

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Penn Mar Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3938 Cogswell Road El Monte, CA 91732	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48905</p> <p>Based on interview and record review, the facility failed to monitor the resident while receiving Clozaril (medication used to treat mental and or mood disorders) for auditory and visual hallucinations (hearing or seeing things that do not exist in reality) as ordered by the physician, for one of nine sampled residents (Resident 5).</p> <p>This deficient practice had the potential for Resident 5 to inflict harm to others.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record (AR), the AR indicated Resident 5 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (mental disorder that is characterized by abnormal thought processes and an unstable mood) and tobacco use.</p> <p>During a review of Resident 5's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 4/12/2024, the MDS indicated Resident 5's cognitive abilities (ability to think, learn, and process information) were intact.</p> <p>During a review of Resident 5's Order Summary Report (OSR) dated 2/2/2024, the OSR indicated for staff to monitor Resident 5 for auditory and visual hallucinations every shift.</p> <p>During a review of Resident 5's untitled care plan (CP) initiated on 7/5/2024, the CP indicated for staff to administer and monitor the effectiveness of medications per physician's order.</p> <p>During a review of Resident 5's Nursing Note (NN) dated 7/5/2024 at 9:53 PM, the NN indicated Resident 5 was hearing voices and hit another resident on the right side of the face.</p> <p>During a concurrent interview and record review on 7/12/2024 at 10:43 AM with Licensed Vocational Nurse 1 (LVN 1), Resident 5's Medication Administration Record (MAR) dated 7/1/2024 to 7/31/2024 was reviewed. Resident 5's MAR indicated behavior monitoring of auditory and visual hallucinations while taking Clozaril were left blank on 7/4/2024 (night shift), 7/9/2024 (night shift), and 7/10/2024 (night shift). LVN 1 stated monitoring for psychotropic (medications that affect the mind or mental processes) medications should not be skipped. LVN 1 stated staff needed to monitor and document Resident 5's auditory and visual hallucinations, every shift as ordered.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/12/2024 at 1:04 PM with the Director of Nursing (DON), the DON stated the blank spaces on Resident's MAR on 7/4/2024 (night shift), 7/9/2024 (night shift), and 7/10/2024 (night shift) for behavior monitoring for auditory and visual hallucinations indicated it was not completed by staff. The DON stated monitoring should be completed and documented as ordered. The DON stated interventions could not be updated to address the specific behavior of the resident if monitoring auditory and visual hallucinations was not completed as ordered.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Psychotherapeutic Drug Management, dated 10/1/2023, the P&P indicated the facility would use nonpharmacological (therapies that do not involve medications) interventions when indicated, and staff to monitor psychotropic drug use daily.</p>