

Medicare/Medicaid Documents Only

**These are
Medicare/Medicaid
documents for complaint
investigation UN3Z11
conducted on 12/20/13.**



Division of Licensing Services
Bureau of Long Term Care Licensing
150 North 18th Avenue, Suite 440
Phoenix, Arizona 85007-3242
(602) 364-2690
(602) 324-0993 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

01/17/2014

William Timmons, Administrator
Hacienda De Los Angeles
1402 East South Mountain Avenue
Phoenix, AZ 85040

Re: Complaint Intake #AZ00120291
Investigation # UN3Z11

Dear Mr. Timmons:

Surveyors of the Arizona Department of Health Services (Department) have thoroughly investigated the above referenced complaint. Prior to being investigated, this complaint was broken down into allegations that correspond to the Department's rules for the facility.

The overall finding of this investigation is that at least one of the allegations was found to be substantiated.

You are in receipt of a Statement of Deficiencies that reflect the finding of this survey.

If we may be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Marisela Newcomb

Marisela Newcomb
Program & Projects Specialist



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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

January 17, 2014

William Timmons, Administrator
Hacienda De Los Angeles
1402 East South Mountain Avenue
Phoenix, AZ 85040

Dear Mr. Timmons:

Enclosed is the **ICF/IID Post-Certification Revisit Report** form which indicates that the following deficiencies have been corrected effective January 17, 2013. A copy will be filed in your public file.

If we can be of further assistance, please contact the Bureau of Long Term Care at (602) 364-2690.

Sincerely,

Marisela Newcomb

Marisela Newcomb
Program & Projects Specialist

\rm

Enclosure

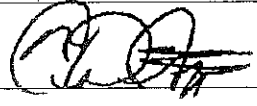
Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 03G008	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/16/2014
Name of Facility HACIENDA DE LOS ANGELES		Street Address, City, State, Zip Code 1402 EAST SOUTH MOUNTAIN AVENUE PHOENIX, AZ 85040

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>W0153</u> Reg. # <u>483.420(d)(2)</u> LSC _____	Correction Completed 01/16/2014	ID Prefix <u>W0189</u> Reg. # <u>483.430(e)(1)</u> LSC _____	Correction Completed 01/16/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: <u>1/17/14</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
12/20/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO



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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

January 17, 2014

Mr. William Timmons, Administrator
Hacienda De Los Angeles
1402 East South Mountain Avenue
Phoenix AZ 85040

Dear William Timmons

On December 20, 2013, a complaint survey was conducted at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and presume that you have achieved substantial compliance. Based on this presumed compliance, we are not forwarding to the Centers for Medicare/Medicaid Services (CMS) Regional Office and/or the State Medicaid Agency our recommendation that remedies will be imposed.

We may be conducting a revisit of your facility to verify that substantial compliance has been achieved and maintained. We will certify your facility in compliance if we find that your facility is in substantial compliance at the time of the revisit.

If you have any questions concerning the instructions contained in this letter, please call the Bureau of Long Term Care at (602) 364-2690.

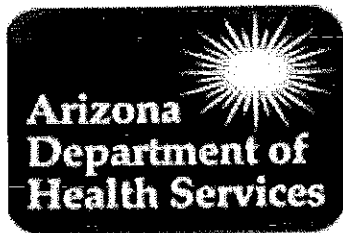
Sincerely,

Marisela Newcomb

Marisela Newcomb
Program & Projects Specialist

JB/rm

cc: State Ombudsman (with POC)



Division of Licensing Services

Bureau of Long Term Care Licensing

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JANICE K. BREWER, GOVERNOR

WILL HUMBLE, DIRECTOR

December 23, 2013

William Timmons, Administrator
Hacienda De Los Angeles
1402 East South Mountain Avenue
Phoenix, AZ 85040

RE: Provider No. 03G008

Dear William Timmons:

To participate in the Medicare program a provider/supplier must meet the requirements in the Social Security Act and be in compliance with all the Conditions of Participation established by the Secretary of Health and Human Services.

A complaint survey of your facility was completed on December 20, 2013. After a careful review, we have determined that the findings of the survey reflect that Hacienda De Los Angeles was not in compliance with the Conditions required for participation in the Medicare program. Specifically, the following Conditions were not met:

W153 15.420(d)(2) Staff Treatment of Clients
W189 483430(e)(1) Staff Training Program

Accordingly, we are initiating action that may lead to the termination of Hacienda De Los Angeles participation in the Medicare program within 90 days from the date of this resurvey.

A complete listing of all deficiencies found by the surveyors is enclosed (HCFA-2567, Statement of Deficiencies and Plan of Correction). If you provide this office with credible documentation evidencing correction of the listed deficiencies, and we are able to verify that compliance has been achieved, the termination action will not be further pursued. Please be advised that plans of future correction are not substitutes for compliance.

We ask that you submit your evidence of compliance, with the corresponding correction dates, on the right hand side of the enclosed CMS-2567 to this office by **January 6, 2014**. The documentation must contain the following:

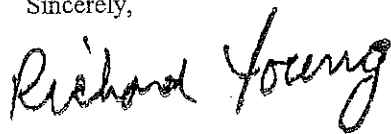
- What measures have been put into place and what systemic changes you have made to ensure that the deficient practice does not recur; and,
- How the corrective action(s) are being monitored to ensure the deficient practice will not recur; and,
- Who is monitoring the corrective action(s) to assure implementation.

Should we receive such credible documentation of correction we will conduct a follow-up visit to your facility in approximately 30 to 45 days. **If at the time you are again found out of compliance with any Condition of Participation, or we do not receive credible evidence of compliance by the above cited date, we will recommend that your participation in the Medicare program be terminated.**

Page Two
December 23, 2013

If you have any questions, please call this Office at (602) 364-3030.

Sincerely,

A handwritten signature in cursive script that reads "Richard Young". The signature is written in dark ink and is positioned above the printed name and title.

Richard Young
Bureau Chief

RY:rm

Enclosure: CMS-2567

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>TG</u> B. WING <u>AOC 2/10/14</u>		(X3) DATE SURVEY COMPLETED C 12/20/2013
NAME OF PROVIDER OR SUPPLIER HACIENDA DE LOS ANGELES			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 EAST SOUTH MOUNTAIN AVENUE PHOENIX, AZ 85040		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	W 000			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on clinical record reviews, staff interviews, review of facility investigation documentation, and facility policy and procedures, the facility failed to ensure five staff (#s 2, 3, 4 and 5) reported to the administration, immediately, allegations of client verbal abuse/mistreatment by one staff, (#1) towards four clients (#s 1, 2, 3, and 4). Findings include: -Client #1 was admitted November 6, 1980, with diagnoses that included intellectual disability. -Client #2 was admitted May 22, 2002, with diagnoses that include intellectual disability. -Client #3 was admitted October 28, 1987, with diagnoses that included psycho-motor disability. -Client #4 was admitted March 9, 2011, with diagnoses that included intellectual disability.	W 153	RECEIVED DEPARTMENT OF HEALTH JAN 14 2014 LICENSING DIVISION 4TH FLOOR RECEPTIONIST <u>W153</u> The facility will ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. The facility will mandate all staff complete a quarterly in-service with post-test (attachment 1) regarding the immediate reporting of all allegations of mistreatment, neglect or abuse to the administrator or designated person in accordance with State law through the established procedure. Employees scoring below 100% on the post-test will repeat the in-service until they score 100%. In addition, the facility will incorporate quarterly individual non-didactic review sessions with all direct care staff to review the Abuse and Neglect Policy (attachment 2) and ensure staff have complete and full knowledge and understanding of the policy with special attention given to the reporting requirement. (attachment 3) CCA staff's individual review sessions will be held with either the Director of Client Care Services or her designee. Nursing staff's individual review sessions will be held with either the Assistant Director of Nursing or her designee. Any concerns arising from the individual review sessions will be referred to either the Assistant	1/14/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] vice president Residential Svcs 1/14/14

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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WV 153	Continued From page 1 During a review of the facility investigative documentation it was revealed on November 3, 2013, staff (#s 2, 3, and 5) reported to staff #4 that staff had witnessed staff #1 make inappropriate, sexual statements about clients #1, 2, 3, and 4. The investigative documentation revealed that staff #1 had been witnessed and heard to make a comment about client #1 being in a sexual position; observed clients #2 and #4 during private personal time performing self-stimulation and commenting on their actions; and commented that client #3 was going to have a "...happy morning," due to his semi-erect penis. The staff stated that the incidents occurred at unidentifiable dates and times in late October 2013, while the staff were providing cares to the clients. Further review of the investigative documentation revealed that staff #6 was also told of the allegations on November 3, 2013. Continued review of the investigative documentation revealed that on November 10, 2013, staff #4 and #6, reported to administrative staff the allegations made by other staff on November 3, 2013. The investigative documentation revealed written statements by staff, as identified above, that revealed the staff had knowledge of staff #1 making inappropriate sexual comments about the above identified clients, in late October 2013, and that the information was not reported to administrative staff until November 10, 2013.	W 153	Director of Nursing or the QIDP for immediate resolution. The efficacy of the training will monitored by the ADON or her designee on an ongoing basis to ensure the deficient practice cited will not occur by conducting a minimum of 10 random interviews per calendar month with staff to ensure staff have complete and full knowledge and understanding of the policy with special attention given to the reporting requirement. (attachment 4) The ADON or designee will present the collected data to the QA committee for review and intervention as necessary. (attachment 5) The QIDP will monitor the corrective actions to assure implementation. (attachment 6)	2/10/14 and ongoing	

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W 153	Continued From page 2 An interview was conducted with the Vice-President of Residential Services on December 19, 2013. The Vice-President of Residential Services stated that all the identified staff were terminated, immediately based on the interviews conducted with the identified staff revealing that none of the staff had reported the actions of staff #1 to administration, immediately, per facility policies. Staff #1 was terminated immediately for the allegations of inappropriate behavior towards clients. A review of the facility Abuse/Neglect Policy documented the definition of verbal abuse as using inappropriate language to describe a client's anatomy or in any way referring to a client in a sexual way, whether the comments are made to a client or to a third party. The policy further documented that staff were to immediately report suspected or observed abuse or neglect to the supervisor or the CEO (Chief Executive Officer.) The policy documented that the staff must provide a written statement that is signed and dated including time.	W 153			
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on review of personnel records, staff interview, and review of facility investigative	W 189	<u>W189</u> The facility will provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently. The facility will mandate all staff complete annual formal training (attachment 8) regarding the client's right to be treated with dignity. In addition, the facility will incorporate quarterly individual non-didactic review sessions with all CCA staff to review the policy (attachment 9) and	1/14/14 1/14/14 and ongoing	

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W 189	Continued From page 3 documentation, the facility failed to ensure one clients (#1, 2, 3, and 4) were treated with dignity by staff #1. Findings include: Staff #1 was hired September 3, 2013 and had current and valid fingerprint clearance and a clean criminal background check. A review of staff #1's personnel file revealed that the staff had received orientation to Abuse and Neglect policies and policies regarding Patients' Rights on September 2, 2013. -Client #1 was admitted November 6, 1980, with diagnoses that included intellectual disability. -Client #2 was admitted May 22, 2002, with diagnoses that include intellectual disability. -Client #3 was admitted October 28, 1987, with diagnoses that included psycho-motor disability. -Client #4 was admitted March 9, 2011, with diagnoses that included intellectual disability. The facility reported to the State Agency on November 12, 2013, that there were numerous staff allegations regarding staff #1 making sexually inappropriate statements about four clients (#s 1, 2, 3, and 4.) An interview was conducted with the facility's Vice-President of Residential Services on December 19, 2013. The Vice-President of Residential Services stated that on November 10, 2013, there were statements received from staff regarding statements made by staff #1 about			W 189	ensure staff have complete and full knowledge and understanding of the policy with special attention given to the client's right to be treated with dignity. The individual review sessions will be held with the designated Life Skills Trainer. Any concerns arising from the individual review sessions will be referred to either the Assistant Director of Nursing or the QIDP for immediate resolution. The efficacy of the training will monitored by the Resident Coordinator or her designee on an ongoing basis to ensure the deficient practice cited will not occur by conducting a minimum of 10 random interviews per calendar month with staff to ensure staff have complete and full knowledge and understanding of the policy with special attention given to the client's right to be treated with dignity. (attachment 10) The ADON or designee will present the collected data to the QA committee for review and intervention as necessary. (attachment 11) The QIDP will monitor the corrective actions to assure implementation. (attachment 12)		2/10/14 and ongoing

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W 189	Continued From page 4 clients. The Vice-President of Residential Services reported that staff's written and signed statements were that staff #1 had been witnessed and heard to make a comment about client #1 being in a sexual position. The client was on his hands and knees on his bed. ; observed clients #2 and #4 during private personal time performing self-stimulation (masturbation) and commenting on their actions stating that he was happy that the clients could have their fun time; and commented, while bathing client #3, that the client was going to have a "...happy morning," due to his semi-erect penis. None of the staff were able to document specific dates or times of the different occurrences. The Vice-President of Residential Services stated that staff #1, on November 10, 2013, admitted to making the inappropriate statements regarding the clients. The Vice-President of Residential Services provided copies of investigative documentation that include a summary of the interview with staff #1 that collaborated the allegations made by staff and staff #1's admission of guilt. Staff #1 was terminated on November 10, 2013, for violation of facility policies. A review of the facility policy regarding Employee-Resident Interactions documented that employees will contribute to the well-being of all clients by treating clients with dignity.	W 189			

Hacienda HealthCare

Prevention of Abuse and Neglect - Training Module

Definitions

Abuse – intentional infliction of physical harm; injury caused by negligent acts or omissions; unreasonable confinement or unlawful imprisonment; and sexual abuse.

Child, Youth, or Juvenile – an individual who is under the age of eighteen years.

Ethical Standards – standards of conduct in which professionals employed in the field of human service follow to protect the safety, privacy, acceptance, and dignity of the people they serve.

Exploitation – the illegal or improper use of an incapacitated or vulnerable adult/child or his/her resources for another's profit or advantage.

Incapacity – an impairment by reason of mental illness, cognitive disability, physical illness or disability, advanced age, or other cause to the extent that the person lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person.

Legal Standards – enforce the laws and penalties for those found guilty of abuse and/or neglect.

Neglect – a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain minimum physical or mental health.

Physical injury – the impairment of physical condition and includes but shall not be limited to any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ, or any physical condition which imperils health or welfare.

Vulnerable adult – an individual who is eighteen years of age or older who is unable to protect himself/ herself from abuse, neglect, or exploitation.

All Hacienda HealthCare residents and patients have the same rights and privileges guaranteed to all citizens by the laws of the United States and the constitution and the laws of the State of Arizona. Among those rights are to be protected from physical, psychological, verbal, or sexual abuse and the right to a humane and clean physical environment.

Abusive treatment includes but ~~NOT~~ limited to:

Physical Abuse by inflicting pain or injury to an individual. This includes hitting, kicking, pinching, slapping, or pulling hair. Other examples include:

- * Handling a client to roughly
- * Performing the wrong treatment on a client on purpose
- * Neglecting to turn a client on purpose causing circulation to be impaired
- * Not performing required exercises on purpose causing a client's joints to tighten

Emotional Abuse includes ridiculing or demeaning an individual, making derogatory remarks to an individual, or cursing towards an individual. It involves a level of intimidation that is unhealthy for the care giver/client relationship. Some other examples are:

- * Making a client fearful of you
- * Threatening the client with harm
- * Threatening to expose the client's confidential information or any information the client wants kept private
- * Making fun of or belittling the client in any way
- * Swearing or any type of offensive language in front of a client even if not directed towards the client

Sexual Abuse is interacting with the client in a sexual manner. Some examples are:

- * Using physical or verbal threats to force a client to perform sexual acts
- * Tormenting or teasing a client with sexual gestures or words
- * Physically touching a client inappropriately

Abusive treatment *continued*

Programmatic Abuse is the use of procedures or techniques which are not part of the client's support/service plan or are prohibited. These include but are not limited to:

The *use of seclusion* which is defined as placing an individual in a room and locking or holding the door shut thus preventing their exit. It also includes the use of force to place or maintain an individual in a confined area, alone and or without interaction. An example is placing a client using a wheelchair facing a corner, locking the wheels, and leaving them.

The *use of overcorrection* which is a procedure used as a consequence to an individual's behavior which requires an individual to restore an environment to a state vastly improves from that which existed prior to the behavior or requiring an individual to repeatedly practice a behavior.

The *application of noxious stimuli* which is defined as using stimuli that is considered to be highly unpleasant to the individual, including but not limited to: offensive tastes, loud high pitched or otherwise unpleasant noises, offensive odors, and offensive tactile / visual stimuli.

Physical restraints, including mechanical restraints, when used as a negative consequence or without a physician's order for a medical procedure or treatment.

Neglect means a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain physical or mental health. It also includes:

- * Intentional lack of attention to physical needs such as toileting, bathing, meals, safety
- * Failure reporting medical problems or changes in health condition to immediate supervisor or nurse
- * Sleeping on duty or abandoning work station (including leaving the individual unsupervised)
- * Intentional failure to carry out a prescribed treatment plan for the individual
- * Any action which causes a client to withdraw or become depressed

Prevention and Reporting Abuse and Neglect

All staff members are mandatory reporters by Hacienda HealthCare policy and by Arizona State law. If you witness or suspect abuse or neglect, you must report it immediately. If you are present during an incident where a patient or resident is being abused or neglected your first priority is to stop it from continuing and moving the client to safety.

- * All suspected or actual abuse and/or neglect must be immediately reported to your supervisor or to the CEO.
- * After the incident has been reported you must provide your supervisor or the CEO a written statement that is signed and dated with the time of day included.
- * The supervisor or CEO will sign the statement and provide you with a copy.
- * The CEO will contact all appropriate regulatory and law enforcement organizations.
- * You may be asked to participate as a witness during the investigative process.

Signs of possible physical abuse or neglect include but are not limited to:

- * Cuts, bruising, skin discoloration, bruises, black eyes, unusual marks
- * Open wounds, punctures or untreated injuries in different healing stages
- * Bruises or bleeding anywhere on the body
- * Burn marks
- * Broken bones, skull fractures, sprains, dislocations and internal injuries
- * Physical signs of punishment or restraint, such as bruising at the wrists
- * Rapid weight loss or weight gain without physician or family notification
- * Dry or cracked skin and lips

Signs of possible emotional abuse include but are not limited to:

- * Extreme behavior changes
- * Emotionally upset or agitated
- * Stops communicating or is withdrawn
- * Displays unusual behavior such as thumb sucking or repetitive rocking in the bed
- * Threatening or ignoring behavior towards family and friends
- * Wanting to be isolated from other people

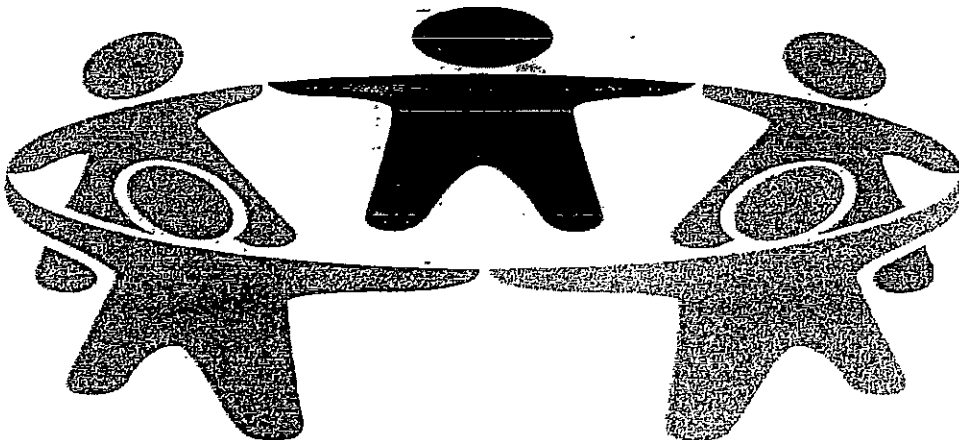
If you abuse or neglect a client in any way:

- * You will be terminated and will not be eligible for rehire
- * Your actions will be reported to all appropriate regulatory and law enforcement organizations
- * Your actions will be reported to the licensing/certification body that is responsible for your profession
- * The company will do everything in its power to ensure you:
 - Never again hold a position where you are responsible of taking care of clients
 - Pay the maximum fine allowed by the state of Arizona
 - Serve the maximum amount of jail/prison time required by the State of Arizona

If you witness or suspect that someone is abusing or neglecting a client and do not report it:

- * You will be terminated and will not be eligible for rehire
- * Your actions will be reported to all appropriate regulatory and law enforcement organizations
- * Your actions will be reported to the licensing/certification body that is responsible for your profession
- * The company will do everything in its power to ensure you:
 - Never again hold a position where you are responsible of taking care of clients
 - Pay the maximum fine allowed by the state of Arizona
 - Serve the maximum amount of jail/prison time required by the State of Arizona

Hacienda HealthCare staff must protect patients and clients from abuse, neglect, and exploitation at all times in any scenario. By following the ethical and legal standards set forth as mandatory reporters, keen observation, and being advocates for vulnerable adults and children in the community we can help prevent abuse, neglect, and exploitation.



Name:

Supervisor: _____

Hacienda HealthCare presents:

Abuse and Neglect

Your Score:

Date:

Multiple Choices: For each of the following questions, circle the letter of the answer that best answers the question.

1. Types of abusive treatment include physical abuse, emotional abuse, sexual abuse and:

- A. unintentional
- B. programmatic
- C. professional
- D. symptomatic

2. Signs of physical abuse may include:

- A. Burn marks
- B. Bruising
- C. Sprains, strains or bone fractures
- D. All of the above

3. Signs of emotional abuse may include:

- A. Extreme behavior changes
- B. withdrawn, non communicative
- C. isolation or desiring to be isolated from others
- D. all of the above

4. Signs of neglect may include:

- A. bed sores in different stages of healing or active wounds (ulcers)
- B. sudden unexplained weight loss
- C. Dry or cracked skin including lips
- D. all of the above

5. If you witness abuse or neglect occurring, your initial action **should** be:

- A. Call the police
- B. Sit down and write an incident report
- C. Stop the abuse/neglect and remove client to a safe area
- D. Report the incident to your supervisor or client's nurse

Read scenario and select best answer

6. The paid provider stands outside of the room and holds the door closed so John cannot exit the room until he calms down.

- A. abuse
- B. neglect
- C. no abuse or neglect occurring

Read scenario and select best answer

7. A paid provider is feeding Cindy at dinner time. Cindy repeatedly attempts to grab the spoon the provider is using to feed her. The provider notices that mealtime is quickly coming to an end so she gently secures Cindy's hands to her wheelchair with soft restraints so she can quickly finish feeding Cindy.

- A. abuse
- B. neglect
- C. no abuse or neglect occurring

8. Bill starts bumping into people with his wheelchair. As a disciplinary action, staff move Bill on to a recliner and removed his wheelchair.

- A. abuse
- B. neglect
- C. no abuse or neglect occurring

9. Staff discovers Susie needs assistance to use the bathroom. The provider states "I'll be there in 2 minutes Susie, as soon as I am done with this phone call", and continues talking on the phone.

- A. abuse
- B. neglect
- C. no abuse or neglect occurring

10. A shift change is going to occur within 10 minutes. A staff member determines Tim has soiled his clothing and opts to allow the next shift deal with the clean up.

- A. Abuse
- B. Neglect
- C. No abuse or neglect occurring

True or False: For each statement, circle True or False.

- | | | |
|------|-------|--|
| True | False | 11. Hacienda HealthCare patients and residents have the right to live in a humane, clean environment, free from abuse, neglect and exploitation. |
| True | False | 12. Possible instances of abuse or neglect are only reported if physical injuries are present. |
| True | False | 13. If the paid provider feels the support plan is "not working", it is okay to disregard the plan. |
| True | False | 14. Staff members are required to report abuse and neglect only if the personally witness/see the event/s. |
| True | False | 15. Any staff member found responsible for abuse or neglect of a client/s will be terminated, ineligible for rehire, promptly reported to regulatory and law enforcement officials and may be subject to fines or imprisonment. Additional reports will be made to state of AZ Board of Nursing or any/all applicable professional oversight agencies. |

Fill in the Blank: Into each sentence below, copy a term from the word bank that correctly completes the sentence.

immediately	physical	copy
neglect	programmatic	CEO
verbal	suspect	report

16. Intentional lack of attention to the clients' physical needs, failure to _____ medical problems, intentional failure to carry out prescribed treatment plan/s or any action/s the causes a client to withdraw or become depressed is called _____.

17. Two forms of sexual abuse are characterized as _____ and/or _____.

18. The use of techniques or procedures that are not written in the clients' support plan is defined as _____ abuse.

19. If you witness or _____ abuse you must report it _____.

20. Once an incidence of abuse or neglect is reported, a written _____ must be given to your immediate supervisor or to the _____.

Subject: Abuse and Neglect Policy
Number: 2.2

Original Date of Issue 10/01/06

Revision Dates: 02/15/09

Page 1 of 4

Approved by CEO:



PURPOSE: To outline the legal and ethical responsibility of every employee of the Organization.

POLICY:

1. Abuse of a client violates ethical principles and makes you **liable for legal prosecution**. Ethical standards require that you do not harm a client. **Legal standards enforce this by applying laws with subsequent penalties if you are found guilty. If you are found guilty, you will be subject to a fine and/or imprisonment (five years to life).**
2. **You are responsible for reporting all allegations of abuse and neglect.** You are bound by company policy, Department of Economic Security Rules and Regulations, and Arizona state law to **immediately report suspected or observed** (whether the abuse or neglect is witnessed by you or you are informed of the abuse or neglect by someone else) abuse or neglect to your immediate supervisor or to the CEO.
3. The CEO will then **immediately** notify the Department of Economic Security/Division of Developmental Disabilities, Department of Health Services, Police Department and either Adult Protective Services or Child Protective Services.
4. **After you immediately report suspected or observed abuse or neglect to your supervisor or the CEO you must provide the supervisor or CEO with a written statement that is signed and dated with the time of day included. The supervisor or CEO must sign the statement, keep the original and return a copy to you. Do not wait until you have completed the statement to report the suspected or observed abuse or neglect.**

DEFINITIONS:

Types of Abuse

Abuse can occur in several forms, including physical abuse, verbal abuse, psychological abuse, sexual abuse, programmatic abuse, involuntary seclusion and physical neglect.

PHYSICAL ABUSE involves actual physical harm to a client. Some examples are:

- Handling a client too roughly
- Performing the wrong treatment on a client on purpose
- Hitting, pushing or pinching a client
- Neglecting to turn, on purpose, a client causing circulation to be impaired
- Not carrying out, on purpose, required exercises with a client causing a client's joints to tighten
- Failing, on purpose, to assure a client has adequate food and liquids

VERBAL ABUSE can be directed toward a client or expressed about a client. Some examples are:

- Using profanity when working with a client
- Raising your voice in anger at a client
- Calling a client unpleasant names
- Teasing a client unkindly
- Using threatening gestures with a client
- Making written threats or abusive statements to a client
- Embarrassing a client by what you say
- Using inappropriate language to describe a client's nationality, religious beliefs, gender, race or anatomy (making comments about a client's anatomy or in any way referring to a client in a sexual way whether the comments are made to a client or to a third party)

PSYCHOLOGICAL ABUSE involves a level of intimidation that is unhealthy for the care giver/client relationship. Some examples are

- Making a client fearful of you
- Threatening a client with harm
- Threatening to tell something to others that a client doesn't want known
- Making fun of or belittling a client in any way

SEXUAL ABUSE is interacting with a client in a sexual manner. Some examples are:

- Using physical or verbal threats to force a client to perform sexual acts
- Tormenting or teasing a client with sexual gestures or words
- Physically touching a client inappropriately

PROGRAMMATIC ABUSE occurs when an aversive stimuli technique is used on a client that has not been approved as part of a client's individual program plan and is not contained in the rules and regulations adopted pursuant to Sub-section B. of ARS 36-561. This includes restraint of a client.

INVOLUNTARY SECLUSION is separation of a client from other clients or care givers against the client's will and without the existence of a therapeutic plan calling for involuntary seclusion.

PHYSICAL NEGLECT occurs when a client is not cared for properly. Some examples are:

- Allowing a client, on purpose, to remain soiled
- Intentional lack of attention to the physical needs of a client
- Intentional failure to report health problems or changes in health conditions
- Sleeping on duty or abandoning work station
- Not attending to, on purpose, a client's personal hygiene and grooming
- Any action that causes a client to withdraw or become depressed

NOTE: The examples used in the preceding section are not all inclusive

PROCEDURE:

1. **All cases of alleged abuse or neglect must be immediately reported to your immediate supervisor or to the CEO.**
2. After you immediately report suspected or observed abuse or neglect to your supervisor or the CEO you must provide the supervisor or CEO with a written statement that is signed and dated with the time of day included. The supervisor or CEO must sign the statement, keep the original and return a copy to you. Do not wait until you have completed the statement to report the suspected or observed abuse or neglect.
3. If you report the suspected abuse to your supervisor, the supervisor must immediately inform (signed and dated statement) the CEO.
4. The CEO must contact all appropriate regulatory and law enforcement organizations.
5. The CEO will assure that staff fully cooperates with the organizations investigating the alleged abuse.

6. Consequences of Abusing a Client or Failing to Report Suspected Abuse.

- If you abuse a client in any way related to the descriptions in the Types of Abuse section of this policy and procedure or suspect that someone is abusing a client in any way related to the descriptions in the Types of Abuse section of this policy and procedure and do not report it:
 - i. You will be terminated and will not be eligible for rehire
 - ii. Your actions will be reported to all appropriate regulatory and law enforcement organizations
 - iii. Your actions will be reported to the licensing/certification body that is responsible for your profession

7. The company will do everything in its power to make sure that you:

- never again hold a job where you are responsible of taking care of clients
- pay the maximum fine allowed by the state of Arizona
- serve the maximum amount of jail/prison time required by the state of Arizona (five years to life)

HACIENDA HEALTHCARE ICF/ID

TO: PERRY PETRILLI QIDP, VP RESIDENT SERVICES
FROM: LISA LECOMTE, RN, ADON
SUBJECT: INDIVIDUAL REVIEW SESSIONS
DATE: 1/14/2014

I have individually met with the following nursing staff to review Hacienda Healthcare's Abuse and Neglect Policy 2.5.

[REDACTED]

Attachment 4

Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

1. What is an allegation of abuse and neglect?
2. Who is responsible for reporting an allegation of abuse and neglect?
3. When should it be reported?

Date	Emp Initial	q 1	q 2	q 3	Any concerns?	Your Initial

Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

1. What is an allegation of abuse and neglect?
2. Who is responsible for reporting an allegation of abuse and neglect?
3. When should it be reported?

Date	Emp Initial	q 1	q 2	q 3	Any concerns?	Your Initial

Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Attachment 6

Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

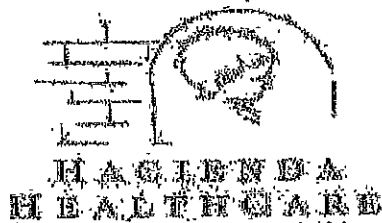
1. What is an allegation of abuse and neglect?
2. Who is responsible for reporting an allegation of abuse and neglect?
3. When should it be reported?

Date	Emp Initial	q 1	q 2	q 3	Any concerns?	Your Initial

Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Protecting and Promoting Resident's Rights



In special lives, we make a difference

1402 E. South Mountain Ave.

Phoenix, Arizona 85042

Introduction – At Hacienda our mission is to provide an environment that enables all of our residents to reach their fullest potential by achieving and maintaining maximum health and well being. In order to provide a safe, caring, and excellent home for our residents all employees are required by law to protect each resident's rights. In this handout you will find a list of the Resident's Bill of Rights, as well as the interpretation of each right according to The Department of Health and Human Services. The Department of Health and Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

Objectives

1. The Learner will identify Resident's Bill of Rights and Patient's Bill of Rights
2. The Learner will identify their role in making sure that all resident's rights are protected
3. The Learner will identify 10 examples of how they can promote and protect all resident's rights

Patient's Bill of Rights and Residents' Bill of Rights- What's the Difference?

On March 26, 1997, President Bill Clinton created the Advisory Commission on Consumer Protection and Quality in the Health Care Industry and charged it with recommendations and measures, also known as "Patients' Bill of Rights." The three goals of the Patients' Bill of Rights, in accordance with the President's Advisory Commission are as follows:

1. To strengthen consumer confidence that the health care system is fair and responsive to consumer needs
2. To reaffirm the importance of a strong relationship between patients and their health care providers
3. To reaffirm the critical role consumers play in safeguarding their own health

What you, the care provider, need to know about the Resident's Bill of Rights?

The Residents' Bill of Rights are specific declarations that promote the highest standard of care that each resident is entitled to by law. The Resident's Bill of Rights are codified in both federal and state statutes, like the "Patient's Bill of Rights" however, they further define and protect each resident's civil, religious, and human rights while they reside in a care facility.

By law, all-Hacienda Residents have the right to:

1. Be treated with dignity and respect
2. Be free from chemical and physical restraint

3. Manage their own finances
4. Voice grievances without fear of retaliation
5. Associate and communicate privately with any person of their choice
6. Send and receive personal mail
7. Have personal medical records kept confidential
8. Apply for state and federal assistance without discrimination
9. Be fully informed prior to admission of their rights, services available, and all charges
10. Be given advance notice of transfer or discharge

All Hacienda HealthCare employees' role in protecting and promoting resident's rights

1. Know the rights of your patients
2. Protect resident's dignity and privacy 24/7.
 1. Speak to residents respectfully, keep door closed during personal care and treatments, etc.
 2. Allow residents to make choices about their care
 3. Respect a resident's right to refuse care, medications, diets, activities, etc.
3. Listen to residents/families who have concerns about resident's rights.
4. Remember that each resident has the right to make choices, experience life, and live in a community where they each feel valued and respected.
5. Remember that this is our resident's home; conduct yourself in the same manner you would if visiting someone else's home in everyday life.

Reflection: To begin, think about how you want to be treated. With respect? Sure. How about with a kindness and dignity? You bet. How about as an object or just a number?

Absolutely not. Everybody has the desire to be treated as a person, as someone with feelings, individual preferences, and most importantly a sense of belonging.

INTERPRETATIONS OF THE ADULT CARE HOME RESIDENTS' BILL OF RIGHTS

Below are some interpretations of the Adult Care Home Residents' Bill of Rights. These are provided to help clarify the intent of each right. It is important to keep in mind though, that while these interpretations may provide guidance as to the protection and opportunities afforded Adult Care Home residents, they are not in every case a clear cut statement of what the rights permit or prohibit in all situations. For some rights the interpretations are rather specific declarations but for other rights the interpretations only offer guidance of how the right may be applied in a particular situation.

RIGHT 1 - To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.

Comment:

Staff courtesies will contribute to the residents' self respect and should be no less than what we would expect from other people with whom we deal in everyday life. Residents should have maximum flexibility to exercise choices about what they will do and when they will do it and be afforded privacy when they wish it.

Interpretation:

- A. Staff of the facility should speak courteously to the residents at all times. Speaking and interacting with residents gives the staff many opportunities to reaffirm the individual characteristics and dignity of the residents. Staff need to be aware of and sensitive to problems, feelings and needs of the residents. As a general rule, they should address residents by the name the resident prefers, not "Honey" or "Darling." They should talk to a resident rather than about him in his presence; they should knock before entering a bathroom or bedroom.
- B. Staff should encourage residents to exercise choice in individual preferences such as clothing; social, education or religious activities; friendships; and other areas where it is possible to encourage individuality.
- C. Staff should ensure the privacy of a resident's body at all times. A closed door or a drawn curtain will shield residents from passersby. In cases where a resident's safety must be considered, assistance by other staff may be required but staff can still ensure privacy of the resident.

RIGHT 2 - To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.

Comment:

If the facility is in compliance with the minimum standards, residents should be receiving care and services, which are at least minimally adequate and appropriate. However, not all violations of standards relate directly to whether an individual is receiving adequate or appropriate care and services.

While the facility may not be in compliance with all requirements at a given point in time, some violations do not impact directly on residents and, therefore, may not affect their personal well being. For example, in a facility with a disoriented resident if the sounding device at an exit door is inoperable, a violation of minimum standards has occurred. However, unless the disoriented resident wanders out that door unsupervised, it is not considered a violation of that individual's right to receive adequate care.

Interpretation:

- A. Each resident must receive all care and services described in the minimum standards for that type of facility. This includes but is not limited to: supervision and assistance in caring for basic personal needs, appropriate response in case of emergencies, medication management, adequate furnishings, an activities program, assistance in arranging for health and mental health services, etc.
- B. A violation of this right occurs when noncompliance with a standard or other applicable law presents a direct relationship or impact on the personal well being of a specific individual or individuals. If this relationship or impact on a specific individual cannot be shown, a violation of this right has not occurred although the facility may have violated a minimum standard.
- C. It is important that staff be appropriately trained and that the facility and staff are able to provide care for the types and numbers of residents placed in the facility. An inadequate staffing arrangement or inappropriately placed residents may result in inadequate care.

RIGHT 3 - To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.

Comment:

The minimum standards in all of these licensed facilities support this right in that it is required for services, accommodations, rates and refund policies to be given to a resident upon admission and signed by the resident or responsible party and by the administrator or supervisor in charge with a copy furnished to the resident and a copy filed in the resident's record.

Interpretation:

- A. The statement should clearly identify services and supplies, which are to be provided, and the rates charged for these services, regardless of the individual's means of payment.
- B. When rates change, the resident and/or the responsible party must be notified in writing by the administrator.
- C. When standards are revised and there are added services these must be included in the written statement and given to the resident for his signature. A copy must be placed in the resident's file.

RIGHT 4 - To be free of mental and physical abuse, neglect, and exploitation.

Comment:

General Statute 131D-2, the Adult Care Home licensure law, defines abuse as "the willful or grossly negligent infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful or grossly negligent deprivation by the administrator or staff of a Adult Care home of services which are necessary to maintain mental and physical health." The General Statute defines exploitation as "the illegal or improper use of an aged or disabled resident or his resources for another's profit or advantage." It defines neglect as "the failure to provide the services necessary to maintain a resident's physical or mental health." If there is the possibility that a disabled resident has been subjected to abuse, neglect or exploitation and is in need of protective services, this must be immediately reported to the county department of social services which will determine the appropriateness of investigation under the North Carolina adult protective services law (General Statute 108A-102).

Interpretation:

- A. All staff, including aides, orderlies, housekeeping and kitchen help, need to be aware of the importance of being sensitive to residents' feelings since what constitutes mental anguish may vary between individuals.
- B. Administrators are responsible for exercising all reasonable care in selecting staff who will not be abusive, neglectful, or exploitative and for taking appropriate action in the case of any staff member who is involved in mistreatment of a resident as described in the comments.
- C. Normally, if services required in the standards are offered and delivered by the administrator and staff, there will be no basis for concern about neglect.
- D. Administrators need to keep thorough records of the residents' money when they are assisting the residents in the management of that money. They need to be conscientious about ensuring that the resident endorses his own checks. They should keep the resident clearly informed about how much money he has in his personal needs fund if the resident has requested that they hold it for safekeeping.

RIGHT 5 - Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period

of time by a physician according to clear and indicated medical need.

Comment:

Physical restraints are items or actions, which prevent a resident from doing something he might voluntarily do. These include devices such as restraining straps, sheets, etc., or denial of access to a wheelchair, all of which render the resident immobile. Side rails and restraining sheets (when used in a chair) for individuals who need them for physical support are not considered restraints in the licensure standards when used for the protection of the resident and not to restrict movement. Chemical restraint results from inappropriate prescribing, administering or monitoring of drugs.

Interpretation:

- A. Chemical and physical restraints may be used only by a physician's order. The order must be written to specify when and under what circumstances a restraint may be used.
- B. Neither chemical nor physical restraints can be used to control a resident's mobility for the convenience of the staff, for punishment, unlimited periods of time, or as a substitute for supervision.
- C. Restraints may be used, when necessary, to protect a resident from injuring himself or others during an emergency, but must not be used as a routine method of dealing with a chronic behavior problem. If an emergency restraint is used more than once, the administrator should seek help in solving the problem another way.
- D. PRN (pro re nata, Latin-translated means "as the occasion arises") blanket orders by a physician for physical restraints are not permitted. If a physician writes a PRN order, the order must specify the type of restraint, for what reason the restraint is to be used, and the time intervals at which the restraints are to be loosened or removed.
- E. Administrators need to keep accurate medication charts and to be sure that the orders written by the physician match exactly the medications, which are being administered.

RIGHT 6 - To have his or her personal and medical records kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom the disclosure may be made, except as required by applicable state or federal statute or regulation or by third party contract. In the case of an emergency, disclosure can be made to agencies, institutions or individuals that are providing the emergency medical services.

(It is not the intent of this section to prohibit access to medical records by the treating physician except when the individual objects in writing. Records may also be disclosed without the written consent of the individual to agencies, institutions or individuals that are

providing emergency medical services to the individual. Disclosure of information shall be limited to that which is necessary to meet the emergency).

Comment:

This right requires the home to get the resident's or his guardian's written consent before disclosing information contained in the records. The consent would need to specify to whom the disclosure may be made. There are a few exceptions to the confidentiality of the resident's records where it will not be necessary to get the resident's or his guardian's written consent to disclose information contained in the records.

Interpretation:

- A. Each staff member authorized by the administrator to have access to confidential resident information must be informed of the confidential nature of the information and must protect and preserve such information from unauthorized use and disclosure.
- B. Information contained in a resident's personal and medical records can only be disclosed with the resident's or his guardian's written consent, except for the following:
 - 1. Such records are available for review by the authorized monitoring and licensing agents in carrying out their appropriate duties. They in turn must protect any confidential information obtained in their review.
 - 2. Staff of the county department of social services has access to these records in making an evaluation of a resident's need for protective services.
 - 3. Medical records are available to a resident's physician and other health professionals operating under his orders, unless the resident objects to this in writing.
 - 4. Medical records may be disclosed without the resident's written consent to persons involved in providing emergency medical services to the resident. The information is to be limited to that necessary to meet the emergency.
 - 5. The medical records may be disclosed to a private peer review committee approved by the North Carolina Department of Health and Human Services. This committee would be required to keep the information in the records confidential.

RIGHT 7 - To receive a reasonable response to his or her requests from the facility, administrator and staff.

Comment:

Reasonable can be defined as sensible or judicious. A resident should not expect that every request he makes will be granted because some requests may be impractical or even detrimental to his health or to others in the home.

Interpretation:

- A. Requests for services required under the standards must be granted.
- B. Requests for services not required under the standards deserve consideration, particularly requests which would improve the quality of life of a resident.
- C. When requests are denied the reasons should be carefully explained.

RIGHT 8 - To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative at any reasonable hour.

Comment:

Reasonable can be defined as sensible or judicious. Reasonable hours should be interpreted to mean waking hours. Normally, facility staff is unusually busy during the early part of the morning hours. After 10:00 a.m. and before 9:00 p.m. should, in most cases, be considered reasonable. A facility would not be obligated to allow visitors who were disruptive to the resident or detrimental to his well being as determined with the resident or his responsible person.

Interpretation:

- A. A facility should provide a place where a resident may meet privately with family or with friends. In semi-private rooms, provisions should be made so that a resident may associate or communicate privately with anyone he desires.
- B. A facility has the right to restrict visiting hours as long as there are daily visiting hours which comply with the minimum standards under which the home is licensed.
- C. A facility should allow a visitor in unusual hours if this is the only possible hour a family member could visit.
- D. When a decision is made by the facility that a particular visitor will not be admitted this should be discussed with the resident, family or social services worker, if appropriate, and documented in the resident's file.

RIGHT 9 - To have access at any reasonable hour to a telephone where he or she may speak privately.

Comment:

It is important that residents have the link to relatives, friends and the outside world that the telephone provides.

Interpretation:

- A. The same definition of "reasonable" and "reasonable hours" should apply as in No. 8 above.
- B. In most cases a telephone in the hall, lobby or activity room should afford enough privacy for a resident.
- C. In some cases where a resident requests privacy and considers this to be absolutely necessary, a resident should be allowed to use the telephone in a more private area such as the home's office. If the call is long distance, the resident can be expected to pay for the call.

RIGHT 10 -To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery, and postage.

Comment:

This is a legal right, which all United States citizens should expect.

Interpretation:

- A. Mail to the resident must be delivered on the same day it is received.
- B. Mail cannot be opened without the resident's consent. It is illegal to open another person's mail without his or her consent.
- C. If a resident requests assistance in opening and reading mail, this request is to be honored.
- D. If a resident requests help in answering mail, this request is to be honored.
- E. A resident should be encouraged to keep contact with family and friends by mail.
- F. A resident is expected to purchase his own stationery, writing instruments and stamps, but administrators should respond to requests for supplies by either transporting the resident to a store or by getting it for the resident at cost if he is not able to go out himself.

RIGHT 11 -To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.

Comment:

Residents should be encouraged to be involved in community and civic affairs to the maximum extent possible. Such involvement enhances a person's sense of worth and well being. For most people, feelings of independence/personal autonomy depend upon being able to control to some extent their immediate environment and daily activities. In this regard, residents should be able to influence the scope and quality of services and the routines within the facility. Moreover, input from residents regarding food preferences, activities, and socializing can be very helpful to the administrator and the residents.

Interpretation:

- A. Grievance policies should be formalized in writing and explained to the resident at admission so that a resident may feel free to criticize.
- B. Criticisms and complaints should be received by the home objectively and heeded where possible. A suggestion box could be helpful in encouraging residents to exercise their rights in the facility.
- C. Administrators should make an effort to transport residents to register and vote.

RIGHT 12 -To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator, or supervisor-in-charge.

Comment:

The items most likely to need securing are private papers such as legal documents, stock certificates, letters important to the resident, and jewelry items such as rings and watches.

Interpretation:

- A. Lockable space does not mean general storage. There are no specifications as to size in the law. Lockable spaces that can be considered are a lockable drawer, a locker, an individual lockable closet or box, etc.
- B. The administrator must furnish a space for each resident to store his valuables. This space, whether it be a drawer, a box or some other container must have a lock and duplicate keys so that the resident can unlock it when he wants to and the administrator or supervisor-in-charge can unlock it if the resident loses his key.
- C. The resident is to receive one key free of charge and additional copies on request at cost.
- D. While the resident may elect not to use the lockable space, it must still be available in the home since the resident may change his/her mind.

RIGHT 13 -To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.

Comment:

The management of his personal funds promotes independence and responsible decision making in a number of small but important ways for the resident.

Interpretation:

- A. To the extent they are possibly able, residents should be encouraged to handle their own personal needs funds.
- B. The resident is due his personal needs funds as soon as the check is received and can be cashed.
- C. The checks, which come to the facility, are usually written to the resident. The resident pays the facility for his room, board, and care. The remainder he keeps for his personal needs such as Medicaid copayment-payments, soft drinks, tobacco products, etc.
- D. The management of personal needs funds can be delegated to the facility only through a written statement in the resident's record, signed by the resident or his responsible person.
- E. If the resident requests that the administrator handle his personal needs money, the administrator must keep accurate records.
- F. If the resident requests to look at his account the administrator must let him examine it.
- G. The resident can terminate this agreement at any time (as long as he has paid what he owes). Any balance belonging to the resident must be delivered to him promptly.

RIGHT 14 -To be notified when the facility is issued a provisional license or notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The resident's responsible family member or guardian must also be notified.

Comment:

Residents need to know when and in what area the facility in which they are residing is deficient in meeting the minimum standards and regulations for operation.

Interpretation:

- A. When the facility receives a provisional license or notice of revocation of license, a letter accompanies the license or notice stating the reasons the home's license has been downgraded or may be revoked. This letter must be posted in a conspicuous place and residents informed about the letter, or the administrator can send each resident a letter containing this information.
- B. If a resident has a guardian, or a responsible family member, the facility must notify the guardian, or family, in writing, that the home has a provisional license or has received a notice of revocation of license and the reasons it was issued.

RIGHT 15 -To have freedom to participate by choice in accessible community activities and in social, political, medical, and religious resources and to have freedom to refuse such participation.

Comment:

As a general rule, residents have the same freedom of choice in the areas listed above as do other people in the community. Their basic freedoms are not legally limited or restricted in any way simply by the fact that they are residents of Adult Care facilities.

Interpretation:

- A. The administrator must make it clear in his written policies and procedures that he encourages residents in their pursuits of entering into community life.
- B. The administrator must furnish transportation to community resources according to the standards.
- C. The resident has the right to choose his own physician in the community.
- D. Residents should be encouraged to advocate for themselves, i.e., to reach out for or refuse involvement or activities based on what they believe is appropriate or desirable for themselves, as individuals.

RIGHT 16 -To receive upon admission to the facility a copy of this section.

Comment:

This is self-explanatory. It refers to the Declaration of Rights.

Interpretation:

The facility must have a statement typed or clearly written that the Declaration of Rights was received by the resident. The resident signs the receipt and the administrator files this in the resident's record.

RIGHT 17 --To not be transferred or discharged from the facility

except for medical reasons, the resident's own or others residents' welfare, nonpayment for the stay, or when the transfer is mandated under State or federal law. The resident shall be given at least 30 days' advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident pursuant to rules adopted by the Secretary, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Secretary shall adopt rules pertaining to the transfer and discharge of residents that offer at least the same protection to residents as State and federal rules and regulations governing the transfer or discharge of residents from nursing homes. (c. 923, s.1; 1983, c. 824, s. 13; 1983 (Reg. Sess., 1984), 1076; 1997-443, s. 11A.118(a); 1999-334, s. 1.6)

Resident Rights

(For teacher's use only)

Subject: Employee-Resident Interactions
Number: 2.7.1



Original Date of Issue 06/01/2011

Revision Dates:

Page 1 of #

Approved by CEO: _____

PURPOSE:

Hacienda HealthCare facilitates professional and therapeutic interactions between all staff and residents at all times. The Organization prohibits employees from personal and social interactions with current and or former residents or families of residents outside of the Organization.

POLICY:

1. Employees will contribute to the well-being of all clients by treating clients with dignity and respect resident rights. Employees will serve as positive role models by demonstrating professional and therapeutic attitudes and behaviors.
2. Employees will maintain therapeutic and professional relationships that do not involve self-disclosure of personal information to residents or families of residents.
3. Employees will maintain the confidentiality of all resident-related information. (See Confidential Information Policy 1.6)
4. Employees are instructed during orientation that personal relationships or interactions between staff and residents are prohibited.
 - a. Employees may not visit residents during off-duty working hours.
 - i. Examples include shopping, babysitting, errands, transporting, play dates, attending family functions; including meals/activities/entertainment.
 - b. Employees may not visit residents outside of the work environment.
 - c. Employees may not visit residents after discharge.
 - d. Employees may not exchange material objects with residents (gifts, money, etc) on loan or otherwise.

Subject: Employee-Resident Interactions

Policy Number: 2.7.1

Page 2 of 2

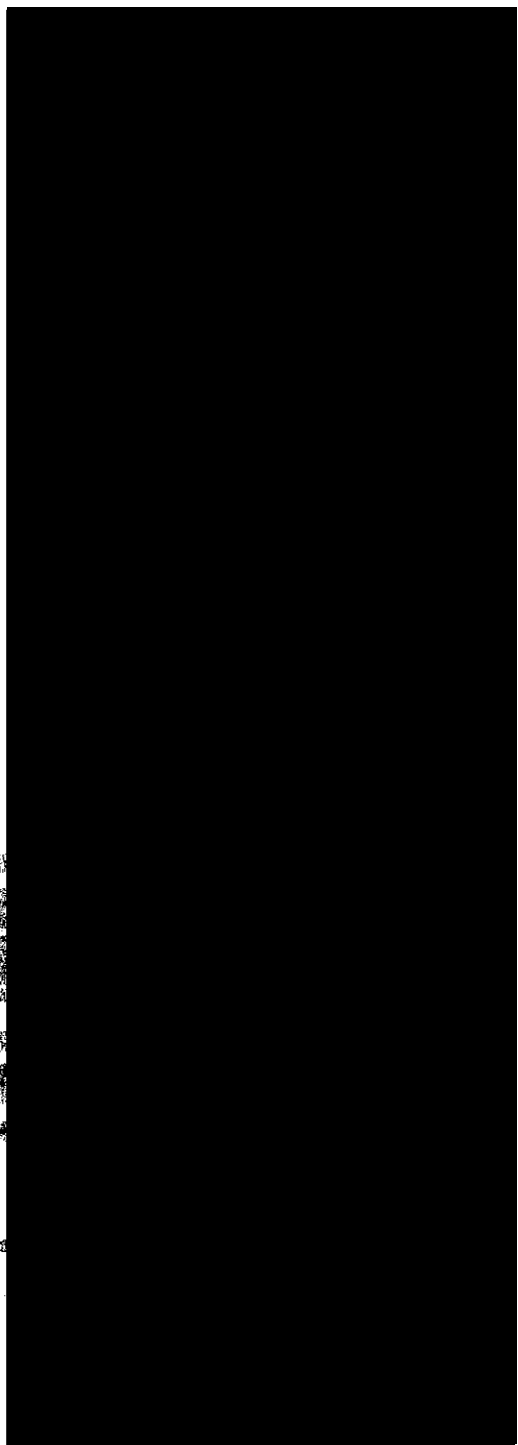
5. Any employee who is found to have engaged in a non-therapeutic interaction with a client will be subject to appropriate disciplinary action, depending on the circumstance, up to and including termination of employment.
6. The above are illustrations of the type of behavior that will not be permitted, but are not intended to be an all-exhaustive listing. Department specific guidelines may be superseded these minimum guidelines.

HACIENDA HEALTHCARE ICF/ID

TO: PERRY PETRILLI QIDP, VP RESIDENT SERVICES
FROM: SHARON PREZGAR, LPN, DIRECTOR OF RESIDENTIAL CARE SERVICES
KELLY MASENGALE, RESIDENT COORDINATOR
SUBJECT: INDIVIDUAL REVIEW SESSIONS
DATE: 1/14/2014

I/We have individually met with the following CCA staff to review Hacienda Healthcare's Abuse and Neglect Policy 2.5.





Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

1. What is an example of not treating a client with dignity?
2. Who is responsible for reporting an instance of a client not being treated with dignity?
3. When should it be reported?

Date	Emp Initial	q 1	q 2	q 3	Any concerns?	Your Initial

Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

1. What is an example of not treating a client with dignity?
2. Who is responsible for reporting an instance of a client not being treated with dignity?
3. When should it be reported?

Date	Emp Initial	q 1	q 2	q 3	Any concerns?	Your Initial

Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Hacienda ICF

Date:

Procedure: Randomly select 10 direct care employees per month and ask the following questions:

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Presented to QA committee on _____ by _____

Reviewed by QIDP _____ on _____

Division of Licensing Services

Bureau of Long Term Care Licensing

150 North 18th Avenue, Suite 440
Phoenix, Arizona 85007-3245
(602) 364-2690
(602) 324-0993 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Facility/Agency Name: Hacienda De Los Angeles			
Address: 1402 East South Mountain Avenue		City: Phoenix	Zip: 85040
Fac. I.D.#: LTC0176	License #:	Medi. #: 03G008	Date of Inspection: December 19, 2013
Inspector/Team Coordinator: Paula Rittenhouse			
Accompanied By:			

OFFICE OF LONG TERM CARE LICENSING

This inspection is conducted under the authority of:

1. Arizona Revised Statutes Title 36, Chapters 1 and 4, and Arizona Administrative Code, Title 9, Chapter 10. Some of the activities during the inspection may include, but are not limited to, a facility premise inspection, review and/or copying of records, including personnel records, interviews with residents/patients/clients, family and staff, and review of services offered.
2. The purpose of this inspection is to:
Determine compliance with health care institution requirements pursuant to the above Arizona Revised Statutes and Arizona Administrative Code.
☒ Conduct a complaint investigation.
3. Application and License Fees are charged. There is no fee for the inspection.
4. An authorized representative of this facility may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

You and your staff have the opportunity to provide any information that would clarify an issue. Additionally, interviews with staff, family or residents/patients/clients may be conducted privately. Each person interviewed will be informed that statements made by the person may be included in the inspection report and each person whose conversations are tape or video recorded will be informed that the conversation is being tape or video recorded.

6. Upon completion of the inspection the inspector(s) will conduct an exit interview and informally disclose their findings. A Statement Of Deficiencies formally notifying you of the findings will be provided. You will be afforded an opportunity to submit a Plan of Correction unless the

Department is considering enforcement against the license. If the visit was a complaint investigation, a redacted copy of the investigation report, when completed, is available to you upon request.

7. You have an opportunity to dispute any findings of non-compliance through an Informal Dispute Resolution (IDR). To refute a deficiency listed on the Statement of Deficiencies, send a written request on a document separate from the Plan of Correction within fourteen days of receipt. The Plan of Correction must include the plan to correct the disputed deficiency. The IDR must pertain only to the accuracy of the findings and cannot refute the professional judgment of the Department's staff regarding the level, extent, scope, or severity of the deficiency. Indicate each specific deficiency being refuted and an explanation of why the deficiency is being refuted. Documentation must be included which shows the facility was in compliance at the time of the inspection. The management team will review the information and documentation provided and notify you of the Department's decision.
8. If you have questions regarding this inspection, you may contact the Office of Long Term Care at 150 N. 18th Ave., Suite 440, Phoenix, Arizona 85007-3245, Phone: (602) 364-2690, FAX:(602) 364-4765. If you have any issues that you cannot resolve with the program or the Division, you may contact the Office of Ombudsman-Citizens Aide, 3737 N. 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292.
9. Your Administrative hearing rights are found at A.R.S. §41-1092. If you need a copy of this statute, please contact our office.

Upon entry to the premises for this inspection, the inspector(s) presented photo identification indicating that they are Arizona Department of Health Services employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures and am notified of my inspection and due process rights as listed. I understand that while I have the right to decline to sign this form, the Arizona Department of Health Services representative(s) may proceed with the inspection.



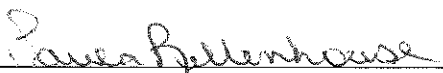
Administrator/Director/Agency Representative Signature

12/19/13

Date:

Administrator/Director/Agency Representative refused to sign this form.

Administrator/Director/Agency Representative or authorized on-site representative is not present.



Inspector/Team Coordinator Signature:

12/19/13

Date:

Copy left with Administrator/Director/Agency Representative

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION
DEFICIENCIES REPORT

Name of Facility

Hacienda de Los Angeles 03G-008

DEFICIENCIES

1. DATA TAG NO.

2. COP/STND NO.

COMMENTS

W153

483.420(d)(2)

The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or other official in accordance with the state law through established procedures.
Findings include:
Based on staff interviews and review of facility investigation documentation 5 facility staff ~~failed to report~~, (staff #s 2, 3, 4, 5, & 6) failed to report sexually inappropriate comments by staff #1, regarding clients #1, 2, 3, & 4.

W189

483.430(e)(1)

The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.
Findings include:
Based on staff interviews and review of facility investigation documentation ~~one staff (#1)~~ ⁵ The facility to ensure 4 clients (#1, 2, 3, 4) were treated with dignity by one staff (#1)

INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION DEFICIENCIES REPORT

FOR INITIAL OR ANNUAL RECERTIFICATION SURVEY *Complaint Survey UN3211*

I certify that I have reviewed the following requirements and condition for: (a) Full Survey ____, (b) Extended Survey ____, or (c) Fundamental Survey ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and the Condition of Participation.

SIGNATURE <i>Patricia R. Thompson</i>	TITLE <i>Survey SW</i>	DATE <i>12/20/13</i>
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

FOR FOLLOW-UP SURVEY

For the purpose of this onsite visit, I certify that I have reviewed each Condition of Participation and related Standard(s) found not to be in compliance during the survey on ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and/or the Condition of Participation.

SIGNATURE	TITLE	DATE
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