

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  05A109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2335 S. Mountain Ave Duarte, CA 91010	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</b></p> <p>Based on interview and record review, the facility failed to ensure two of two sampled residents (Resident 6 and 8) reviewed for care plans, had care plans revised.</p> <ol style="list-style-type: none"> <li>The facility failed to revise the care plan for Resident 8 to include interventions to prevent further being abuse by other patients.</li> <li>The facility failed to revise the care plan and behavior contract for Resident 6 to include interventions to prevent further abuse to staff and other patients.</li> </ol> <p>These deficient practices had the potential for the residents to not receive appropriate care and treatment services.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>A review of Resident 8's Record of Admission indicated the resident admitted to the facility on [DATE], with diagnoses that included schizoaffective disorder (a mental health condition including schizophrenia and mood disorder).</li> </ol> <p>A review of Resident 8's Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 2/6/24, indicated the resident ' s cognitive skill (mental action or process of acquiring knowledge and understanding for daily decision-making) was moderately impaired. Resident 8 required supervision (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activities) from staff for personal hygiene, eating, and oral hygiene.</p> <p>On 5/2/24 at 3:07 p.m., during an interview and record review, the Licensed Vocational Nurse (LVN) 2 stated that Resident 8 ' s Care Plan which initiated on 3/20/24 and revised on 4/26/24 had the same interventions. LVN 2 stated Resident 8 ' s Care Plan should be reviewed and revised to include interventions on how to prevent further being abused by his peers.</p> <p>On 5/2/24 at 3: 35 p.m., during an interview and record review of Resident 8 ' s care plan titled, Victim, initiated on 3/20/24, and revised on 4/26/24, indicated the interventions were the same. The DON stated that the resident had been a victim to alleged physical abuse twice in one month. The DON also stated the revised care plan dated 4/26/24, should include interventions on how to reduce the risk of resident-to-resident altercation to help Resident 8 further being hit by his peers.</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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NAME OF PROVIDER OR SUPPLIER  Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2335 S. Mountain Ave Duarte, CA 91010	
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A review of Resident 6 ' s Admission Record indicated an admission on 2/17/2022, with diagnoses of schizoaffective disorder (combination of symptoms of schizophrenia [chronic brain disorder that affects a person ' s ability to think, feel, and behave clearly] and mood disorder [mental health disorder characterized by persistently depressed mood or loss of interest in activities]), constipation (when a person passes less than three bowel movements a week or has difficult bowel movements), and paranoid schizophrenia.</p> <p>A review of Resident 6 ' s MDS dated [DATE], indicated Resident 6 had moderately impaired cognition. The MDS indicated Resident 6 had a fluctuating behavior of inattention and disorganized thinking.</p> <p>A review of Resident 6 ' s care plans indicated Resident 6 was socially inappropriate on the following dates:</p> <ul style="list-style-type: none"> <li>- On 3/21/2024, Resident 6 presented with socially inappropriate behavior manifested by inappropriately touching female staff</li> <li>- On 3/24/2024, Resident 6 was reported to have touched another female staff on the thigh</li> <li>- On 4/10/2024, Resident 6 attempted to touch a female staff on her crotch area</li> <li>- On 4/12/2024, Resident 6 grabbed female charge nurse on the waist and grabbed her buttocks</li> <li>- On 4/23/2024, Resident 6 present with socially inappropriate behavior and touched female peer on the buttock.</li> </ul> <p>A review of Resident 6 ' s Behavior Contract dated 3/24/2024 indicated:</p> <ul style="list-style-type: none"> <li>- Resident 6 will lose his Canteen privileges for 2 days the next time he has physical or verbal aggression towards staff or other residents.</li> <li>- Resident 6 will lose his canteen privileges for 2 days every time if he exhibits any socially inappropriate behaviors towards staff or other peers.</li> <li>- Resident 6 will be evaluated quarterly by staff to assure that he complies with contract.</li> <li>- If compliant with following directions and being respectful towards staff or peers, he will be rewarded with phone calls during the week.</li> <li>- Resident 6 will lose canteen privileges for 2 days if not compliant with taking his medications.</li> </ul> <p>The Behavior contract indicated Resident 6 refused to sign the contract.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 6 ' s Behavior Contract on 5/1/2024 at 1:20 PM, Program Manager (PM) stated she did not think the current Behavior Contract is working because of the multiple inappropriateness instances. The PM stated the Behavior Contract should have been updated after the instance on 4/10/2024. PM stated Behavior Contracts should be updated after every instance because it was not working. The PM stated maybe the next Behavior contract they will have to use positive reinforcement like instead of taking away things they can offer things like extra snack from canteen. The PM stated it was important to update the Behavior Contract for resident to stop doing that type of behavior because he has had many incidents of touching, this is for the safety of the resident and others. The PM stated she will talk to counselor to make sure to update the contract.</p> <p>During a concurrent interview and record review of Resident 6 ' s social inappropriateness care plan with the Director of Nursing (DON) on 5/1/2024 at 2:11 PM, DON stated Resident 6 being socially inappropriate has happened 3 or 4 times, of him touching staff or resident. The DON stated, the care plan should have been updated every time resident had an incident, should have more interventions so they know which is working and can help Resident 6 with those type of aggressive behaviors.</p> <p>A review of facility ' s policy and procedure titled, Care Plan, Comprehensive Person-Center, revised date March 2022, indicated that Care Plan Interventions are chosen after data gathering, proper sequencing of events, careful consideration of the relationship between resident ' s problem areas and their causes, and relevant clinical decision making. When possible, interventions address the underlying sources of the problem area (s), not just symptoms or triggers.</p>		