

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 01/23/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46779</p> <p>Based on interview and record review, the facility failed to report the alleged abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish) for one of eight sampled patients (Resident 1) to the long-term care (LTC) ombudsman (advocates for patients of nursing homes), Law Enforcement, and California State of Department of Public Health (CDPH) within two hours after the allegation of sexual abuse in accordance with the facility ' s policy.</p> <p>This deficient practice had the potential to place Resident 1 and other residents residing in facility at risk for further sexual abuse.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, indicated the facility originally admitted Resident 1 on 10/2/2024 and readmitted him on 10/25/2024 with diagnoses that included schizoaffective disorder (a chronic mental illness that affects a person's thoughts, feelings, and behaviors) and post-traumatic stress disorder (a mental health condition that can develop after experiencing or witnessing a traumatic event).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 1/9/2025, indicated Resident 1 had severely impaired memory and cognition (ability to think and reason). The MDS indicated Resident 1 was independent with oral hygiene, toileting hygiene, and chair/bed-to-chair transfer, and required supervision or touching assistance with eating, shower/bathe self, and personal hygiene.</p> <p>During a review of Resident 1 ' s Progress Notes, dated 1/17/2025, indicated Resident 1 was verbally counseled regarding receiving lewd comment even if it ' s a joke from his roommate.</p> <p>During a review of Resident 2 ' s Admission Record, indicated the facility admitted Resident 2 on 11/3/2021 with diagnoses that included schizoaffective disorder and depressive disorder (a mental illness that can cause a persistent low mood and loss of interest in activities).</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 had intact memory and cognition. The MDS indicated Resident 2 was independent with oral hygiene, toileting hygiene, and chair/bed-to-chair transfer, and required supervision or touching assistance with eating, shower/bathe self, and personal hygiene.</p> <p>During a review of Resident 2 ' s Progress Notes, dated 1/17/2025, indicated a peer reported an incident that Resident 2 displayed sexual inappropriate behavior towards roommate.</p> <p>During a review of undated written statement of the Program Manager (PM), indicated on 1/17/2025 approximately 7:15 PM, Resident 1 reported that the roommate, Resident 2, stated, ' m going to rape (is a type of sexual assault involving sexual intercourse, or other forms of sexual penetration, carried out against a person without their consent.) you, as Resident 2 was making sexual gesture at Resident 1.</p> <p>During an interview on 1/23/2025 at 1 PM with the PM, the PM stated on 1/17/2025 around 7:15 PM, Resident 1 reported that he was having an issue with the roommate, Resident 2. The PM stated Resident 1 stated Resident 2 told Resident 1 that Resident 2 was going to rape Resident 1. The PM stated Resident 1 stated Resident 2 was standing next to his bed and doing humping gesture (an act or instance of sexual intercourse.) in front of Resident 1, then, Resident 1 ran out the room and reported to a staff member right away. The PM stated Resident 1 was crying when he was telling her about the situation. The PM stated the situation was considered as an alleged sexual abuse, so she immediately reported to the Program Director and the charge nurse was supposed to report the alleged abuse to the police, the ombudsman and the State of Department of Public Health. The PM stated she did not know if the charge nurse report to the police, the ombudsman and the State of Department of Public Health on 1/17/2025.</p> <p>During an interview on 1/23/2025 at 1/23/2025 at 2:36 PM, with the Administrator (ADM), the ADM stated she was responsible to report any alleged abuse to the police, the ombudsman and CDPH within two hours after the alleged sexual abuse occurred. The ADM stated on the night of 1/17/2025, she received a text message informing her about the alleged sexual abuse of Resident 1 which occurred on 1/17/2025 and she started to provide the instructions to the staff what to do to protect the residents, but she forgot to report it to the police, the ombudsman and CDPH until 1/20/2025. The ADM stated it was important to report any alleged abuse within two hours to protect residents immediately and prevent reoccurrence of abuse.</p> <p>During a review of the undated facility ' s Policy and Procedure (P&P) titled, Policy on Abuse Prevention and Mandated Reporting, indicated All alleged violations involving abuse, neglect, exploitation, or mistreatment, . will be reported by the facility administrator, or his/her designee, to the following persons or agencies:</p> <ol style="list-style-type: none"> a. The State Licensing/certification agency responsible for surveying/licensing the facility; b. The local/State ombudsman; c. Law enforcement officials . <p>The P&P also indicated Suspected abuse, .will be reported within two hours.</p> <p>(continued on next page)</p>		

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