

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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</b></p> <p>Based on observation, interview, and record review, the facility failed to protect the resident ' s rights to be free from physical abuse for three of three sampled residents (Resident 4, 5, and 7) by failing to:</p> <ol style="list-style-type: none"> <li>1. Protect Resident 7 from Resident 3 on 12/14/2024, while Resident 3 was on line of sight (LOS) supervision. As a result, Resident 3 hit Resident 7 on right side of the back of the head and left side of the chest with a right-hand closed fist that scratched Resident 7 ' s left forearm.</li> <li>2. Protect Resident 6 from Resident 2 on 12/15/2024, after Resident 2 had a previous incident of wandering into Resident 6 ' s and other resident rooms. As a result, Resident 2 went into Resident 6 ' s room and hit Resident 6 ' s left ear while she was sleeping in her bed.</li> <li>3) Protect Resident 4 from Resident 1, after Resident 1 had an episode of agitation with staff and prior altercation with Resident 5 on 12/19/2024. As a result, Resident 1 hit Resident 4 on the face and back of the head.</li> </ol> <p>These deficient practices resulted in Resident 4, 5, and 7 to experience physical abuse that may result to the residents ' psychosocial well-being and to not feel safe at the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 7 ' s Admission Record [AR], the AR indicated an admission to the facility on [DATE] with diagnoses including schizoaffective disorder, schizophrenia, and major depressive disorder.</li> </ol> <p>During a review of Resident 7 ' s Minimum Data Set (MDS, an assessment and screen tool) dated 9/13/2024, the MDS indicated Resident 7 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding through thought, experience and the senses).</p> <p>During a review of Resident 3 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including hyperlipidemia, mild intellectual disabilities, and extrapyramidal and movement disorder.</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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 had moderately impaired cognition.</p> <p>During a review of Resident 3 ' s Order Summary Report dated 8/27/2024, the Report indicated a physician order to place Resident 3 on LOS from 7 AM to 3 PM, 3 PM to 11 PM, and every 15 minutes monitoring on 11 PM to 7 AM shift due to attempt to hit another peer.</p> <p>During a review of Resident 3 ' s Nursing Progress Notes dated 12/14/2024 timed at 10:16 PM, The Notes indicated at 5:30 PM, Resident 3 saw Resident 7 standing at the corner of the Nursing Station, stopped walking and made an inappropriate facility gesture with Resident 7. The Note indicated Resident 3 ' s LOS verbally redirected Resident 3 to walk away and resident did not comply. The note indicated Resident 3 walked closer to Resident 7 and hit Resident 7 on right side of the back of the head and left side of the chest with a right-hand closed fist that scratched Resident 7 ' s left forearm. The note indicated a Code Yellow was called and both residents were separated.</p> <p>During an interview with the Social Worker on 12/27/2024 at 10:37 AM, the SW stated Resident 3 was fixated on Resident 7 and whenever Resident 3 sees Resident 7, Resident 3 assumes Resident 7 was making faces at him and will hit him. The SW stated Resident 3 was given a 30-day notice (discharge placement) to find placement at a higher level of care. The SW could not recall when the 30-day notice was given to Resident 3.</p> <p>During a concurrent interview and record review of Resident 3 ' s 30-day notice dated 10/10/2024 on 12/27/2024 at 11:09 AM, the Program Director (PD) stated the resident was given the notice because he continued to have physical aggression towards others and continued to be on the LOS. The PD stated it was discussed with the facility ' s Interdisciplinary Team (IDT) that Resident 3 was a danger to himself and others and needed a higher level of care. The PD stated there was a delay with Resident 3 ' s 30-day notice because the facility tried to exhaust many options such as increasing Resident 3 ' s medications and care plan meetings. The PD stated, in addition they are still unable to find him placement and waiting for placement in a higher level of care at this time. The PD stated it was important that Resident 3 was not in contact with other residents at this time for resident safety.</p> <p>During a concurrent interview and record review of Resident 3 ' s Progress Notes from 10/2024 to 12/2024 on 12/27/2024 at 11:35 AM, the SW could not find documented evidence of any note that indicated the resident ' s 30-day notice follow up.</p> <p>2. During a review of Resident 6 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including schizoaffective disorder, type 2 diabetes mellitus, and insomnia.</p> <p>During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 ' s cognition was intact.</p> <p>During a review of Resident 2 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including schizoaffective disorder, extrapyramidal and movement disorder and type 2 diabetes mellitus.</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 had severely impaired cognition.</p> <p>(continued on next page)</p>		

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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2 ' s Late Entry Physician ' s Order Noted dated 11/24/2024 timed at 16:57, the Physician Order indicated the physician received a phone call that Resident 2 was more irritable, entering people ' s rooms and punching them.</p> <p>During a review of Resident 2 ' s Care Plan dated 12/7/2024, the Care Plan indicated the resident entered a female resident ' s room and moved all her belongings, leaving juice and other items. The care plan indicated an intervention to encourage Resident 2 to refrain from entering into peers' rooms and refrain from taking things that do not belong to them.</p> <p>During a review of Resident 2 ' s Progress Notes dated 12/15/2024 timed at 11:37 PM, the Notes indicated at 7:05 PM, Resident 2 went into Resident 6 ' s room and hit Resident 6 ' s left ear while she was lying on her bed sleeping. The note indicated Resident 6 woke up and followed Resident 2 to the Nursing Station. The Note indicated both residents were separated with no injuries. The Note indicated Resident 2 was placed on LOS monitoring for resident safety.</p> <p>During an interview with Resident 6 on 12/27/2024 at 2:07 PM, Resident 6 stated she woke up to Resident 2 hitting her on the head. Resident 6 stated Resident 2 started going into her room a week prior and he would come into our room and drop off clothes saying it was his room.</p> <p>Resident 6 stated she screamed for help, but no one came to her room. Resident 6 stated she followed Resident 2 out of her room and went to the Nursing Station to report what happened. Resident 6 stated it was the first time Resident 2 hit her. Resident 6 stated Resident 2 had the tendency to go into other rooms, but would specifically go into her room to hide stuff under her bed.</p> <p>During a telephone interview with Certified Nursing Assistant (CNA) 1 on 12/30/2024 at 11:46 AM, CNA 1 stated that on 12/15/2024, she heard Resident 6 say Get out of my room. CNA 1 stated she stood up when she heard Resident 6 and followed the residents. CNA 1 stated Resident 6 said out loud to the staff He keeps coming into my room. CNA 1 stated before the incident she saw Resident 2 Going by the area (Resident 6 ' s room) all morning.</p> <p>During a telephone interview with licensed vocational nurse (LVN) 1 on 12/30/2024 at 12:10 PM, LVN 1 stated Resident 2 had a behavior or wandering into other resident rooms a week prior the abuse incident of Resident 6, on 12/15/2024. LVN 1 stated male residents were not allowed to go into female resident rooms. LVN 1 stated in Resident 2 ' s last few days at the facility he was going into other residents room and he was looking for something in the rooms. LVN 1 stated Resident 2 was monitored closely by staff, was redirected, but not compliant when redirected. LVN 1 stated within Resident 2 ' s last few weeks at the facility, his behaviors had changed.</p> <p>During a telephone interview with LVN 2 on 12/30/2024 at 12:33 PM, LVN 2 stated Resident 2 was convinced Resident 6 ' s room was his room. LVN 2 stated she saw Resident 2 go into Resident 6 ' s room more than once a few days before. LVN 2 stated it would be best to place Resident 2 on LOS and to monitor where resident was so that the incident doesn ' t happen again.</p> <p>During a telephone interview with the Program Counselor (PC) 1 on 12/30/2024 at 12:55 PM, PC 1 stated it was important to monitor Resident 2 because of his behavior of going into resident rooms so that we can stop situations like this, be more alert and find different strategies to help resident and to utilize coping skills some things could have been done to deescalate the situation.</p> <p>(continued on next page)</p>		

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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Administrator (ADM) on 12/30/2024 at 4:59 PM, the ADM stated male residents are not allowed in female residents rooms, if Resident 2 was monitored more often especially with going into residents rooms, staff would 've been able to stop him from going into Resident 6 ' s room.</p> <p>3. During a review of Resident 5 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including schizoaffective disorder, psoriasis, and hyperlipidemia.</p> <p>During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 had moderately impaired cognition.</p> <p>During a review of Resident 4 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including schizoaffective disorder, extrapyramidal and movement disorder and hypothyroidism.</p> <p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 had severely impaired cognition.</p> <p>During a review of Resident 4 ' s Nursing Progress Notes dated 12/19/2024 timed at 10:08 PM, the Notes indicated at 6:55 PM, Resident 4 reported Resident 1 approached her and began to hit her with a closed right fist to both sides of her face. The Note indicated Resident 4 put her head down and got hit in the back of her head and she screamed for Resident 1 to stop. The note indicated staff ran to assist and separate/stop Resident 1 from continuing to hit Resident 4. The note indicated no injures and ice packs to be applied to Resident 4 ' s face to prevent swelling. The Note indicated 72- hour neuro-check and every 15 minute monitoring was ordered for resident safety.</p> <p>During a review of Resident 1 ' s AR, the AR indicated an admission to the facility on [DATE] with diagnoses including paranoid schizophrenia, schizophrenia, and hypertension.</p> <p>During a review of Resident 1 ' s MDS dated [DATE], the MDS indicated Resident 1 ' s cognition was intact.</p> <p>During a review of Resident 1 ' s Order Summary dated 12/19/2024, the Report indicated a physician order to place resident on LOS monitoring for safety starting at 7:00 PM post hitting peer.</p> <p>During a review of Resident 1 ' s Care plans dated 12/19/2024, the Care Plans indicated the following incidents:</p> <ul style="list-style-type: none"> <li>a. Physical aggression towards peer- Resident 1 hit Resident 4 on the face and back of the head</li> <li>b. Physical aggression towards peer- Resident 1 punched Resident 5 on the chest one time</li> <li>c. Resident became agitated, got up, silverware and walked towards female CNA after reminding him about his fluid restriction order</li> </ul> <p>During a review of Resident 1 ' s Nursing Progress Notes dated 12/19/2024, the Notes indicated the following:</p> <p>(continued on next page)</p>		

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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. On 12/19/2024 timed at 12:18 PM the note indicated at approximately 8:35 AM, Resident 1 was in front of Nursing Station 1 waiting for medications with Resident 5. The note indicated both residents began to argue and Resident 1 walked away. The note indicated Resident 1 went back to Resident 5 and punched him in the chest causing Resident 5 to fall to the floor. The note indicated staff immediately intervened and there were no apparent injuries.</p> <p>b. On 12/19/2024 timed at 12:10 PM the note indicated at approximately 12:10 PM during meal time in the dining room, Resident 1 was easily agitated after reeducation and reminder of his fluid restriction order by a female CNA. The note indicated in the middle Resident 1 eating his lunch, resident stood up, took his fork and walked towards the female CNA. The note indicated male counselors intervened and Resident 1 was redirected.</p> <p>c. On 12/19/2024 timed at 11:30 PM, the note indicated Resident 1 was walking and Resident 4 was sitting on the bench and he began to hit her with his right closed fist and made contact to both sides of her face as well as the back side of her head. The note indicated the mental health worker (MHW) implemented pro-act to put Resident 1 in a moving restraint for 30 seconds from 6:55:30 to 6:56 PM and 2- man seated restraint for 1 minute from 6:56 to 6:57 PM until resident no longer danger to others. The note indicated Resident 4 was moved from the area and was seated on the bench down the hallway for safety. The note indicated Resident 1 heard voices telling him to hit Resident 4. The note indicated body check was done for both residents and no injuries were noted.</p> <p>During an interview with Resident 4 on 12/27/2024 at 2:12 PM, Resident 2 stated she was sitting on a bench when Resident 1 hit her, she could not recall if Resident 1 said anything to her or if she was hit before.</p> <p>During an interview with PC 2 on 12/27/2024 at 3 PM, PC 2 stated he was working on his documentation when the incident between Resident 1 and 4 occurred. PC 2 stated MHW 1 was present at the time and Resident 1 was on every 15 minute monitoring, not LOS.</p> <p>During a telephone interview with MHW 1 on 12/30/24 at 12:44 PM, MHW 1 stated he was assigned at hall monitor and was doing his rounds and saw Resident 1 hitting Resident 4. MHW 1 stated he was there when he heard the yell and he assisted with another staff to separate Resident 1 from hitting Resident 4. MHW 1 stated he did not see any injuries on both residents.</p> <p>During a telephone interview with PC 1 on 12/30/2024 at 12:55 PM, PC 1 stated she heard Resident 1 was aggressive, and that there was aggression prior to incident, he was aggressive towards staff. PC 1 stated she didn ' t know any details of incident prior, but that Resident 1 should have been placed on LOS prior to incident with Resident 4 to have more monitoring of resident.</p> <p>During an interview with the ADM on 12/30/2024 at 4:48 PM, the ADM stated Resident 1 was not at facility and she would not accept him if he returns. The ADM stated Resident 1 should have been put on LOS earlier, and that this resident should always have to be in line of sight because he was an assaultive resident. The ADM stated had Resident 1 been on LOS after the 2nd incident on 12/19/2024 with the female CNA, the 3rd incident with Resident 4 could have been avoided. The ADM stated when a resident is on LOS, the staff have to be within line of sight of resident, there is no measurable distance, but the staff should be near resident and always have eyes on the resident. The ADM stated LOS was more frequent monitoring than every 15 minutes monitoring.</p> <p>(continued on next page)</p>		

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  12/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&amp;P) titled Abuse, Neglect, Exploitation and Misappropriation, dated 12/2024, the P&amp;P indicated residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The P&amp;P indicated to protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to other residents.</p>		