

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Landmark Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2030 N. Garey Ave. Pomona, CA 91767	

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** 48905</p> <p>Based on observation, interview, and record review, the facility failed to follow a medical doctor's (MD) order for one of nine sampled residents (Resident 7) when Resident 7 had an active MD order for a Buddy Splint (bandaging a damaged or fractured finger together with a healthy, uninjured finger for support) for the left fourth and fifth finger for a nondisplaced fracture (bone is cracked but not broken all the way) of the left fifth finger.</p> <p>This failure had the potential to result in delayed healing for Resident 7's left fifth finger.</p> <p>Findings:</p> <p>During a review of Resident 7's Admission Record (AR), the AR indicated Resident 7 was originally admitted to the facility on [DATE], with diagnoses including but not limited to a nondisplaced fracture of the proximal (near center of the body) phalanx (bones in the fingers or toes) of the left little finger with delayed healing, deformity of unspecified fingers, and schizoaffective (mental disorder characterized by abnormal thought processes and an unstable mood) disorder.</p> <p>During a review of Resident 7's untitled care plan (CP), dated 1/24/2024, the CP indicated Resident 7 has a left fifth finger deformity and a nondisplaced fracture of the proximal phalanx of the left little finger. The CP indicated for staff to apply a Buddy Splint to the left fourth and fifth finger.</p> <p>During a review of Resident 7's Order Report (OR) dated 2/7/2024, the OR indicated Resident 7 had an MD order for a Buddy Splint to the left fourth and fifth finger every shift for a nondisplaced fracture of the proximal phalanx of the left little finger with delayed healing.</p> <p>During a review of Resident 7's Minimum Data Set (MDS, comprehensive assessment of each resident's functional capabilities and identifies health problems) dated 2/20/2024, the MDS indicated Resident 7's cognitive abilities (ability to think, learn, and understand) were intact.</p> <p>During a concurrent observation and interview on 5/2/2024 at 2:18 PM with Resident 7, in Resident 7's room, Resident 7's left pinky was observed to not have a Buddy Splint on the left fourth and fifth fingers. A finger splint with missing straps was observed on Resident 7's bedside table. Resident 7 stated she had an old splint for her left pinky, but the straps were broken. Resident 7 stated her left pinky needs to be taped, but it has not been taped for the last three to five days. Resident 7 stated she asked the nurse and stated the nurse had to order more tape.</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>During a concurrent observation and interview on 5/2/2024 at 2:47 PM with the Registered Nurse Supervisor (RN Sup) 1 in the Activities Room, a Buddy Splint was observed to not be on Resident 7's left fourth and fifth fingers. RN Sup 1 stated the Buddy Splint is not on Resident 7's left pinky and stated it should be on per the MD order. RN Sup 1 stated the risk of not having a Buddy Splint on is that another fracture could occur, or there could be a delay in healing for the affected finger.</p> <p>During an interview on 5/2/2024 at 5 PM with the Director of Nursing (DON), the DON stated a Buddy Splint is used to stabilize and provide support to an affected finger. The DON stated an MD order is required for staff to place a Buddy Splint on a resident. DON stated if the tape is not on per MD order, it could make the current fracture worse.</p> <p>During a review of the facility's policy and procedure (P&P) titled Carrying out orders from Medical/Psychiatric Providers dated 5/2024, the P&P indicated the facility will carry out all orders prescribed by any and all medical or psychiatric providers for all residents admitted to the facility.</p>		