STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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** 42311 Based on interview and record review, the facility failed to ensure one of five sampled residents (Resident 1) who is legally blind with severely impaired cognition (mental action or process of acquiring knowledge and understanding), was kept free from sexual abuse by Resident 2. On 6/16/2022 at 3:00 a.m., Certified Nursing Assistant 1 (CNA 1) witnessed Resident 2 on top of Resident 1, Resident 2's pants were down to his knees while humping Resident 1's leg. Resident 1 was not evaluated by the facility for capacity to consent to sexual activity, and Resident 1 remained in the same room as Resident 2's until 6/23/2022. This deficient practice resulted to Resident 1 being subjected to a non-consensual sexual act by Resident 2 while under the care of the facility. An individual, who was subjected to sexual abuse has lifetime physical pain and psychological effects including feelings of hopelessness, helplessness, and humiliation. On 8/05/2022 at 5:02 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ- a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to facility's failure to prevent the sexual abuse. On 8/08/2022 at 4:11 p.m., the ADM provided an IJ Removal Plan which included the following summarized actions: 1. Resident 1 was seen by psychiatrist (a medical practitioner specializing in the diagnosis and treatment of mental illness) on 7/06/2022. 2. Resident 1 was assessed by psychiatrist /physician for capacity to consent to sexual activity on 8/09/2022. 3. Resident 2 was moved out of the room on 6/23/2022 and placed in a room by himself and placed on one to one (1:1- one staff to monitor one resident) observation and was seen by psychiatrist on 6/30/2022. Psychotropic (a medication used to treat mental health disorders) medications were adjusted, medication was prescribed for hypersexual (an obsession with sexual thoughts) behavior, and 1:1 continued for two additional days. (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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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Resident 2 was assessed by psychiatrist /physician for capacity to consent to sexual activity on 8/09/2022. 5. Licensed Vocational Nurse and Registered Nurse who failed to report and document the sexual contact incident are no longer employed in the facility, and both were reported to Board of Nursing for failure to report abuse allegation. 6. Current residents identified as having a brief interview for mental status (BIMS-screening assessment used to assist with identifying a resident's current cognition) score of 13 to 15 (a score of 13-15 indicates the resident had intact cognition) were interviewed by facility staff on 8/05/2022. No residents were identified as having any concerns for sexual abuse. 7. Current residents with BIMS score below 12 (a score of 8-12 indicates moderately impaired cognition and a score of 0-7 indicates severely impaired cognition) were also interviewed and body assessment on 8/05/2022 to validate that resident are free from any sexual abuse related to physical trauma. 8. Current residents will be assessed by Attending Physician for capacity to consent to sexual activity by 9/12/2022. Residents identified as not having capacity to consent to sexual activity will be reviewed by Interdisciplinary Team (IDT-a coordinated group of experts from several different fields who work together) and appropriate, resident specific plan of care will be developed to protect the resident from potential sexual abuse. 9. In person in-service initiated on 8/05/2022 for facility staff by the Administrator regarding the following policies were completed on 8/08/2022 by the Administrator or Designee: a. Abuse Prohibition and Prevention Policy and Procedure and Reporting Reasonable Suspicion of a Crime in the facility. b. Sexuality Among Resident. 10. Follow-up in-service to ask staff if they have observed any residents engaging in physical contact or voicing a desire to engage in sexual activity and be instructed to report this to Supervisor, Administrator and or DON so they can be referred to psychiatrist or physician services for evaluation of capacity to consent to sexual activity. Residents assessed will be evaluated annually and as needed to ensure capacity determination remains the same. In-service was completed on 8/09/2022. 11. Facility's policy regarding Sexuality Among the Elderly was revised on 8/09/2022 to include the resident assessment by the Attending Physician for capacity to consent to sexual activity. This assessment will be documented on the History and Physical at the time of admission and annually thereafter. 12. Admissions staff will screen potential new admissions for inclusion on Meghan's Law website (internet site where public sex offenders are registered) and will inquire with referring entity if residents have a history of hypersexual or inappropriate sexual behavior. Facility will not accept or admit residents with these behaviors. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	13. Medical Records Coordinator will do ongoing audits of resident new admission and annual History and Physical to validate that capacity to consent to sexual activity has been assessed and whether capacity determination remains the same. Immediate notification will be made to DON/Designee if there is a change in capacity that may warrant care plan revision. 14. Medical Records Coordinator will do weekly audit for eight weeks of admission screening documents for new admissions to validate Meghan's Law screening was completed and cleared and that inquiry with referring entity was done about history of hypersexual or inappropriate sexual behavior. After eight weeks, audit will be continued monthly and reported to Quality Assurance and Performance Improvement (QAPI) Committee. 15. QAPI Committee will review and discuss the capacity to consent for sexual activity for all resident's and the screening process for new admissions during the monthly QAPI meetings to determine the effectiveness of the facility's efforts and to provide feedback and program modifications, if needed for three months or until compliant. The QAPI committee will also review any issues or concerns identified monthly for three months or until compliant. On 8/08/2022 at 4:30 p.m., while onsite and after verifying the facility's full implementation of the IJ removal plan, the SSA accepted the IJ removal plan and removed the Immediate Jeopardy in the presence of the ADM and DON. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 9/19/2021, with diagnoses including epileptic seizures (repeatedly uncontrolled electrical activity in the brain, which may produce a jerking movement of a part or the entire body), difficulty in walking and legal blindness. A review of Resident 1's History and Physical dated 9/20/2021 indicated the resident did not have capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care planning tool) dated 6/23/2022 indicated Resident 1's cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 1 required limited assistance from staff for moving in bed, transferring to bed to chair, toilet use and personal hygiene. A review of Resident 1's Change of Condition (COC) Evaluation Form (document that describes a change in the resident's health or functioning) dated 6/23/2022 indicated that Resident 1 was involved in an alleged inappropriate sexual movement against his legs by Resident 2 (referring to the 6/16/2022 incident). A review of Resident 1's Psychiatrist Notes (Psych Notes) dated 7/06/2022 indicated, resident has senile dementia (other name for Alzheimer's disease - a progressive disease that destroys memory and other important mental functions) diagnosed on ,d+[DATE]. The Psych Notes indicated that Resident 1 had an incident in the facility on 6/16/2022 when CNA 1 saw another resident (Resident 2) at 3:00 a.m., on his bed naked and humping Resident 1's legs. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of Resident 2's Admission Record indicated the facility admitted the resident on 10/15/2021 with diagnoses including displaced fracture of the right femur (broken thigh bone), chronic obstructive pulmonary disease (COPD-a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and psychosis (a condition that affects the way your brain processes information and causes you to lose touch with reality, and you might see, hear, or believe things that are not real). A review of Resident 2's History and Physical dated 10/18/2021 indicated the resident did not have the capacity to understand and make decisions. A review of Resident 2's MDS dated [DATE] indicated Resident 2's cognitive skills for daily decisions were moderately impaired. The MDS indicated Resident 2 required limited assistance from staff for moving in bed, transferring to bed to chair, toilet use and personal hygiene. A review of Residents 2's COC dated 6/23/2022 indicated a facility staff witnessed Resident 2 doing inappropriate sexual behavior towards Resident 1 (referring to the 6/16/2022 incident) and staff separated both residents. The COC indicated the physician was notified on 6/23/22 at 7:07 p.m. A review of Resident 2's Physician Order dated 6/23/22 at 7:27 p.m., indicated an order to monitor Resident 2 for any sexual behavior every shift. A review of Resident 2's Psychiatry Note dated 6/30/2022, indicated during assessment, Resident 2 asked the nurse to come to bed with him. The Psychiatry note also indicated the resident has Obsessive Compulsive Disease (OCD - excessive thoughts that lead to repetitive behaviors) Hypersexual Behaviors. The note indicated an intervention to continue 1:1 supervision for at least two days and Resident 2 was started on fluvoxamine (a medication used to decrease thoughts that are unwanted or that don't go away and helps reduce the urge to perform repeated task) 25 milligrams (mg-unit of measure) for five days, then 50 mg daily for OCD hypersexual behaviors. A review of Resident 2's Care Plan on Risk for Harm initiated on 10/24/2021 and revised on 04/28/2022 indicated an intervention if wandering or pacing behavior observed, to initiate visual supervision. During an interview on 8/05/2022 at 1:31 p.m., with Resident 1's Primary Care Physician 1 (PCP 1), PCP 1 stated Resident 1 has baseline dementia that had worsen. PCP 1 stated that Resident 1 cannot give consent for sexual act given his health conditions. During an interview on 8/05/2022 at 2:45 p.m., with CNA 1, CNA 1 stated she was making rounds at 3:00 a.m. on 6/16/22, when she noticed that Resident 1 and Resident 2's room door was closed. CNA 1 stated that when she opened the door, she saw Resident 2 in Resident 1's bed. CNA 1 stated that Resident 2's pants was down to his knees, and he is pushing his genitals in the leg of Resident 1 while Resident 1 was lying in bed, awake, looking at the ceiling and not making any sound. CNA 1 stated Resident 2's was saying, come on, come on while humping Resident 1's leg. CNA 1 stated she separate Resident 2 from Resident 1 before she left the room and reported the incident to Licensed Vocational Nurse 1 (LVN 1). CNA 1 further stated that she saw Resident 2 approximately four weeks ago lying in Resident 1's bed beside Resident 1 with clothes on and she did not report the incident. (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 interview and record review on 8/5/2022 at 4:01 p.m., with the Administrator (ADM), the State Operations Manual (SOM-guidance for rules and regulation a skilled nursing facility must follow) revised on 11/22/2017 was reviewed. The ADM read the definition of sexual abuse in the SOM as, a non-consensual sexual contact of any type with a resident. The ADM stated that based on the definition provided in the SOM, the incident that occurred between Resident 1 and Resident 2 on 6/16/2022 should be considered as sexual abuse. During an interview on 8/05/2022 at 6:48 p.m., with Resident 2's Primary Care Physician 2 (PCP 2), PCP 2 stated Resident 2 cannot give consent to sexual act. During an interview on 8/06/2022 at 8:17 a.m., with LVN 1, LVN 1 stated that on 6/16/2022 at around 5:00 a.m., CNA 1 informed her that Resident 2 was found in Resident 1's bed. LVN 1 stated she reported to Registered Nurse 1 (RN 1). LVN 1 stated RN 1 told her to endorse the incident to the oncoming 7:00 a.m. to 3:00 p.m. shift. LVN 1 stated she did not document the incident in either Resident 1 or Resident 2's medical record. LVN 1 stated that she assumed that RN 1 would document the alleged sexual abuse between Resident 1 and Resident 2. LVN 1 stated she should have documented that she received the allegation of sexual abuse from CNA 1, and that she should have also documented that it was reported to RN 1. LVN 1 further went on to state that she was busy at that time and forgot. During an interview on 8/06/2022 at 1:48 p.m. with Resident 1's Family Member 1 (FM 1), FM 1 stated the facility informed him of the incident on 6/23/2022. FM 1 stated this is a level of abuse. FM 1 stated he expected that Resident 1 would be taken cared of while in the nursing home, and that staff will protect him from any kind of abuse. FM 1 stated he expected them to protect Resident 1 given that he is blind and has dementia. FM 1 stated Resident 1 was not protected from sexual abuse. During an interview on 8/08/2022 at 9:47 a.m., with RN 1, RN 1 stated LVN 1 informed her on 6/16/2022 that Resident 2 was found humping Resident 1's leg with his penis. RN 1 stated that she instructed LVN 1 to endorse the alleged sexual abuse incident to the next shift. RN 1 stated that she was not aware that she had to report for any kinds of allegations of abuse other than physical abuse. During an interview on 8/08/2022 at 11:44 a.m. with Resident 2's Psychiatric Nurse Practitioner (PNP), PNP stated she saw the resident on 6/30/2022 and upon assessment, Resident 2 was observed sexually harassing the nurse asking her to go to bed with him. PNP stated Resident 2 was suffering from OCD hypersexual behavior, so she ordered fluvoxamine which is prescribed for OCD as he was exhibiting sexual behaviors. PNP stated if she had been informed of Resident 2's prior sexual behavior, she could have seen him earlier and might have prevented the incident with Resident 2 and Resident 1 from happening. A review of facility's policy and procedure titled, Sexuality Among Residents, dated 11/2012 and reviewed on 02/16/2022, indicated, It is the policy of the facility to respect the sexual rights of consenting residents, while protecting non-consenting or incompetent residents from the unwanted or unsafe advances of other residents. When it becomes apparent, (either by voicing their desire or observed physical contact), that two residents are engaging in, or about to engage in, a new sexual relationship, not previously assessed and care planned by the Interdisciplinary Team as safe and consensual: (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	C. The Charge Nurse will notify the Director of Nursing and Social Services designee, for further instructions and for follow up by the Interdisciplinary Team. Allegations regarding sexual abuse or assault will be investigated and reported. A review of facility's policy and procedure titled, Abuse Prohibition and Prevention Policy and Procedure and Reporting Reasonable Suspicion of a Crime in the Facility, dated 3/2018 and reviewed on 02/16/2022, indicated, The facility prohibits and prevents abuse, neglect, and exploitation of residents and misappropriation of resident's property. Each resident has the right to be free from abandonment, mental/emotional, isolation, involuntary seclusion, verbal, physical, financial, sexual, neglect, and misappropriation of property. Resident must not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardian, friends, or other individuals. It is presumed that instances of abuse for all residents, even those in coma, can cause physical, harm, pain, or mental anguish. The facility will ensure that all residents are protected from physical or psychosocial harm during and after the investigation. This includes responding immediately with providing a safe environment for residents: a. If the suspected perpetrator is another resident: i. Separate the resident immediately so they do not interact, with each other until circumstances of the reported incident can be determined. 1. If a room change is appropriate, advice residents' families of the change in room location: ii. Increase supervision of the alleged victim and residents, if needed.

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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** 42311 Based on interview, and record review, the facility failed to report an incident of sexual abuse to the State Survey Agency (SSA), and Ombudsman (a person who investigates, reports on complaints of residents against a facility) for two of five sampled residents (Resident 1 and Resident 2). Certified Nursing Assistant 1 (CNA 1) witnessed Resident 2 on top of Resident 1, Resident 2 ' s pants were down to his knees while humping Resident 1 ' s leg. This deficient practice resulted in a delay of notifying the necessary agencies and may have placed the residents at risk for further abuse. Findings: A review of Resident 1 ' s Admission Record (Face Sheet) indicated the facility admitted the resident on 9/19/2021, with diagnoses including epileptic seizures (repeatedly uncontrolled electrical activity in the brain, which may produce a jerking movement of a part or the entire body), difficulty in walking and legal blindness. A review of Resident 1 ' s History and Physical dated 9/20/2021 indicated the resident did not have capacity to understand and make decisions. A review of Resident 1 ' s Minimum Data Set (MDS-a standardized assessment and care planning tool) dated 6/23/2022 indicated Resident 1 ' s cognitive skills for daily decisions were severely impaired. The MDS indicated Resident 1 required limited assistance from staff for moving in bed, transferring to bed to chair, toilet use and personal hygiene. A review of Resident 1 ' s Psychiatrist Notes (Psych Notes) dated 7/06/2022 indicated that Resident 1 had an incident in the facility on 6/16/2022 when CNA 1 saw another resident (Resident 2) at 3:00 a.m., on his bed naked and humping Resident 1 ' s legs. A review of Resident 1 ' s Change of Condition (COC) Evaluation Form (document that describes a change in the resident's health or functioning) dated 6/23/2022 indicated that Resident 1 was involved in an alleged inappropriate sexual movement against his legs by Resident 2 (referring to the incident on 6/16/2022). A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 10/15/2021 with diagnoses including displaced fracture of the right femur (broken thigh bone), chronic obstructive pulmonary disease (COPD-a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and psychosis (a condition that affects the way your brain processes information and causes you to lose touch with reality, and you might see, hear, or believe things that are not real). A review of Resident 2 ' s History and Physical dated 10/18/2021 indicated the resident did not have the capacity to understand and make decisions. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 2 ' s MDS dated [DATE] indicated Resident 2 ' s cognitive skills for daily decisions were moderately impaired. The MDS indicated Resident 2 required limited assistance from staff for moving in bed, transferring to bed to chair, toilet use and personal hygiene. A review of Residents 2 ' s COC dated 6/23/2022 indicated a facility staff witnessed Resident 2 doing inappropriate sexual behavior towards Resident 1 (referring to the 6/16/2022 incident) and staff separated both residents. The COC indicated the physician was notified on 6/23/22 at 7:07 p.m. During an interview on 8/05/2022 at 2:45 p.m., with CNA 1, CNA 1 stated she was making rounds at 3:00 a. m. on 6/16/22, when she noticed that Resident 1 and Resident 2 ' s room door was closed. CNA 1 stated that when she opened the door, she saw Resident 2 in Resident 1 ' s bed. CNA 1 stated that Resident 2 ' s pants was down to his knees, and he is pushing his genitals in the leg of Resident 1 while Resident 1 was lying in bed, awake, looking at the ceiling and not making any sound. CNA 1 stated Resident 2 ' s was saying, come on, come on while humping Resident 1 ' s leg. CNA 1 stated she separate Resident 2 from Resident 1 before she left the room and reported the incident to Licensed Vocational Nurse 1 (LVN 1). During an interview on 8/06/2022 at 8:17 a.m., with LVN 1, LVN 1 stated that on 6/16/2022 at around 5:00 a. m., CNA 1 informed her that Resident 2 was found in Resident 1 ' s bed. LVN 1 stated she reported to Registered Nurse 1 (RN 1). LVN 1 stated RN 1 told her to endorse the incident to the oncoming 7:00 a.m. to 3:00 p.m. shift. LVN 1 stated she did not document the incident in either Resident 1 or Resident 2 ' s medical record. LVN 1 stated that she assumed that RN 1 would document the alleged sexual abuse between Resident 1 and Resident 2. LVN 1 stated she should have documented that she received the allegation of sexual abuse from CNA 1, and that she should have also documented that it was reported to RN 1. LVN 1 further went on to state that she was busy at that time and forgot. During an interview on 8/08/2022 at 9:47 a.m., with RN 1, RN 1 stated LVN 1 informed her on 6/16/2022 that Resident 2 was found humping Resident 1 ' s leg with his penis. RN 1 stated that she instructed LVN 1 to endorse the alleged sexual abuse incident to the next shift. RN 1 stated that she was not aware that she had to report for any kinds of allegations of abuse other than physical abuse. During an interview on 6/29/22 at 12:50 p.m., Administrator (Admin) stated that CNA 1 witnessed sexually inappropriate behaviors between Resident 1 and Resident 2 on 6/16/2022 at approximately 3:00 a.m. Admin stated that CNA 1 reported their observations to LVN 1, who reported the allegation to RN 1 between 5:00 a. m. and 6:00 a.m. Admin stated that neither CNA 1, LVN 1, or RN 1 reported the incident to facility leadership. Admin stated facility leadership did not become aware of the allegation of sexually inappropriate behavior between Resident 1 and Resident 2 until seven days later on 6/23/22 at approximately 5:15 p.m. A review of the facility's policy titled Reporting Reasonable Suspicion of a Crime in the facility dated 3/2018 indicated that the Facility will report allegations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property even if no reasonable suspicion. i. When: 1. Immediately- no later than 2 hours- all abuse (actual, alleged, or potential) OR results in serious bodily injury. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. No later than 24 hours- all other conduct (actual, alleged, or potential neglect mistreatment, misappropriation of property, and injuries of unknown source) AND did not result in serious bodily injury.