STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056444	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Extended Care Hospital of Montclair	9620 Fremont Avenue Montclair, CA 91763

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206 Based on observation, interview, and record review, the facility failed to adhere to its safety and supervision of resident ' s policy when one of three sampled residents (Resident 1) was not adequately supervised following two prior falls within the facility. This failure resulted in Resident 1 falling for the third time and sustaining a red/purple discoloration in the left head area, left hip swelling (abnormal enlargement), and pain in the left hip/leg Findings: During an interview on October 17, 2024, at 12:54 a.m. with Resident 1 ' s granddaughter, she stated the nurse who informed her mother about the latest fall incident indicated Resident 1 was in the hallway in front of her room during the incident. in addition, Resident 1 relayed at that time, the wheelchair was not locked, which contradicts the staff ' s claimed the wheelchair was secured. During a review of Resident 1 ' s post-fall risk assessment dated [DATE], and July 25, 2024, indicated Resident 1 has history of falls within the facility prior to the latest incident on August 20, 2024. During an interview on October 17, 2024, at 12:24 p.m. with the Director of Nursing (DON) 1, DON 1 was asked whether Resident 1 should have been monitored closely by placing her room nearer to the station. DON 1 stated Resident 1 was already located closer to the nurses ' station. However, when it was pointed out that at that time of the fall incident on August 20, 2024, Resident 1 was not in her current room, which is near the nurses ' station, but rather in another room, which is farther away. DON 1 did not respond directly to this observation. During a review of the undated facility ' s policy and procedure (P&P) titled, Safety and Supervision of Residents, the P&P indicated, Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident ' s assessed needs and identified hazards in the environment.

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