

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 07/09/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36925</p> <p>Based on interview and record review, the facility failed to ensure the safety of one of five sampled residents (Resident 4) by not supervising the residents who were waiting for lunch in the hallway.</p> <p>This deficient practice resulted to an altercation between Resident 4 and Resident 5 which had the potential to cause serious harm and injury to both residents.</p> <p>Findings:</p> <p>A review of the facility ' s Alleged Abuse Reporting Form - Summary Report, dated 7/4/2024, indicated that at approximately 11:44 AM on 7/3/2024, in the hallway by the dining room, Resident 5 was standing by the menu board waiting in line for lunch when Resident 4 asked him if she could see the lunch menu. Resident 5 agreed but suddenly hit Resident 4 on the left side of her face as soon as she started looking at the menu.</p> <p>A review of Resident 4 ' s Admission Record indicated that the facility admitted the resident on 5/16/2024 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>A review of Resident 4 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/23/2024, indicated that the resident ' s cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was intact.</p> <p>A review of Resident 5 ' s Admission Record indicated that the facility initially admitted the resident on 7/21/2011 and readmitted the resident on 3/21/2024 with diagnoses that included paranoid schizophrenia.</p> <p>A review of Resident 5 ' s Minimum Data Set, dated dated [DATE], indicated that the resident ' s cognition was intact.</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
---	-------	-----------

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 07/09/2024
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>During an interview with Resident 4 on 7/9/2024 at 10:55 AM, she stated that Resident 5 was falling in line for lunch when she asked him to move so she could see the menu on the wall. Resident 4 stated Resident 5 stepped aside but suddenly hit her face with his elbow while she was looking at the menu. Resident 4 stated there was no staff supervising the residents during the incident.</p> <p>During an interview with Resident 5 on 7/9/2024 at 11:10 AM, he stated he felt Resident 4 touching his nape, so he shoved it away. Resident 5 stated there was no staff monitoring the residents in the hallway during the incident.</p> <p>During an interview with the Director of Nursing (DON) on 7/9/2024 at 2:35 PM, she stated there was no staff who witnessed the alleged incident. She stated the licensed nurse in Station 2 informed her that Resident 4 reported at the station that a male resident hit her face in the hallway near the dining room. The DON stated, There should always be a staff supervising the residents to ensure their safety and prevent accidents or altercations.</p> <p>A review of the facility ' s undated policy titled, Supervision and Precautions, revised on 2/21/2022, indicated that staff should monitor the hallway, groups, meals, snacks, and activities on all shifts.</p>		