STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A134	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark Medical Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 2) received adequate supervision and was not left unattended by facility staff following a resident altercation with Resident 1, in accordance with the facility's Policy and Procedure (P&P) titled Policy for Timely and Accurate 1:1 Monitoring and every 15 Minutes Monitoring Documentation in Point Click Care (PCC- electronic health record), by failing to: 1. Enter the physician's order for 1:1 monitoring for Resident 2 for two (2) hours, followed by every 15 minutes monitoring for 2 hours, in PCC.2. Provide a 1:1 Sitter (a trained staff member assigned to directly observe a single resident continuously within direct line of sight) after Resident 2 assaulted Resident 1. These deficient practices had a potential for Resident 2 to potentially assault Resident 1 again or another resident/staff causing harm or injury.Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including schizophrenia (a mental disorder characterized by disruptions in thought, perception, emotions and behavior, often causing a disconnection from reality) and major depressive disorder (mental condition characterized by persistent sadness, low mood, and a loss of interest in activities). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment and screening tool) dated [DATE], the MDS indicated Resident 1 had intact cognition (ability to understand). The MDS indicated Resident 1 was independent for eating, oral and toileting hygiene, shower, upper and lower body dressing, putting on/taking off footwear and required supervision (helper provides verbal cues) for personal hygiene. During a review of Resident 1's Care Plan Report (CPR) initiated on [DATE], the CPR indicated Resident 1 was pinched on the upper arm by a peer (Resident 2) who believed Resident 1 had a spider on Resident 1. During a review of Resident 1's Progress Notes (PN) dated [DATE] at 11:07 AM, the PN indicated Resident 1 reported to staff Resident 2 came from behind and told Resident 1 that there was a spider on Resident 1's arm and pinched Resident 1's arm hard. During a concurrent record review of Resident 1's PN dated [DATE] at 4:29 PM, the PN indicated Resident 1 was nervous around Resident 2. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] with a diagnosis of schizophrenia, nightmare disorder (a sleep disorder characterized by frequent, vivid, and terrifying dreams that cause significant distress and disrupt sleep) and insomnia (persistent difficulty falling asleep). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition. The MDS indicated Resident 2 was independent for eating, oral and toileting hygiene, shower, upper and lower body dressing, putting on/taking off footwear and required supervision for personal hygiene. During a review of Resident 2's Physician's Order (PO) dated [DATE] at 11:00 AM, the PO indicated 1:1 monitoring for Resident 2 for 2 hours then every 15 minutes monitoring for 2 hours due to physically assaultive behavior towards peer. Document in PCC (electronic health record) or on 1:1 monitoring form. During a review of Resident 2's PN dated [DATE] at 11:27 AM, the PN indicated staff reported to the Charge Nurse at approximately 11:00 AM that Resident 2 walked up behind Resident 1 and pinched Resident 1's left upper arm. The PN indicated the physician was notified with new order for Resident 2 for 1:1 for 2 (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hours then Q15 minutes for 2 hours related to physically assaultive behavior. During a review of the facility's investigation follow up report dated [DATE], the report indicated a new physician order for Resident 2 for 1:1 monitoring for two hours, followed by every 15-minute monitoring for two hours was received but the 1:1 monitoring was not executed in accordance with facility protocol due to an error by the Charge Nurse. The 1:1 monitoring was not entered in the PCC resulting in a lapse in documentation and execution of the monitoring process. During an interview with the facility's Registered Nurse Supervisor (RSN) on [DATE] at 9:15 AM, the RSN stated there was a 1:1 order to monitor Resident 2's aggressive behavior. The RSN stated the Charge Nurse did not enter the order in PCC and did not assign a sitter to Resident 2. The RSN stated Resident 2 was not monitored for aggressive behavior and Resident 2 did not have a sitter assigned potentially causing Resident 2 to assault residents or staff. During an interview with the facility's Charge Nurse on [DATE] at 9:24 AM, the Charge Nurse stated the Charge Nurse called the physician and received an order for 1:1 sitter order for Resident 2 but the Charge Nurse did not put the 1:1 order in PCC and did not assign a sitter. The Charge Nurse stated it was the facility's policy to add the 1:1 order in PCC when there was a resident altercation. The Charge Nurse stated anything could have happened since Resident 2 was not placed on 1:1 as ordered. During a concurrent interview with the Director of Nursing (DON) on [DATE] at 10:41 AM, the DON stated it was the policy of the facility to call the physician and get a 1:1 order for the aggressor. The DON stated, since the Charge Nurse did not place the 1:1 order in PCC, Resident 2 did not have a 1:1 and could have assaulted another resident. The DON stated Resident 2 was left unmonitored for more than 2 hours after the order for 1:1 was obtained from the physician. During a review of the facility's P&P's titled, Policy for Timely and Accurate 1:1 Monitoring and Q15 min Monitoring documentation in Point Click Care, revised 8/2022, the P&P indicated, An order for 1:1 Monitoring and Q: 15 min. monitoring will be obtained by the ordering provider, noted, carried out for, but not limited to the following reasons: assaultive behavior, self-harm, suicidal ideations, severe agitation, safety, and new admission. The Licensed Nurse will then initiate the 1:1 or Q:15 Min. Monitoring in Point Click Care in the 'Tasks section of the EHR, and the CNA assigned to the resident will do the required documentation every 15 mins and will have direct line of sight for the resident receiving the monitoring.