

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555814	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LEGACY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 12260 FOOTHILL BLVD SYLMAR, CA 91342	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its abuse prevention policy by failing to report resident to resident abuse to the State Survey Agency within two hours after the allegation occurred for two of three sample residents (Resident 1 and 2). This deficient practice had the potential to place the residents at risk for abuse. Findings: During a review of Resident 1's Admission Record (Face Sheet) indicated the resident on 12/12/2016 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical (H&P) exam dated 7/8/2019, indicated the resident was able to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 7/15/2020, indicated the resident needed supervision with most activities of daily living (ADLs). A review of Resident 1's Progress Notes dated 7/30/2020 timed at 7:15 a.m., indicated Resident 1 had a verbal altercation with the roommate (Resident 2). The Registered Nurse (RN) documented the two residents were arguing and threatening each other. A review of Resident 2's Admission Record indicated an admitted d 2/2/2020 with [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE], indicated the resident needed extensive assistance with ADLs. During an interview on 8/5/2020 at 12:15 p.m., the Administrator stated Residents 1 and 2 had a verbal altercation about the TV. Staff immediately separated the residents and reported to the State Agency and the Ombudsman but was unable to provide proof of timely reporting. A review of facility's policy on Abuse and Neglect Prohibition, dated 4/2018 indicated, send a written report within two hours to the Licensing and Certification Program District Office (State Agency) and the local Ombudsman's office.		
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 report the unusual occurrence of resident to resident altercation to the State Survey Agency immediately and not later than 2 hours after the allegation occurred for two of 3 sample residents (Resident 1 and 2). This deficient practice had the potential to place the residents at risk for abuse. Findings: a. During a review of Resident 1's Admission Record (Facesheet) indicated the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].), chronic pai[DIAGNOSES REDACTED] (pain that lasts longer than six months) and anxiety (feelings of worry, nervousness, apprehension, or fear commonly experienced by people when faced with something they view as challenging). A review of Resident 1's History and Physical (H&P) dated 7/8/2019, indicated the resident is able to take care of his needs. During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 07/15/2020, indicated the resident is independent with activities of daily living (ADL- basic task that must be accomplished every day). During a review of Resident 1's Progress Notes (PN) dated 7/30/2020 at 07:15 AM, PN indicated, Resident 1 had a verbal altercation with resident on bed A (Resident 2). The Registered Nurse (RN) documented that Resident 1 and Resident 2 were arguing and threatening each other. During an interview on 8/5/2020 at 12:15 PM, with Administrator (ADM), ADM stated, Resident 1 and Resident 2 had a verbal altercation in regards to TV. ADM stated that they immediately separated the 2 resident and reported to DHS and Ombudsman but unable to provide proof that was reported timely. ADM stated that another staff is in-charge of filling the initial report and that person is on medical leave and that he doesn't want to call her. ADM stated, I wanted to be honest, I did not see the initial report and I'm willing to accept the deficiency. He stated, it is important to report the allegation of abuse immediately to protect residents from harm and keep them safe. During a review of facility's policy and procedure (P&P) titled, Abuse and Neglect Prohibition Policy, dated 4/2018, the P&P indicated, Send a written report within two hours to the Licensing and Certification program District Office and the local Ombudsman's office. b. During a review of Resident 2's Admission Record (Facesheet) indicated the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 2's History and Physical (H & P) dated 2/5/2020, indicated the resident has assay to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 5/15/2020, indicated the resident needed extensive assistance with activities of daily living (ADL- basic task that must be accomplished every day). During a review of Resident 2's SBAR Communication Form (SBAR - acronym for Situation Background Analysis Recommendations, a tool used by Nurses to communicate with Doctors) dated 7/29/2020, indicated an aggressive verbal altercation between resident happened. During a review of Resident 2's Progress Notes (PN) dated 7/30/2020 at 07:15 AM, PN indicated, Resident 2 had a verbal altercation with resident on bed C (Resident 1). The Registered Nurse (RN) documented that Resident 1 and Resident 2 were arguing and threatening each other and that Resident 2 claims he is not able to sleep at night because Resident 1 goes in and out of the room a lot which disturbs his sleeps and his TV was on the whole night. During an interview on 8/5/2020 at 12:15 PM, with Administrator (ADM), ADM stated, Resident 1 and Resident 2 had a verbal altercation in regards to TV. ADM stated that they immediately separated the 2 resident and reported to DHS and Ombudsman but unable to provide proof that was reported timely. ADM stated that another staff is in charge of reporting and that person is on medical leave and that he doesn't want to call her. ADM stated, I wanted to be honest, I did not see the initial report and I'm willing to accept the deficiency. He stated, it is important to report the allegation of abuse immediately to protect residents from harm and keep them safe. During a review of facility's policy and procedure (P&P) titled, Abuse and Neglect Prohibition Policy, dated 4/2018, the P&P indicated, Send a written report within two hours to the Licensing and Certification program District Office and the local Ombudsman's office.		
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.