

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER SIMI VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 5270 E LOS ANGELES AVE SIMI VALLEY, CA 93063	
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. Based on interview and record review, the facility failed to investigate an allegation of sexual abuse in timely for one resident (Resident 1), and failed to implement measures to protect residents after the allegation was communicated to the administrator. These facility failures placed vulnerable residents at risk for sexual abuse by an employee (CNA1). During a telephone interview on [DATE], at 2:15 p.m., the responsible party (RP) for Resident 1 stated they, Felt that Resident 1 was being sexually abused by a certified nursing assistant (CNA1), at the facility. The RP stated they had notified the social worker (SW) that the RP, Feels CNA1 spends too much time with Resident 1, is overly friendly, and requested CNA1 be removed from the care of (resident name)(Resident 1). During an interview on [DATE], at 5:10 p.m., with the administrator (ADM,) and Director of Nursing (DON), the ADM and DON were informed that the RP for Resident 1 had alleged that CNA1 had sexually abused Resident 1. The DON stated that on 1/21/20 RP had filed a grievance with the SW and requested that CNA1 not care for Resident 1, because CNA1 visits with Resident 1 too much, and is overly friendly. The ADM stated that CNA1 was immediately removed from Resident 1's care. ADM also stated that RP had not alleged sexual abuse at that time. During an interview on [DATE] at 5:30 p.m. with RP, RP again stated that RP believed that sexual abuse occurred. The RP stated it was a, gut feeling. The RP stated, (CNA1) was stroking and caressing his(Resident 1's) face, and it wasn't normal. During an interview on [DATE] at 7:00 p.m. with ADM, the ADM was notified that Resident 1's RP is still alleging that sexual abuse occurred, and that RP feels CNA1 is a sexual predator. During an interview on 2/10/20, at 5:00 p.m. with the ADM, and the DON, the ADM stated that the required notifications to CDPH, law enforcement and Ombudsman office had not been made, and the SOC 341 form (Report of Suspected Dependent Adult/Elder Abuse) had not been filed. The ADM stated that an investigation was completed when the RP filed a grievance with SW, but agreed that abuse was not alleged at that time. The ADM was reminded that he and the DON were notified of the allegation of sexual abuse by the surveyor on [DATE]. During an interview on 2/11/20 at 6:15 a.m. with Director of Staff Development (DSD), the DSD indicated CNA1 had not been suspended from duty, because the ADM had stated the allegation was unsubstantiated. Review of the facility documents titled, Daily Assignment dated [DATE] and 2/9/20, showed that CNA1 worked the night shift on both nights. A review of the facility's policy and procedure titled, Crime/Abuse Prevention dated 1/19/19, indicated in part, Crimes/abuse are to be investigated immediately and maintained in facility files .Any staff member named in an allegation of resident crime/abuse will be removed from the work area immediately and placed on suspension until completion of the investigation .A crime/abuse will be reported immediately by phone to CDPH, local law enforcement, agency, and the Ombudsman office. The SOC 341 will be faxed to CDPH, local law enforcement agency, and the Ombudsman office within 24 hours of the incident. In the event of a suspicious crime/alleged abuse involving sexual abuse or resulting in bodily injury, the above reporting must be done within two hours of the incident.		
F 0712 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (Resident 1) was seen by their physician within the 60 days. This deficient practice had the potential for delay in services and treatment of [REDACTED]. There were no further documents in the medical record indicating that Resident 1 had been seen by a physician anytime between the visit on 12/9/19 and 2/11/2020. The DON was unable to locate any information in the medical record and acknowledged there was no indication the physician had seen Resident 1 between 12/9/2019 and 2/11/2020.		

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.