

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 07/29/2025
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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. (continued on next page)

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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review the facility failed to provide behavioral health care services that included an environment and atmosphere that is conducive to mental and psychosocial well-being and reflected the resident's care plan goals that included behavior modification for sexually inappropriate behaviors, for one (1) of two sampled residents (Resident 1) by allowing Housekeeper 1 to return to work on (7/12/2025) in the same facility area where Resident 1's room was located, after Housekeeper 1 reported an unwitnessed sexual assault (when someone either touches another person in a sexual manner without consent) attempt made by Resident 1 against Housekeeper 1, on 7/12/2025. Housekeeper 1 reported being followed around and threatened by Resident 1, prior to 7/12/2025. As a result of this deficient practice, there is a potential for Resident 1 to continue following Housekeeper 1 around that could potentially lead to another attempt on sexual or other types of abuse initiated by Resident 1. Findings:During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 4/26/2021 with diagnoses that included Paranoid Schizophrenia (a mental disorder characterized by delusions of persecution, grandiosity, or jealousy), major depressive disorder a mental health condition characterized by persistent feelings of sadness, loss of interest in activities).During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 5/03/2025, the MDS indicated Resident 1 had moderate impaired memory and cognition (ability to think). During a review of Resident 1's progress notes dated 7/12/2025 timed at 3:26 PM authored by Program Counselor 1 indicated, It was reported to this writer from another staff member that the housekeeper stated to her that this resident touched her inappropriately in the B building male bathroom. Upon investigation and interviewing the housekeeper with the help of a translator, was able to provide a statement. See attachment. Upon investigation and interviewing both resident and housekeeper it was decided to place resident [Resident 1] on 24 [hr] LOS (line of sight). Staff will continue to monitor. Program Director and Charge Nurse were notified.During a review of Resident 1's progress notes dated 7/12/2025 timed at 1:10 PM authored by Registered Nurse (RN) 1, the notes indicated, RN supervisor was notified by program lead counselor about resident sexually assaulting and harassing a staff member earlier this morning. Written statement was taken, 1:1 counseling, line of sight order in place. Notified Director of Nursing at 1:12 PM, Administrator at 1:25 PM, Resident 1's Primary physician at 3:02 PM, Resident 1's Psychiatrist at 3:04 PM. Left voicemail for Resident 1's Responsible party at 3:48 PM.During a review of Resident 1's Post event review dated 7/12/2025, the note indicated IDT met to discuss resident's incident of sexually inappropriate behavior towards staff. Upon assessment resident had offered housekeeper staff to help move the cleaning cart. It was reported resident lunged attempting to hug and kiss staff. Due to Resident 1's diagnosis his behavior is unpredictable and unavoidable. IDT recommendation 1:1 counseling, placed in line of sight (LOS) monitoring for 24 hours behavior modification for sexually inappropriate behaviors. Care plan updated. See individual treatment plan for further information. The document was signed by the DON on 7/29/2025.During a review of Resident 1's active care plan for Behavior Problem initiated on 8/05/2021 with a revision date of 7/12/2025, the care plan indicated Resident 1 has a behavior problem related to paranoid delusion, as manifested by paranoid thoughts causing stress or anger, 7/12/2025 female staff sexually assaulted. The care plan goals included Resident 1 will reduce episodes of paranoid delusions and care plan interventions included to administer medications as ordered, monitor for any adverse reaction and notify psychiatrist and primary physician if observed, encourage Resident 1 to discuss fears and concerns, encourage Resident 1 to interact with staff and peers, monitor results of medication and notify any abnormality to medical doctor, and refer to Psychiatrist as needed.During a review of facility provided handwritten document with facility stamp dated 7/12/2025, the document indicated At approximately 7:20 AM, I [Housekeeper 1] was cleaning the hallway when Resident 1 approached me and offered to help me move the cleaning cart to which I said no because it wasn't his job. I then went to the [male] bathroom, and he [Resident 1] followed me again offered to help me clean and when I said no, he lunged at me to hug me trying to kiss me on the mouth. I immediately tried to get him off me, but he continued trying to grope (feel or fondle [someone] for sexual pleasure, especially against their will) me. I screamed for help, but no one heard me. He [Resident 1] continued forcing me until I managed to get away and his reaction was to hit me on my [buttocks]. The document included Housekeeper 1's name written and signed.During a review of facility provided handwritten document signed by the housekeeping manager dated 7/18/2025 the document indicated I, housekeeping manager offered</p>		