

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER DREIER'S NURSING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1400 WEST GLENOAKS BLVD GLENDALE, CA 91201	
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	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to conduct a thorough investigation and provide documentation on alleged abuse for two of three sampled residents (Residents 1 and 2). This deficient practice had the potential to compromise the safety of and prevent further abuse for Residents 1 and 2. Findings: On 8/10/18 at 11:50 a.m., an unannounced visit was made to the facility to investigate an entity reported incident (ERI) on alleged abuse allegation between Residents 1 and 2. a. A review of Resident 1's admission record, indicated the facility initially admitted Resident 1 on 7/3/18 and readmitted the resident on 7/9/18, with [DIAGNOSES REDACTED]. A review of Resident 1's minimum data set (MDS, a standardized assessment and care-screening tool) dated 7/14/18, indicated the resident had severe cognitive (ability to understand and make decisions of daily living) impairment (diminished or loss of function). The MDS indicated Resident 1 required extensive staff assistance to perform activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, walking in the room or corridors and used a walker or a wheelchair for mobility. b. A review of Resident 2's admission record indicated the facility admitted the resident on 5/15/18, with [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated the resident did not have cognitive impairment. The MDS indicated Resident 2 required staff supervision to perform ADLs and used a wheelchair for mobility. During an interview on 8/16/18 at 10:05 a.m., Resident 2 stated that on 7/10/18, he was having dinner in bed when Resident 1 walked over and tried to touch his food. He tapped the hand of the resident to stop him and then the resident walked away. Resident 2 stated that the charge nurse was in the room when the incident happened. During a telephone interview on 8/16/18 at 12:25 p.m., LVN 2 stated that on 7/10/18 at around 5:30 p.m., Resident 1 quickly walked over to Resident 2's bed and tried to grab his watermelon while she was fixing his bed. Resident 2 slapped Resident 1's hand and told him not to touch his food. She immediately reported the incident to her supervisor and the Administrator (ADM) came over. During an interview on 8/16/18 at 1:28 p.m., the Director of Nurses (DON, a nurse who manages the services provided by the nursing personnel of a healthcare facility) stated that he conducted the investigation of the incident but did not document the interviews he had with the witnesses and the staff. A review of the facility's undated policy titled, Abuse Investigations, version 1.2 (H5MAPL0005) indicated that all reports of resident abuse, neglect, and injuries of unknown source shall be thoroughly and promptly investigated by facility management. The individual conducting the investigation will as a minimum interview the resident, person(s) reporting the incident, obtain witness reports in writing, and review all events leading up to the alleged incident.</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.