

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055899	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER ROYAL PALMS POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 630 W. BROADWAY 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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to protect the privacy of two of two sampled residents (Resident 1 and Resident 2) as indicated in the facility's policy and procedure. Certified Nursing Assistant 1 (CNA 1) took unauthorized photographs of Resident 1's body parts (one arm and one leg) on 7/25/19 and of Resident 2 (both legs) on 6/23/19 with his personal cell phone. CNA 1 shared the images to the facility's Director of Staff Development (DSD) via text message. These deficient practices violated the residents' right to privacy. *Cross reference F726 Findings: a. A review of Resident 1's Admission Record indicated the facility admitted the resident on 3/9/09 and readmitted him on 6/25/19 with [DIAGNOSES REDACTED]. A review of Resident 1's untitled document dated 7/27/19 indicated the resident did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care-screening tool, dated 12/5/19 indicated the resident had severe impairment for daily decision making and required extensive assistance for bed mobility and dependent on staff for transfers and toilet use. During an observation on 3/3/20 at 11:32 a.m., Resident 1 was lying in bed and had his eyes closed. During an interview on 3/3/20 at 12:11 p.m., DSD stated, on 7/25/19 at 3:31 p.m., CNA 1 sent Resident 1's photograph from his personal cell phone via text message to the DSD's personal cell phone. DSD stated, staff were not allowed to take pictures of any resident. DSD stated he did not know if CNA 1 sent Resident 1's images to anyone else or if CNA 1 posted Resident 1's image on social media. During a concurrent interview, DSD provided a copy of the text messages dated July 25 (no year) timed at 3:31 p.m., and stated, the text message photograph included Resident 1's body parts (one arm and one leg) and room number. b. A review of Resident 2's Admission Record indicated the facility admitted the resident on 3/21/17 and readmitted her on 3/2[DATE]9 with [DIAGNOSES REDACTED]. A review of Resident 2's untitled document dated 9/[DATE]9 indicated the resident did not have the capacity to understand and make decisions. A review of Resident 2's Minimum Data Set (MDS), a resident assessment and care-screening tool, dated 12/8/19 indicated the resident had severe impairment for daily decision making and required extensive assistance for bed mobility, transfers, and toilet use. During an observation on 3/3/20 at 11:29 a.m., Resident 2 was sitting on a wheelchair inside the activity room and did not know her name. During an interview on 3/3/20 at 12:11 p.m., DSD stated, on 6/23/19 at 3:05 p.m., CNA 1 sent Resident 2's photograph from his personal cell phone via text message to the DSD's personal cell phone. DSD stated, staff were not allowed to take pictures of any resident. DSD stated he did not know if CNA 1 sent Resident 1's images to anyone else or if CNA 1 posted Resident 1's image on social media. During a concurrent interview, DSD provided a copy of the text messages dated June 23 (no year) timed at 3:05 p.m., and stated the text message image included Resident 2's body parts (both legs) and room number. During an interview on 3/3/20 at 12:00 p.m., the facility's Director of Nursing (DON) stated, the facility did not have written consents for Resident 1's picture and Resident 2's pictures. A review of the facility's policy and procedure titled Videotaping, Photographs, and Other Imaging of Residents with a revised date of 2017, indicated the residents would be protected from invasion of privacy and or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other facility activities. The policy indicated the staff may not take or release images or recordings of any resident without explicit written consent.</p>		
F 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interview, and record review, the facility failed to ensure three of three Certified Nursing Assistants (CNA1, CNA 2, and CNA 3) had specific competencies and skills sets necessary to care for residents in the facility. Certified Nursing Assistant 1 (CNA 1) took unauthorized photographs of Resident 1's body parts (arm and leg) to indicate that CNA 2 did not provide toileting care for Resident 1 on 7/25/19. CNA 1 took unauthorized photographs of Resident 2's legs on 6/23/19 with his personal cell phone to indicate CNA3 did not provide toileting care to Resident 2. CNA 1 shared the images to the facility's Director of Staff Development (DSD). The facility did not have documented evidence that CNA 1, CNA 2, and CNA 3 had current skills validation performances. These deficient practices had the potential for the residents to receive inappropriate nursing services and had the potential to cause harm. *Cross reference F550 Findings: During an interview on 3/3/20 at 12:11 p.m., DSD stated, on 7/25/19 at 3:31 p.m., CNA 1 sent Resident 1's photograph from his personal cell phone via text message to the DSD's personal cell phone to indicate that CNA 2 did not provide toileting care for the resident. During a concurrent interview, DSD provided a copy of the text messages dated July 25 (no year) timed at 3:31 p.m., and stated the text message photograph included Resident 1's body parts (arm and leg) and room number. During an interview on 3/3/20 at 12:11 p.m., DSD stated, on 6/23/19 at 3:05 p.m., CNA 1 sent Resident 2's photograph from his personal cell phone via text message to the DSD's personal cell phone to indicate CNA3 did not perform toileting care for the resident. During a concurrent interview, DSD provided a copy of the text messages dated June 23 (no year) timed at 3:05 p.m., and stated the text message image included Resident 2's body parts (legs) and room number. During a review of CNA 1, CNA 2, and CNA 3's employee files on 3/3/20 at 12:50 p.m., the facility's DSD stated, CNA 1, CNA 2, and CNA 3 did not receive yearly competency evaluation. The DSD stated, CNAs were supposed to receive skills validation to ensure they were competent. A review of the facility's policy and procedure titled Competency of Nursing Staff, with a revised date of October 2017, indicated competency evaluations would be conducted upon hire, annually and as deemed necessary based on the facility's assessment.</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.