

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER CHANDLER CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204	
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 interview and record review, the facility staff failed to report timely (no later than two hours) incidents of abuse allegations to the Licensing and Certification Department for one of two sampled resident (Resident 1). This deficient practice had the potential for the facility to under report allegations of abuse, which could lead to failure to investigate alleged abuse in a timely manner. Findings: An unannounced visit was made to the facility on [DATE] to investigate a Facility Reported Incident (FRI) regarding resident abuse. A review of Resident 1's Record of Admission indicated the resident was admitted to the facility on [DATE]. Resident 1's medical [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 2/12/19, indicated Resident 1 was cognitively intact (mental ability to learn and process new information). Resident 1 had the ability to make self-understood and understand others. The MDS indicated Resident 1 required extensive assistance with one staff physical assist for transfers, dressing, and personal hygiene. A review of Resident 2's Record of Admission indicated the resident was admitted to the facility on [DATE]. Resident 2's medical [DIAGNOSES REDACTED]. A review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 11/20/18, indicated Resident 2's cognitive skills (mental ability to learn and process new information) was severely impaired. Resident 2 had the ability to make self-understood and understand others. The MDS indicated Resident 2 required limited assistance with one person physical assist for bed mobility, transfers, and dressing. A review of a facility letter written by the facility's Director of Nursing (DON) addressed to the Licensing and Certification Department, dated 2/14/19, indicated the DON identified three (3) incidences charted in the resident file about alleged physical abuse complaint by Resident 1. The letter indicated two (2) licensed nurses, who documented about Resident 1's alleged abuse by another resident, were counseled and suspended for failure to report the incidents. A review of the facility's investigation dated 2/14/20 indicated the following: - On 2/2/19, a licensed vocational nurse (LVN) completed a Situation, Background, Assessment, Recommendation (SBAR- a tool used to improve the effectiveness of communication between healthcare team members). The SBAR indicated Resident 1 reported to nursing staff that another resident hit his foot and summoned the police using his private cell phone. The police came and made an interview. The situation was resolved and the alleged abuser (Resident 2) was transferred to another room to prevent other incidents. This incident was not reported to the Licensing and Certification Department. - On 2/5/19, an LVN documented on the nurses notes that Resident 1 called the police to report that his previous roommate, Resident 2 entered his room and assaulted him. The incident was not reported to the Licensing and Certification Department. - On 2/8/19, an LVN documented that Resident 1 called the police department to report the incident. A review of Resident 1's SBAR form dated 2/2/19, indicated Resident 1 reported that Resident 2 was assaulting him, hitting his foot. Licensed Vocational Nurse 1 (LVN 1) signed the SBAR. A review of Resident 1's Interdisciplinary Progress Notes, dated 2/5/19, indicated that at 7:05 p.m., a police officer arrived at the facility because Resident 1 reported through a phone call at 1:00 p.m. that someone assaulted him. A review of Resident 1's SBAR dated 2/8/19 indicated the resident was yelling and throwing items out of the room towards the hallway. The resident threatened to call the police. Licensed Vocational Nurse 2 (LVN 2) signed the SBAR. A review of the facility's Notice of Written Warning dated 2/14/19 indicated LVN 1 failed to report alleged allegation of physical abuse of resident-to-resident per Resident 1's verbalization on 2/2/19. The form indicated LVN 1 was suspended. A review of the facility's Notice of Written Warning dated 2/14/19 indicated Licensed Vocational Nurse 2 (LVN 2) failed to report Resident 1's verbalization of physical abuse allegation from another resident and a staff member on 2/5/19 and 2/8/19. The form indicated LVN 2 was suspended. On 3/26/20 at 12:54 p.m., during a telephone interview, the facility's Director of Nursing (DON) stated, the time frame for reporting abuse allegations must be within two hours. According to the DON, allegations of abuse included resident to resident and resident to staff abuse. A review of the facility's Policy and Procedure titled Abuse Reporting and Investigation, revised November 2018, indicated that the facility will report all allegations of abuse to the appropriate agencies 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.