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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/19/2020 |
| NAME OF PROVIDER OF SUPPLIER FLAGSHIP HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 466 FLAGSHIP ROAD NEWPORT BEACH, CA 92663 | |
| 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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Respond appropriately to all alleged violations. Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure an allegation of physical abuse was thoroughly investigated for one of two sampled residents (Resident 1). Failure to thoroughly investigate an allegation of abuse posed the risk of the resident being further abused. Findings: On [DATE]20 at 0842 hours, an interview was conducted with the Administrator. The Administrator stated he was the facility's Abuse Coordinator. The Administrator stated he initiated the investigation on 1/31/2020, immediately after he was notified of Resident 1's abuse allegation against CNA 1. The Administrator stated the investigation would be completed by end of day on [DATE]20. According to the facility's P&P titled Abuse & Neglect Prohibition dated 7/2018, any employee alleged to be involved in an instance of abuse will be interviewed and suspended immediately and will not be permitted to return to work unless and until such allegations of abuse are unsubstantiated. Review of CNA 1's Employee Shift Finder dated [DATE], showed CNA 1 worked at the facility on 2/1, 2/2, 2/5, and [DATE]20. On [DATE]20 at 1134 hours, an interview was conducted with CNA 1. CNA 1 stated on 2/5 or [DATE]20, the Administrator asked her about the allegation made by Resident 1. CNA 1 stated no recommendation was made by the Administrator regarding suspension. On [DATE] at 1425 hours, a telephone interview was conducted with the DSD. The DSD stated when the facility received an allegation of abuse against a staff member, the staff member would be suspended pending the investigation. However, the DSD stated CNA 1 was not suspended during the investigation and continued working in the facility. The DSD was asked why CNA 1 was not suspended. The DSD stated the abuse allegation was from an incident that allegedly occurred a few months prior. The DSD added the Administrator would make the decision of whether a staff member would be suspended pending an abuse allegation. On 3/17/2020 at 1540 hours, a follow-up telephone interview was conducted with the Administrator. The Administrator stated when there was an allegation of abuse against an employee, it was the facility's policy to suspend the employee during the investigation. The Administrator was asked if CNA 1 was suspended during the investigation, and the Administrator stated he believed he did but could not remember. | | |
| 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.