNA 2 had translated what Resident 2 was saying.		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555765</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE HILLS POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1800 OLD TUSTIN ROAD SANTA ANA, CA 92705</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)		
<p>F 0558</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	(continued... from page 1)		