

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Pilgrim Place Health Services Center		STREET ADDRESS, CITY, STATE, ZIP CODE 721 Harrison Ave Claremont, CA 91711	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44114</p> <p>Based on observation, interview, and record review, the facility failed to provide a home like environment for 53 of 53 residents by failing to ensure residents meal trays were in good condition.</p> <p>This failure had the potential to result in a non-home like environment for the residents which could affect the residents' quality of life.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/3/2024 at 11:30 a.m. with Director of Nursing (DON) and Kitchen Supervisor (KS) in the kitchen area, there were ten trays observed with cracks and peeling materials. The DON stated the trays were not appropriate and safe for residents to be served meals. The KS stated the broken trays were not appropriate for residents, and the facility should not be using broken, cracked, and/or peeling trays. The KS stated the trays needed to be disposed. The KS stated the facility's policy indicated the facility would provide a homelike environment, and serving meals in broken trays was not a homelike environment.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safe and Homelike Environment, revised in 4/2024, the P&P indicated, in accordance with residents' rights, the facility provided a safe, clean, comfortable, and homelike environment by ensuring that the resident can receive care and services safely. The P&P indicated, facility kept resident equipment clean and properly stored. The P&P indicated, resident care equipment included, but was not limited to, equipment used in the completion of the activities of daily living.</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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