STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555020	A. Building B. Wing	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laguna Honda Hospital & Rehabilitation Ctr D/P Snf	375 Laguna Honda Blvd. San Francisco, CA 94116

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	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat one of three sampled residents (Resident 1) with respect and dignity when Resident 1 verbalized that she felt less of a person during the investigation of her stolen belongings. This facility failure had the potential to cause emotional stress to Resident 1. Resident 1 was admitted with diagnoses [MEDICAL RECORD OR PHYSICIAN ORDER] . Minimum data set (an assessment tool) dated 2/16/21 brief interview of mental status (a brief memory test to help determine cognitive function) score 15 indicated cognitively intact. During an interview on 5/5/21, at 11:30 AM, with Resident 1, Resident 1 stated, A friend of mine brought me a bag of lollipops, a pack of thank you cards and a pretty wedding congratulatory card. Someone stole them. I reported it to the staff. No one was interested with my concerns. I was put in an awkward position and made me feel guilty. That I was lying, that I don't remember, and that it was actually hard to believe that my things were stolen. I was told, you have misplaced it. They never found the bag of lollipops. It was not returned. It was not replaced. There was no apology. It was not a priority. My concern is not important. I was made to feel a bad person, that I should have taken care of my things. There is no resolution. Nobody talked to me about it. The Nurse Manager (NM) was accusatory. She made me feel it is all my fault. I stopped talking to her. She doesn't have intention to help. It is not important to her. I lost my respect for her. She made me feel less of a person. They were doubting me from the beginning. My stuff were fine until someone stole them. They should at least check the wanderers. I told them to ask their staff. No one has talk to me how to get my stuff back. There is no closure. I guess it's just a stupid candy. Review of Resident 1's nurse's notes dated 3/16/21 indicated Resident 1 . wanted to be reimbursed for her missing items . Review of Resident 1's nurse's notes dated 3/17/21 indicated, .Staff continued to search for her missing lollipops and thank you notes (cards) but were not found . Review of Resident 1's nurse's notes dated 3/18/21 indicated Resident 1, .No verbalization about losing her lollipops . (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555020	A. Building B. Wing	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laguna Honda Hospital & Rehabilitation Ctr D/P Snf	375 Laguna Honda Blvd. San Francisco, CA 94116

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	Review of Resident 1's nurse's notes dated 3/19/21 indicated Resident 1, .No verbalization of missing lollipops and thank you card . Review of Resident 1's Social Services notes dated 3/16/21 indicated, Informed by nursing that resident is alleging her lollipops and a thank you card were stolen from her. Staff have never seen these items and this writer has not had visitors drop anything off to her recently . During an interview on 5/5/21, at 12 pm, with Certified Nurse Assistant (CNA, caregiver) stated, CNA (name of Resident 1) uses one of the tables in the solarium as if it is part of her room. She has been in the unit for a while. She sits there during the day and do her activities. She was comfortable leaving her things there. It was suspected that it is Resident 4 who might have stolen her candies. She is a wanderer. They eventually knew that Resident 4 took her candies. During a concurrent interview on 5/5/21 with the Nurse Manager (NM) and Director of Nursing (DON), at 12:10 PM, NM stated, (name of Resident 1) is alert, oriented and sometimes forgetful. A week before, she reported that she is missing some items. We do not know what it was. She couldn't find the pictures of the lollipops and the thank you cards on her cellphone. It was not followed up. It was not investigated. DON stated, I wander why it was not followed up. NM continue to state, Then we learned from her (Resident 1) that she was missing a bag of lollipops and a box of thank you cards. I have the bag of lollipops in my office. She doesn't know I have them. I didn't tell her. I did not return it because the bag is already open. It was found in Resident 4's room. The cards were not found. The lollipops and the cards were not replaced. I don't know how the lollipops can be reimbursed. The social worker is not involved in this incident, it's only us, nursing. I don't know how the facility can replace the lollipops. I haven't asked about it. Review of facility Policy and Procedure (P&P), Handling Resident's Property and Prevention of Theft and Loss dated 7/9/19, P&P indicated, .7. Claims and Liability .b. LHH is liable for damage or loss of the personal property of a resident, but only if negligence or willful wrongdoing on the part of LHH or its employee shown. LHH may also deny liability when reasonable efforts to safeguard the resident's personal property has been provided and the resident chooses to take other actions or the property is not listed on the residents Inventory of Resident's Property (IRP) .