STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056415	A. Building B. Wing	09/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynwood Post Acute Care Center	3611 East Imperial Highway Lynwood, CA 90262

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16282 Based on observation, interview and record review, the facility failed to follow its policy titled, Abuse Prohibition and Prevention, thoroughly investigate two alleged physical abuse incidents, and place staff on suspension during the investigation for one of three sample residents (Resident 1). Resident 1 alleged Licensed Vocational Nurse 1 (LVN 1) roughly took chips away from his hand and mouth on 7/20/2021 and on 8/11/2021 Certified Nurse Assistant 1 (CNA 1) threw water at Resident 1, and yelled at Resident 1 stating, Shut the F@@@-up and go to sleep. This deficient practice resulted in Resident 1 feeling afraid of LVN 1 and CNA 1 possibly retaliating a third time. On 8/18/2021 at 5:40 p.m., an Immediate Jeopardy ([IJ], a situation in which the facility's noncompliance with one or more requirements of participation has caused, or likely to cause, serious injury, harm, impairment, or death to a resident) was declared in the presence of the Director of Nursing (DON). The DON was notified of the immediacy for alleged abuse investigations to be investigated and reported to prevent abuse from reoccurring and remove perpetrators from the care of the residents while an ongoing investigation was conducted. The facility submitted an acceptable Plan of Action (POA) on 8/20/2021 of the IJ which included the following: 1. On 8/19,2021, the Clinical Resource (CR) provided a 1:1 in service training to the DON and reviewed policy and procedure (P/P) on Abuse Investigation and Reporting, Abuse Prevention, Recognizing signs and symptoms of Abuse/Neglect. On 7-28-21, LVN 1 was suspended pending investigation and CNA 1 was suspended on 8-11-21 pending investigation. LVN1 was in-serviced on 8-5-21 and 8-18-21. CNA1 was in-serviced on 8-11-21. 2. The Administrator (ADM) and CR and Quality Assurance Nurse (QAN) designee provided staff in-services and training on 8/19/2021 regarding the P/P on Abuse Prevention Investigation and Reporting, Abuse Prevention, Recognizing signs and symptoms of Abuse / Neglect. In services ongoing to be completed on 8-24-21. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. Resident 1 continued to be monitored for any sign and symptoms of emotional, psychological distress (state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life) related to alleged abuse. Psychologist (person who studies normal and abnormal mental states, perceptual, cognitive, emotional, and social processes and behavior by experimenting with, and observing, interpreting, and recording how individuals relate to one another and to their environments) came to assess resident 8/19/21 with no negative findings noted. Psychiatry visit pending. 4. The Social Services Director conducted resident interviews 8/19/21 and ongoing. Goal is to complete resident interviews at end of 8/19/21. One resident with concern noted, Administrator investigation and reporting in progress. 5.All residents have the potential to be affected by abuse. All resident interviews ongoing and will be completed end of 8/19/21. Social Services Director responsible. Any negative findings will be followed up promptly according to Policy and Procedure in force. 6. Staff in-services related to Policy and Procedure on Abuse Prevention Investigation and Reporting, recognizing signs and symptoms of Abuse/Neglect with emphases on timeline requirement per regulatory guidance provided by the Clinical Resource, Administrator and Quality Assurance Nurse Designee - Ongoing, completion date: 8/23/2021. In-services will be done monthly and/or as needed. 7. The Payroll / AP/ Staffing Designee currently conducting audit of all new hire employee files from last 30 days including registry personnel for completeness and availability of license, certification verification, abuse training, screening, and job description requirement. Ongoing. Infection control Nurse and/or will complete the process moving forward until the Director of Staff Development is hired. To be completed on 8/26/2021. 8. The Department Managers will be conducting resident interviews and observation during daily rounds to ensure residents with concerns and or allegation of any type will be addressed promptly per policy and procedure. This process is ongoing per facility practice. 9. The Director of Nursing/ Designee, RN Supervisor and Licensed Nurse will conduct routine rounds during the shift to include resident and staff interviews and observation to monitor for any signs and symptoms of abuse, initiate investigation promptly for any allegation of abuse as needed and up to reporting process per Policy and Procedure. 10. The Administrator will discuss and review during the morning meeting any findings, trend/ pattern, follow up completed to ensure Abuse Policy and Procedure being followed accordingly with emphases on timely reporting per regulatory guidance. 11. The RN Supervisor will monitor Abuse Prevention and Management program during weekend. Negative findings and concerns will be communicated to the Administrator and or Director of Nursing for prompt follow up and resolution. 12. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	13. The Administrator will monitor compliance and report findings and outcome/ progress during the monthly QA&A meeting x 3 months for further action and implementation as needed. On 8/21/2021 at 3:52 p.m., the IJ was removed in the presence of the ADM and Registered Nurse Consultant (RNC) after implementation of the acceptable POA were verified and confirmed on an onsite visit via observation, interview, and record review. Findings: On 7/22/2021, the department received a report of Resident 1 alleging being assaulted by LVN 1 on 7/20/2021 and a second report received on 8/13/2021 indicating CNA 1 threw water at Resident 1 and striking him in the face and upper torso area, while in bed on 8/11/2021. During a review of Resident 1 Admission Record (Face sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included major depressive disorder, blindness and generalized muscle weakness. During a review of Resident 1's Minimum Data Set (MDS), a standardized care screening and assessment tool, dated 4/30/2021, the MDS indicated Resident 1 was usually able to make himself understood and understood others and was impaired in cognitive skills (thought process) for daily decision-making. The MDS indicated there were no behavioral symptoms present and Resident 1 required limited to extensive assistance of a one-person physical assist for transfer, bed mobility and activities of daily living. During a review of Resident 1's History and Physical (H/P) examination, dated 5/24/2021, the H/P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's care plan titled, The Resident is at Risk for Impaired Cognitive or impaired Thought Process, dated 1/23/2021 and revised on 5/24/2021, the care plan indicated the staffs' intervention were to identify self at each interaction and provide the resident with necessary cues-stop and return if agitated. During a review of Resident 1's Progress Notes- Health Status Note, dated 8/12/2021 and timed 5 p.m., the progress note indicated Resident 1 complained of an incident that happened on 8/11/2021 at approximately 10:40 p.m., with CNA 1. Resident 1 stated CNA 1 went into his room, turned off the television, and threw water from the water pitcher to the resident soaking Resident 1 and his gown. The note indicated CNA 1 told Resident 1 to Shut the F@@@-up and go to sleep. During a review of Resident 1's Interdisciplinary Team note ([IDT] team members from different disciplines working collaboratively with a common purpose, to set goals, make decisions and share resources and responsibilities), dated 8/15/2021 and timed 12:27 p.m., the IDT note indicated Resident 1 claimed staff threw water at him and he was told to turned off his TV and sleep. Upon investigation, CNA 2 denied the allegation because she was on break and CNA 1 was covering for her. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During a concurrent observation and interview with Resident 1 on 8/17/2021 at 2:50 p.m., Resident 1 stated he knew abuse would happen again because nothing was done the first time when LVN 1 roughly grabbed the chips from his hand and mouth. Resident 1 stated the Social Services Director (SSD) walked into the room because she heard LVN 1 raising her voice. Resident 1 stated CNA 1 told him to Shut the F@@@-up and go to sleep, and left the room. Resident 1 stated he began to call a nurse for help, but his assigned nurse (CNA 2) was on break. Resident 1 stated the ADM informed him the nurse had been suspended but he was afraid because it was the second time something like that had happen to him. Resident 1 stated CNA 1 threw water all over him including his face. During an interview with the DON on 8/17/2021 at 3:20 p.m., the DON stated he investigated Resident 1's allegations and unsubstantiated both of the incidents with LVN 1 and CNA 1. The DON stated Resident 1's roommate said he did not hear an argument between Resident 1 and the staff. The DON stated he did not interview any other CNA's working in the area on the night of the alleged incident on 8/11/2021. The DON stated CNA 1 was allowed to continue working with the resident and suspended CNA 2 instead. The DON stated CNA 2 should not have been suspended. During an interview with Registered Nurse 3 (RN 3) on 8/17/2021 at 3:35 p.m., RN 3 stated on 8/12/2021 at 5 p.m., she overheard Resident 1 stating CNA 1 threw water on his face and told him to go to sleep. RN 3 stated Resident 1 was not aware of the CNAs name. During an interview with LVN 1 on 8/17/2021 at 4:50 p.m., LVN 1 stated CNA 1 went to help Resident 1 because his assigned CNA was in break. LVN 1 stated Resident 1 had problems before with CNA 1 and CNA 1 did not want to work with Resident 1. LVN 1 stated a few minutes after CNA 1 went into the room, Resident 1 started screaming for help. LVN 1 stated upon entering the room, Resident 1 and his blanket were observed wet and the television off. LVN 1 stated Resident 1 was yelling and screaming CNA 1 had thrown water at him, but CNA 1 denied it. LVN 1 stated RN 1 went into the room and talked to Resident 1 and RN 1 asked for CNA 1 to not return to Resident 1's since a month ago they had a disagreement. During an interview with Family member 1 (FM1) on 8/18/2021 at 1:20 p.m., FM1 stated Resident 1 told her about the first incident when the nurse knocked food from his hands and the second incident when a nurse threw water on him. FM1 stated she thought the staff was going to do something about the incident and was very concerned about Resident 1's safety because Resident 1 was blind and unable to defend himself. During an interview with CNA 1 on 8/18/2021 at 5:20 p.m., CNA 1 stated Resident 1 would scream if he did not get his way. CNA 1 stated on 8/11/2021 she went to the resident's room to turn off the television because it was very loud and Resident 1's assigned CNA was on break. During the interview CNA 1 was observed defensive raising her voice and stating the resident was rude and always yelling at her. During a review of CNA 1's employee file, the file included an Application for Employment, dated 6/21/2021, for a CNA position. The file did not include a Certified Nurse Assistant certificate, no letter of attendance to program for CNA, school completion or identification. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview with the ADM, the RNC and DON on 8/19/2021 at 9 a.m., the RNC stated the facility had no files of CNA 1's school completion of the courses for CNAs, no picture identification in the CNA 1's file. The RNC stated the facility did not conduct proper hiring process and allowed CNA 1 to work without having documentation indicating she had gone to CNA school, certification, or a picture ID. The RNC stated CNA 1 provided a name of the school she attended but was unable to verify the school. The DON stated CNA 1 should had not been allowed to work without employment verification. The ADM stated the facility's policy and process was to ensure all documentation was provided and verified prior to the employee starting their shift. During a review of the facility's policy and procedures (P/P) titled, Abuse Prevention Program revised 12/16, the P/P indicated residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse. As a part of the resident abuse prevention, the administrator would : Protect their residents from abuse by anyone including but not limited to facility staff, other residents, staff from other agencies. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: been found guilty of abuse, had a finding entered into the state nurse aide registry concerning abuse of a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse Develop and implement policies and procedures to aid their facility in preventing abuse, neglect, or mistreatment of their residents. Require staff training / orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. Identify and assess all possible incidents of abuse. Investigate and report any allegations of abuse within timeframes as required by federal requirements. Protect residents during abuse investigations. Establish and implement a QAPI review and analysis of abuse incidents; and implement changes to prevent future occurrences of abuse. During a review of the facility's P/P titled, Abuse Investigation and Reporting, revised 7/2017, the P/P indicated all reports of resident abuse, neglect and mistreatment shall be promptly reported to local state and federal agencies and thoroughly investigated by facility management. The individual conducting the investigation would, as a minimum interview of the staff members (on all shifts) who had contact with the resident during the period of the alleged incident.

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(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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16282 Based on observation, interview and record review, the facility failed to follow its policy titled, Abuse Prohibition and Prevention, and investigate and report an alleged physical abuse incident for one of three sample residents (Resident 1). Resident 1 alleged Licensed Vocational Nurse 1 (LVN 1) roughly took chips away from his hand and mouth on 7/20/2021. On 8/11/2021 Certified Nurse Assistant 1 (CNA 1) threw water at Resident 1, yelled at the resident to, Shut the F@@@-up and go to sleep. This deficient practice resulted in Resident 1's alleged abuse allegation to go uninvestigated and placed Resident 1 at risk for harm and continuous abuse. On 8/18/2021 at 5:40 p.m., an Immediate Jeopardy ([IJ], a situation in which the facility's noncompliance with one or more requirements of participation has caused, or likely to cause, serious injury, harm, impairment, or death to a resident) was declared in the presence of the Director of Nursing (DON). The DON was notified of the immediacy for alleged abuse to be investigated and reported to prevent abuse from reoccurring and remove perpetrators from the care of the residents while an ongoing investigation was been conducted. The facility submitted an acceptable Plan of Action (POA) on 8/20/2021 of the IJ which included the following: 1. On 8/19,2021, the Clinical Resource (CR) provided a 1:1 in service training to the DON and reviewed policy and procedure (P/P) on Abuse Investigation and Reporting, Abuse Prevention, Recognizing signs and symptoms of Abuse/Neglect. On 7-28-21, LVN 1 was suspended pending investigation and CNA 1 was suspended on 8-11-21 pending investigation. LVN1 was in-serviced on 8-5-21 and 8-18-21. CNA1 was in-serviced on 8-11-21. 2. The Administrator (ADM) and CR and Quality Assurance Nurse (QAN) designee provided staff in-services and training on 8/19/2021 regarding the P/P on Abuse Prevention Investigation and Reporting, Abuse Prevention, Recognizing signs and symptoms of Abuse / Neglect. In services ongoing to be completed on 8-24-21. 3. Resident 1 continued to be monitored for any sign and symptoms of emotional, psychological distress (state of emotional suffering associated with stressors and demands that are difficult to cope with in daily life) related to alleged abuse. Psychologist (person who studies normal and abnormal mental states, perceptual, cognitive, emotional, and social processes and behavior by experimenting with, and observing, interpreting, and recording how individuals relate to one another and to their environments) came to assess resident 8/19/21 with no negative findings noted. Psychiatry visit pending. 4. The Social Services Director conducted resident interviews 8/19/21 and ongoing. Goal is to complete resident interviews at end of 8/19/21. One resident with concern noted, Administrator investigation and reporting in progress. (continued on next page)

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5.All residents have the potential to be affected by abuse. All resident interviews ongoing and will be completed end of 8/19/21. Social Services Director responsible. Any negative findings will be followed up promptly according to Policy and Procedure in force. 6. Staff in-services related to Policy and Procedure on Abuse Prevention Investigation and Reporting, recognizing signs and symptoms of Abuse/Neglect with emphases on timeline requirement per regulatory guidance provided by the Clinical Resource, Administrator and Quality Assurance Nurse Designee - Ongoing, completion date: 8/23/2021. In-services will be done monthly and/or as needed. 7. The Payroll / AP/ Staffing Designee currently conducting audit of all new hire employee files from last 30 days including registry personnel for completeness and availability of license, certification verification, abuse training, screening, and job description requirement. Ongoing. Infection control Nurse and/or will complete the process moving forward until the Director of Staff Development is hired. To be completed on 8/26/2021. 8. The Department Managers will be conducting resident interviews and observation during daily rounds to ensure residents with concerns and or allegation of any type will be addressed promptly per policy and procedure. This process is ongoing per facility practice. 9. The Director of Nursing/ Designee, RN Supervisor and Licensed Nurse will conduct routine rounds during the shift to include resident and staff interviews and observation to monitor for any signs and symptoms of abuse, initiate investigation promptly for any allegation of abuse as needed and up to reporting process per Policy and Procedure. 10. The Administrator will discuss and review during the morning meeting any findings, trend/ pattern, follow up completed to ensure Abuse Policy and Procedure being followed accordingly with emphases on timely reporting per regulatory guidance. 11. The RN Supervisor will monitor Abuse Prevention and Management program during weekend. Negative findings and concerns will be communicated to the Administrator and or Director of Nursing for prompt follow up and resolution. 12. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. 13. The Administrator will monitor compliance and report findings and outcome/ progress during the monthly QA&A meeting x 3 months for further action and implementation as needed. On 8/21/2021 at 3:52 p.m., the IJ was removed in the presence of the ADM and Registered Nurse Consultant (RNC) after implementation of the acceptable POA were verified and confirmed on an onsite visit via observation, interview, and record review. During a review of Resident 1 Admission Record (Face sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included major depressive disorder, blindness and generalized muscle weakness. (continued on next page)

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During a review of Resident 1's Minimum Data Set (MDS), a standardized care screening and assessment tool, dated 4/30/2021, the MDS indicated Resident 1 was usually able to make himself understood and understood others and was impaired in cognitive skills (thought process) for daily decision-making. The MDS indicated there were no behavioral symptoms present and Resident 1 required limited to extensive assistance of a one-person physical assist for transfer, bed mobility and activities of daily living. During a review of Resident 1's History and Physical (H/P) examination, dated 5/24/2021, the H/P indicated Resident 1 had the capacity to understand and make decisions. During a concurrent observation and interview with Resident 1 on 8/17/2021 at 2:50 p.m., Resident 1 stated he knew abuse would happen again because nothing was done the first time when LVN 1 roughly grabbed the chips from his and mouth. Resident 1 stated the Social Services Director (SSD) walked into the room because she heard LVN 1 raising her voice at Resident 1 stated a nurse told him to Shut the F@@@-up and go to sleep, and left the room. Resident 1 stated he began to call a nurse for help, but his assigned nurse (CNA 2) was on break. Resident 1 stated the ADM informed him the nurse had been suspended but he was afraid because it was the second time something like that had happen to him. Resident 1 stated the nurse threw water all over him including his face. During an interview with the DON on 8/17/2021 at 3:20 p.m., the DON stated he investigated Resident 1's allegations and unsubstantiated both of the incidents with LVN 1 and CNA 1. The DON stated Resident 1's roommate said he did not hear an argument between Resident 1 and the staff. The DON stated he did not investigate or report to CDPH the alleged abuse. During an interview with Social Services Designee (SSD) on 7/27/2021 at 4 p.m., SSD Resident 1 was frustrated because LVN 1 did not wanted to take him to the patio and started screaming. During a review of the facility's P/P titled, Abuse Investigation and Reporting, revised 7/2017, the P/P indicated all reports of resident abuse, neglect and mistreatment shall be promptly reported to local state and federal agencies and thoroughly investigated by facility management. The individual conducting the investigation would, as a minimum interview of the staff members (on all shifts) who had contact with the resident during the period of the alleged incident.