

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 06/30/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Notify Resident 1 ' s physician (MD 1) of Blood Sugar (BS) levels below 85 as ordered by the physician. 2. Adequately monitor Resident 1 ' s BS after administering Humalog kwikpen (a rapid-acting insulin) subcutaneous (under the skin) solution given after breakfast [8 am] and Humalog kwikpen subcutaneous solution given after dinner [6PM], as ordered by the physician, to notify the Medical doctor if BS is less than 85. <p>The facility ' s licensed nurses did not have documented evidence that Resident 1 ' s BS was checked if below 85 and monitored after Humalog kwikpen was administered after breakfast and after dinner.</p> <ol style="list-style-type: none"> 3. Develop a Comprehensive Care plan for Resident 79's Diabetes Management that included all of Resident 79 ' s DM orders/protocols for the management of hypoglycemia specific to the resident's plan of care. <p>This deficient practice had the potential to result in undetected adverse reactions from the use of Humalog kwikpen that included hypoglycemia.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 12/19/2019 and then readmitted on [DATE] with diagnoses that included Schizophrenia (A disorder that affects a person's ability to think, feel, and behave clearly), Type 1 diabetes mellitus (A lifelong condition where the pancreas makes little or no insulin, which leads to high blood sugar levels) without complications.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 6/13/2025, the MDS indicated Resident 1 had moderate impaired memory and cognition (ability to think). The MDS indicated Resident 1 received insulin 7 days during the last 7 days since admission.</p> <p>During a review of Resident 1's Order Summary, dated 6/30/2025, the Order Summary Report indicated to administer the following medications to the resident:</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Humalog Kwikpen subcutaneous solution pen- injector 100 unit/ml (a unit of measurement) Inject 3 units subcutaneously one time a day for Diabetes (give after breakfast, hold if missing a meal, notify the Medical doctor if BS is less than 85) with a start date of 11/05/2024</p> <p>-Humalog Kwikpen subcutaneous solution pen- injector 100 unit/ml (a unit of measurement) Inject 3 units subcutaneously one time a day for Diabetes (give after dinner, hold if missing a meal, notify the Medical doctor if BS is less than 85) with a start date of 11/05/2024</p> <p>-Insulin Lispro injection Solution 100 units/ml, Inject as per sliding scale : if BS 200-299= give 3 units, BS 300-399 give 6 units, BS400-499 give 9 units, BS 500-599 give 12 units, any BS above 599 call the Medical Doctor. check BS subcutaneously before meals and at bedtime. For Diabetes check BS at 6:30 AM,11:30 AM, 4:30 PM and 9:00 PM, with a start date of 4/28/2025.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR) for the month of June 2025, the MAR indicated:</p> <ol style="list-style-type: none"> 1. Humalog Kwikpen subcutaneous solution pen- injector 100 unit/ml (a unit of measurement) Inject 3 units subcutaneously one time a day for Diabetes (give after breakfast, hold if missing meal, notify the Medical doctor if BS is less than 85) was documented as administered every day at 8:00 AM to Resident 1 from 6/1/25- 6/30/25. 2. Humalog Kwikpen subcutaneous solution pen- injector 100 unit/ml (a unit of measurement) Inject 3 units subcutaneously one time a day for Diabetes (give after dinner, hold if missing meal, notify the Medical doctor if BS is less than 85) was documented as administered every day at 6:00 PM to Resident 1 from 6/1/25- 6/29/25. 3. Insulin Lispro injection Solution 100 units/ml, Inject as per sliding scale : if BS 200-299= give 3 units, BS 300-399 give 6 units, BS400-499 give 9 units, BS 500-599 give 12 units, any BS above 599 call the Medical Doctor. check BS subcutaneously before meals and at bedtime. For Diabetes check BS at 6:30 AM,11:30 AM, 4:30 PM and 9:00 PM was documented as BS checked <p>A. On 6/07/2025 timed at 4:30 PM, 0 units given for a blood sugar level of 70</p> <p>B. On 6/08/2025 timed at 4:30 PM, 0 units given for a blood sugar level of 79</p> <p>C. On 6/15/2025 timed at 6:30 AM, 0 units given for a blood sugar level of 75</p> <p>D. On 6/20/2025 timed at 11:30 AM, 0 units given for a blood sugar level of 75</p> <p>E. On 6/21/2025 timed at 6:30 AM, 0 units given for a blood sugar level of 71</p> <p>F. On 6/24/2025 timed at 6:30 AM, 0 units given for a blood sugar level of 75</p> <p>G. On 6/29/2025 timed at 6:30 AM, 0 units given for a blood sugar level of 71</p> <p>H. On 6/29/2025 timed at 11:30 AM, 0 units given for a blood sugar level of 67</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s active care plan for Diabetes Mellitus initiated on 3/04/25 with revision date of 5/02/25, the care plan indicated the care plan goal for Resident 1 was to have no sign and symptoms of hypoglycemia daily. The care plan interventions did not include interventions to manage/ monitor hypoglycemia for Resident 1 ' s BS to be monitored and checked if below 85 after Humalog kwikpen was administered after breakfast and after dinner, as indicated in the physician ' s orders.</p> <p>During a review of Resident 1 ' s Progress Notes printed on 6/30/2025 included notes from 6/1/2025 to 6/30/2025, the Notes did not indicate facility licensed nurses notified Resident 1 ' s physician (MD 1) on 6/7, 6/08,6/15, 6/20, 6/21, 6/24, 6/29 when Resident 1 ' s blood sugar results were below 85.</p> <p>During and interview and record review of Resident 1 ' s medical record on 6/30/2025 2:26 PM with the Director of Nursing (DON), the DON stated there was no documented evidence that the facility ' s licensed nurses notified Resident 1 ' s physician of Resident 1 ' s BS results below 85 on 6/7, 6/08, 6/15, 6/20, 6/21, 6/24 and 6/29. The DON stated the facility nurses should have clarified Resident 1 ' s sliding scale order for BS check on 6:30 AM,11:30 AM, 4:30 PM and 9:00 PM because the orders did not include additional BS checks at 8:00 AM and 6:30 PM when Resident 1 was receiving Humalog Kwikpen insulin, after breakfast and dinner. The DON stated Resident 1 ' s Diabetes Mellitus care plan did not include specific interventions specific for Resident 1 ' s order and hypoglycemia management.</p> <p>During a review of the updated facility ' s policy and procedure (P&P) titled, Management of Hypoglycemia, with a revision date of November 2020, the P&P indicated the purpose of the policy was to provide guidelines for managing hypoglycemia secondary to insulin therapy or therapy with oral hypoglycemic agents.</p> <p>During a review of the updated facility ' s policy and procedure (P&P) titled, Change in a resident ' s condition or status, with a revision date of February 2021, the P&P indicated Our facility promptly notifies the resident, his or hers attending physician and the resident representatives of changes in the residents medical/mental condition or status.</p>		