

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 04/01/2025
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 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** 42854</p> <p>Based on observation, interview and record review, the facility failed to provide supervision for two (2) of two (2) sampled residents (Resident 1 and 2), who were on monitoring for line of sight (LOS, supervision). As a result, Resident 1 and Resident 2 were unsupervised when entering a shared bathroom, where Resident 1 punched Resident 2 in the face.</p> <p>This deficient practice had the potential for residents to result to harm which could lead to serious injury and decline in the residents well-being.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Admission Record indicated the resident was admitted on [DATE] with diagnoses that included schizoaffective (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression [depressed mood or loss of pleasure or interest in activities for long periods of time], mania [Extremely elevated and excitable mood] and a milder form of mania called hypomania) disorder (bipolar [episodes of mood swings ranging from depressive lows to manic highs] type), intermittent explosive disorder [repeated, sudden bouts of impulsive, aggressive, violent behavior or angry verbal outbursts], and insomnia.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, federally mandated resident assessment tool) dated 2/10/2025, the MDS indicated Resident 1 had moderately impaired cognition (the ability or mental action or process of acquiring knowledge and understanding).</p> <p>During a review of Resident 1 ' s Order Summary Report dated 1/31/2025 indicated a physician order to place Resident 1 on LOS for safety.</p> <p>During a review of Resident 1 ' s care plans titled Physical Aggression initiated on 3/20/2025. The care plan interventions indicated for Resident 1 to continue LOS monitoring with staff for safety.</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 04/01/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. During a review of Resident 2 ' s Admission Record indicated the resident was admitted on [DATE] with diagnoses that included unspecified mood (affective) disorder (mental health condition that primarily affects the emotional state, can cause persistent and intense sadness, elation and/or anger), autistic disorder (a neurodevelopmental disorder characterized by repetitive, restricted, and inflexible patterns of behavior, interests, and activities, as well as difficulties in social interaction and social communication), and mild intellectual disabilities.</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 had moderately impaired cognition.</p> <p>During a review of Resident 2 ' s Order Summary Report dated 11/4/2024 indicated a physician order to place Resident 2 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 for physical aggression against other people.</p> <p>During a review of Resident 2 ' s care plans titled Victim of Aggression initiated on 3/20/2025. The care plan interventions indicated for Resident 2 to continue LOS monitoring with staff for safety.</p> <p>During a review of the facility ' s undated Interdisciplinary Abuse Investigation indicated Resident 2 was in the bathroom washing his hands when Resident 1 entered the bathroom and hit Resident 2 one time with right closed fist to left side of face.</p> <p>During an concurrent observation and interview on 4/1/2025 at 2:55 PM, certified nursing assistant (CNA) 1 was observed sitting outside of Resident 1 ' s room while Resident 1 ' s room door was closed. CNA 1 could not see Resident 1. CNA 1 stated Resident 1 was on LOS. CNA 1 stated LOS means direct focus on the resident because anything can happen to the resident and he could injure himself. CNA 1 stated Resident 1 ' s room door is closed because staff were told to keep it closed. CNA 1 could not recall who instructed her to close the room door. CNA 1 stated the Resident 1 ' s room door should be open.</p> <p>During an interview with Resident 1 on 4/1/2025 at 3:06 PM, Resident 1 stated he was using the bathroom and Resident 2 went inside the bathroom so Resident 1 hit him in the face. Resident 1 stated he told Resident 2 not to come in the bathroom. Resident 1 stated sometimes his room door is open and sometimes his room door is closed. Resident 1 could not recall if his room door was open that day.</p> <p>During an interview on 4/1/2025 at 3:22 PM, Program Counselor (PC) stated she was assigned for LOS monitoring for Resident 2. PC stated on 3/20/25, she heard scuffling (noise) in the bathroom and Resident 2 came out and told PC, Resident 1 hit him in face. PC stated at the time, Resident 2 ' s room door entrance was cracked. PC stated the Resident 2 ' s room door was open slightly to where she could only see Resident 2 ' s entrance door to the bathroom. PC stated she did not have visual of the rest of Resident 2 ' s whole room where he had been pacing. PC stated she did not see Resident 2 pacing, she could hear him. PC stated she saw the bathroom door was closed and did not see Resident 2 go inside. PC stated LOS means to see the resident at all times because they could potentially harm themselves.</p> <p>During an interview on 4/1/2025 at 3:46 PM, Registered Nurse Supervisor (RNS) stated LOS means to keep an eye on resident at all times and to see resident at all times. RNS stated the residents room door should be open when they are on LOS monitoring because anything can happen and for resident safety. RNS stated Resident 1 and 2 were both on LOS monitoring and should have been supervised.</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 04/01/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/1/2025 at 3:56 PM, CNA 3 stated on 3/20/2025, Resident 1 ' s door was a little open, and she could see Resident 1 go into the bathroom. CNA 3 stated she did not hear or know what was happening in the bathroom. CNA 3 stated the bathroom door was closed to give Resident 1 privacy. CNA 3 stated Resident 2 came out of his room and told PC he got hit by Resident 1.</p> <p>During an interview on 4/1/2025 at 4:20 PM, the Director of Nursing (DON) stated LOS monitoring staff need to be able to see resident at all times. The DON stated staff need to be able to hear and see what the resident was doing. The DON stated staff were in-serviced regarding LOS monitoring because this incident could have been avoided.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled One to One Monitoring, dated 10/2024 indicated the facility provides one to one (1:1) monitoring when necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment to safeguard residents and staff, when deemed appropriate. The P&P indicated residents on 1:1 monitoring will be assigned a specific staff member to provide direct supervision 24/7 until it is determined by the Psychologist that it is safe to reduce/discontinue. The P&P indicated staff communication is vital to maintaining a safe facility. The P&P indicated staff assigned for 1:1 responsibility will be trained on the following areas at a minimum: purpose of the 1:1 monitoring based on resident need and condition, interventions/measures to mitigate potential threat or danger; keeping other residents at a safe distance.</p> <p>During a review of the facility ' s P&P titled Supervision and Precautions, dated 10/204 indicated patient will be assigned to nursing or program staff for a precaution of line of sight (no more than 3 feet away not including shower or bathroom. door should always be ajar when patient is in bathroom and shower while on line of sight) to prevent patient from hurting self or others and medical stability. The P&P indicated staff on 1:1 or line of sight should be paying close attention to the patient at all times and should be in discussion or engaged with patients when clinically possible.</p>		