

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  07/02/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to follow its own policy and procedure by not documenting physician's communications, not documenting a Change of Condition (COC), and not documenting a reassessment after pain medication was given for one of three sampled residents (Resident 1). This failure had the potential to delay care, reduce clinical oversight, and negatively affect Resident 1's health and comfort. Findings: During a review of Resident 1's admission Record (Face Sheet), the admission record indicated the facility admitted Resident 1 on 6/9/2025, with diagnoses including diabetes mellitus (DM: long-term metabolic disorder that is characterized by high blood sugar, insulin resistance, and relative lack of insulin), and hypertension (a long-term medical condition in which the blood pressure in the arteries is persistently elevated). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/10/2025, the MDS indicated the cognitive (the ability to think and process information) skills for daily decision making was intact, and required limited assistance of one-person physical assistance for activities of daily living. During a concurrent interview and record review on 7/2/2025 at 1:30 PM with Licensed Vocational Nurse (LVN) 1, Resident 1's chart from 6/10/2025 through 6/11/2025 was reviewed. LVN 1 stated and confirmed there was no follow-up pain score documented after the second dose of pain medication was given. LVN 1 stated there was no documentation of the conversation between the physician and LVN 1. LVN 1 stated the pain assessments and communication with the physician should always be entered in the resident's chart. During a concurrent interview and record review on 7/2/2025 at 2:45 PM with the Director of Nursing (DON), Resident 1's chart dated 6/10/2025 through 6/11/2025 was reviewed. The Medication Administration Record (MAR) indicated that Norco (pain medication) was given at 8:09AM and again at 10:50 PM. The DON stated and confirmed there was no documentation of a follow-up pain score, no COC note, and no physician's order for transfer to the hospital. The DON stated, There should have been a progress note and COC documenting and the pain assessment. During a review of the facility's policy titled, Documentation in Medical Record, dated August 2024, the policy indicated staff must document all care, observations, and communications completely, accurately, and in a timely manner. The policy also indicated that all physician's communication must be clearly documented in the resident's medical record.</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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