

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/15/2025
NAME OF PROVIDER OR SUPPLIER Pine Grove Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 126 N. San Gabriel Blvd. San Gabriel, CA 91775	

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)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an antibiotic time- out (ATO-a structured process where healthcare providers review and assess the need for ongoing antibiotic therapy) was completed within 48 to 72 hours for two (2) of three (3) sample residents (Residents 1 and 3), sampled for antibiotic use, as indicated in the facility's policy. These failures had the potential to result in Residents 1 and 3 to receive unnecessary antibiotic therapy with the risk of creating antibiotic resistance (bacteria develop and resist the effects of the antibiotics used to kill them).Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included chronic kidney disease (CKD - longstanding disease of the kidneys leading to renal failure), urinary tract infection (UTI- an infection in any part of the urinary system) and enterocolitis (inflammation [the body's response to an illness, injury or something that doesn't belong in the body] of both the small intestine [enteritis] and large intestine [colitis]) due to clostridium difficile (C.diff- a highly contagious bacteria that causes severe diarrhea). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated, 8/28/2028, the MDS indicated Resident 1 had severely impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with eating, oral and personal hygiene and dependent (helper does all effort needed to complete activity) with toileting hygiene, shower/bathing and dressing. The MDS also indicated Resident 3 was receiving an antibiotic in the facility. During a review of Resident 1's Order Summary Report, dated 8/27/2025, the Order Summary Report indicated metronidazole (medication used to treat bacterial infections in different areas of the body) oral tablet 500 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), give one (1) tablet by mouth four (4) times a day for C. diff infection for 10 days, last dose 9/6/2025 5:00 PM. During a review of Resident 1's MARs dated 8/1/2025 through 8/31/2025 and 9/1/2025 through 9/30/2025, the MARs indicated Resident 1 was administered metronidazole 500 mg 1 tablet every day from 8/27/2025 through 9/6/2025 for C. diff infection. During a review of Resident 3's admission Record, the admission record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included heart failure (a condition where the heart muscle cannot pump blood effectively enough to meet the body's needs), bacteremia (bacteria in the blood) and end stage renal disease (ESRD - irreversible kidney failure). During a review of Resident 3's Order Summary Report, dated 7/25/2025, the Order Summary Report indicated ciprofloxacin (used to treat infections caused by bacteria) hydrochloride (HCl- a commonly used salt) oral tablet 500 mg, give 1 tablet by mouth every 24 hours for bacteremia, until 8/14/2025 at 5 PM status post (s/p- after) transurethral resection of the prostate (TURP- a surgical procedure used to treat an enlarged prostate gland) of prostatic abscesses. During a review of Resident 3's MDS, dated 8/1/2025, the MDS indicated Resident 3 with moderately impaired cognitive skills for daily decision making. The MDS indicated Resident 3 required substantial/maximal assistance with eating, oral and personal hygiene, showering/bathing and dependent with toileting hygiene. The MDS also indicated Resident 3 was receiving an antibiotic in the facility. During a review of Resident 3's MARs dated 7/1/2025 through 7/31/2025 and 8/1/2025 through 8/31/2025, the MARs indicated Resident 3 was administered ciprofloxacin HCl 500 mg 1 tablet every day from 7/25/2025 through 8/12/2025 for bacteremia. During an interview on 9/15/2025 at 10:46 AM with the Infection Preventionist (IP), the IP stated the facility policy, an ATO should be done within 48 to 72 hours of starting the antibiotic. The IP states an ATO includes reviewing culture (a test to identify whether you have a bacterial infection) results, lab results and reporting to the physician and documenting if the antibiotic is continued or discontinued. During a concurrent interview and record review on 9/15/2025 at 1:37 PM with the IP, the facility's Infection Surveillance Monthly Report, dated 8/2025, indicated:a. Resident 1 had a clostridium difficile infection and treatment of metronidazole oral tablet 500 mg, ordered on 8/28/2025.b. Resident 3 with a bacteremia infection and treatment of ciprofloxacin 500 mg, ordered on 7/25/2025.The IP stated per facility protocol, Resident 1 would need an ATO done for metronidazole by 8/30/2025 and Resident 3 would need an ATO done for the ciprofloxacin by 7/28/2025. During the same concurrent interview and record review on 9/15/2025 at 1:37 PM with the IP, Resident 1 and Resident 3's electronic medical charts were reviewed. The medical charts for Residents 1 and 3 failed to indicate an ATO was completed for Resident 1's metronidazole by 8/30/2025 and an ATO for Resident 3's ciprofloxacin by</p>		