

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 08/23/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38108</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents (Resident 1) was free from physical abuse (willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) in according to the facility's policies and procedure (P&P), by failing to ensure Resident 1 did not experience unwanted anal (opening of digestive tract where waste leaves the body) digital penetration (fingers to penetrate [force] someone body) from Resident 2.</p> <p>This deficient practice resulted in Resident 1 experiencing physical and emotional abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), indicated Resident 1 was admitted to facility on 8/10/23 with multiple diagnoses including unspecified schizoaffective disorder (a disorder that affects a person's ability to think, feel, and behave clearly), and depression (causes feelings of sadness and/or a loss of interest in activities once enjoyed).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment and care-screening tool) dated 5/10/24, the MDS indicated Resident 1 had clear speech, had the ability to understand others and be understood by others. The MDS indicated the resident was independent (no help or staff oversight at any time) of staff for transfers, dressing, and toilet use.</p> <p>During a review of Resident 1s Annual Medical History and Physical (H&P), dated 8/14/24, the H & P indicated Resident 1 was cooperative, confused and thought process were tangential (erratic and diverging from a previous course or line).</p> <p>During a review of Resident 1's physician's orders (PO), dated 8/22/2024, the PO indicated Resident 1 may go to a General Acute Care Hospital (GACH) for evaluation due to a rape (unwanted sexual assault) allegation (claim that someone had done) by male peer.</p> <p>During a review of Resident 2's AR indicated Resident 2 was admitted to facility on 12/1/21 with multiple diagnoses including unspecified schizoaffective disorder (a disorder that affects a person's ability to think, feel, and behave clearly), and depression (causes feelings of sadness and/or a loss of interest in activities once enjoyed).</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 0600</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], the MDS indicated the resident was cognitively intact (ability to make daily decisions) and was independent (no help or staff oversight at any time) of staff for transfers, dressing, and toilet use.</p> <p>During a review of Resident 2's Monthly Medical Evaluation (MME) dated 8/7/24, indicated the resident was cooperative, confused, thought process tangential and judgement and insight were impaired (weaken or damaged).</p> <p>During a review of Resident 2's PO, dated 8/22/2024, indicated Resident 2 was on for 1:1 monitoring until further notice related to being accused by peer of sexual assault.</p> <p>During a review of Resident 2's PN, dated 8/22/2024, indicated Resident 2 confessed of doing sexual acts and raped Resident 2. The PN indicated two or three days ago (unknown date) Resident 2 penetrated Resident 1 with (his) fingers in the anus. Male peer (Resident 1) did not consent to this contact.</p> <p>During a concurrent observation and interview with Resident 1, on 8/23/2024 at 11:20 am, Resident 1 was observed in bed, laying on the right side, with knees close to the chest. Resident 1 stated I was raped. Resident 1 stated Resident 1 and Resident 2 had consensual oral sex about a week ago. Resident 1 stated a few days after (unknown date), Resident 2 put three fingers inside Resident 1's anus (opening of digestive tract where waste leaves the bod). Resident 1 stated I suffered a lot of traumas. (Resident 2) started to put shit up my butt cheek. I didn't want that to happen. Resident 2 stuck three fingers inside my butt hole. I did not want that to happen. Resident 1 stated I was could not move; I was in shock. Resident 1 stated I felt really bad during and after it (sexual abuse) happened. I don't want a sexual boyfriend.</p> <p>During an interview with Primary Counselor 1 (PC 1), on 8/23/2024 at 12:02 pm, PC 1 stated on 8/22/2024 at around 11 am, in a private conversation with Resident 2, Resident 2 stated he had 'raped Resident 1 but did not disclose any details to PC 1. PC 1 stated Resident 1 was delusional and thought disorganized, but for the most part, Resident 1 tells the truth.</p> <p>During an observation and concurrent interview with Resident 2 in the resident's room, on 8/23/2024 at 1:49 pm, Resident 2 stated I raped him (Resident 1). I meant to rape him. I pulled his pants off and I put my fingers in his butt.</p> <p>During an interview with Assistant Program Director 1 (APD 1), on 8/23/2024 at 1:56 pm, APD 1 stated Resident 1 reported to APD 1 that Resident 2 penetrated Resident 1 anus with three fingers. APD 1 stated sexual activities was discouraged at the facility and believed that Resident 1 was sexually abused. ADP 1 stated residents should be protected from any type of abuse and kept safe within the facility.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1), on 8/23/2024 at 2:39 pm, LVN 1 stated sexual abuse was not okay. If sex was not consensual, then it was a form of invasion of privacy that can affect self-esteem.</p> <p>During an interview with the Administrator (ADM), on 8/23/2024 at 2:56 pm, the ADM stated sexual abuse was defined as an unwanted act pertaining to sex. Sexual or any type of abuse was not okay. ADM stated sexual abuse violated the right on an individual to have control over their own body.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy titled Policy for Prevention of Sexual Abuse, dated 9/2021, indicated the facility makes every effort to protect all resident from abuse including, but not limited to, sexual abuse which is defined as non-consensual sexual contact of any type and includes, but is not limited to the following: unwanted intimate touching of any kind, especially breast or perineal (area of the body between the anus and vagina/penis) area; all types of sexual assault or battery, such as rape, sodomy (sexual intercourse involving anal or oral) and coerced nudity. Nonconsensual if the resident either: appear to want the contact to occur but lack the ability to consent; or did not want the contact to occur.</p>		