

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  06/18/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36925</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a hazard free environment to ensure the safety of the residents in the building by screening one of three sampled residents (Resident 1) who returned to the facility from an out-on-Pass (a request made by a resident to the treating team to leave the facility for a period of time, the place where they are going the time of return to the facility) with a contraband (illegal items or weapons) such as cigarette lighter.</p> <p>This deficient practice resulted Resident 1 started a fire by using the lighter to light up a reading magazine in his room which triggered the smoke alarm to go on and the fire department intervened to put off the fire which e exposed all residents and staff to dangerous smoke and the risk for injuries related to fire.</p> <p>Findings:</p> <p>A review of the facility's Unusual Occurrence Report (a form used by the facility to report and document unusual occurrence), dated 6/17/24, indicated that at approximately 1:50 AM on 6/17/24, a Mental Health Worker (MHW) notified a Certified Nurse Assistant (CNA) that someone activated the call light. The CNA and the MHW smelled smoke while they were walking towards the room where the call light was triggered. When they opened the door of room [ROOM NUMBER], they saw Resident 1 sitting on the floor with several pieces of burned magazine paper in front of him. The smoke came out from the room and activated the smoke alarm.</p> <p>During an observation on 6/18/24 at 1:50 PM, there were three residents occupying room [ROOM NUMBER]; Resident 1 was one of them. The room had no significant fire damages other than burn marks on the floor beside the bed of Resident 1.</p> <p>A review of Resident 1's Admission Record indicated that the facility initially admitted the resident on 1/30/15 and readmitted the resident on 5/20/19 with diagnoses that included paranoid schizophrenia (a serious mental health condition that affects how people think, feel, and behave, with paranoia [mistrust of other people] as one of its most dominant symptoms).</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/15/24, indicated that the resident's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was severely impaired and the resident needed supervision from the staff in doing most of his daily living activities.</p> <p>During an interview on 6/18/24 at 1:55 PM, Resident 1 stated that he left the facility yesterday (6/17/24) to visit his family member (FMA1) and came back with a cigarette lighter in his pocket. Resident 1 stated he tried to burn his magazine with his cigarette lighter but did not hurt himself during the process.</p> <p>During an interview and concurrent review on 6/18/24 at 2:40 PM, Licensed Vocational Nurse (LVN 1) stated that she was the licensed nurse who screened Resident 1 when he came back to the facility from an Out-on-Pass on 6/17/24. A review of the of Return from Pass Assessment form dated 6/17/24 with LVN 1 did not indicate that Resident 1 was not found with any contrabands when he returned to the facility on [DATE]. LVN 1 stated she should have indicated on the Return from Pass Assessment form if the resident had any contraband in his possession to show that she thoroughly screened the resident when he returned to the facility.</p> <p>During an interview on 6/18/24 at 3 PM, Resident 1 stated that he took the cigarette lighter from FAM 1's house, placed it in his pocket, and went back to the facility with it. He stated he was a smoker and does not remember if the staff checked his pockets when he returned to the facility from being Out on Pass on 6/17/24.</p> <p>During an interview on 6/18/24 at 3:25 PM, the Administrator stated that the licensed nurse must inspect the personal belongings of the resident and must conduct a body check when the resident returns to the facility from an Out-on-Pass to ensure that the resident does not have any contrabands in his possession. The ADM stated that the licensed nurse must indicate in a form titled, Return from Pass Assessment, if the resident had any contraband in his possession during the screening. The ADM stated that if the licensed nurse did not indicate that information on the form, the licensed nurse did not screen the resident.</p> <p>A review of Resident 1's Pass Request Form indicated that Resident 1 requested to visit FAM 1 on 6/15/24 at 11 AM, and planned to return the following day ( 6/16/24) at 11 AM. the Return from Pass Assessment form did not indicate if the licensed nurse found any contrabands in his possession.</p> <p>A review of the facility's list of contrabands titled, Contraband List, revised on 7/3/08, indicated that lighters and matches were contrabands that were not allowed in the facility.</p> <p>A review of the facility's undated policy titled, Smoking Policy - Residents, revised in 1/2024, indicated that the facility only allows safety lighters in the building while all other forms of lighters, including matches, are prohibited.</p> <p>A review of the facility's undated policy titled, Safety and Supervision of Residents, revised in 12/2007, indicated that the facility strives to make the environment as free from accident hazards as possible where resident safety, supervision, and assistance to prevent accidents are facility-wide priorities.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled, Day Program/Outings Policy and Procedure, dated 12/8/14, indicated that upon the return of a resident from an Out-on-Pass, the licensed staff will inspect the bags and pockets of the resident for any contrabands.</p>		