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| 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 08/05/2024 |
| 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) |
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| <p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>45553</p> <p>Based on interview and record review, the facility failed to implement appropriate plans of actions under its Quality Assurance and Performance Improvement (QAPI) program after identifying 31 resident-to-resident altercations from January to July 2024.</p> <p>This deficient practice had the potential to result in negative outcomes for the residents' quality of care.</p> <p>Findings:</p> <p>During a review of the facility's Quality Assurance/Risk Management Committee Meeting minutes, dated 4/17/24, the minutes indicated the following:</p> <p>January: 4 resident-to-resident altercations</p> <p>February: 1 resident to resident altercation</p> <p>March: 10 resident-to-resident altercations.</p> <p>The minutes indicated, Nursing will continue to monitor resident behavior to prevent altercations to occur. There was no specific plan of action with expected outcome noted in the minutes, except Resident to Resident Altercation: 15; QAPI Topic for April 2024: Resident to Resident Altercations.</p> <p>During a review of the facility's Quality Assurance/Risk Management Committee Meeting minutes dated 7/17/24, the minutes did not indicate how many resident-to-resident altercations occurred during each month from April to July 2024. The minutes indicated, Nursing will continue to monitor patient behavior, prevent resident to resident altercations, etc. There was no specific plan of action with expected outcome noted in the minutes, except Resident to Resident Altercation: 16; QAPI Topic for July 2024: Resident to Resident Altercations.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an interview on 7/17/24 at 5:30 p.m. with the Administrator (ADM), Director of Nursing (DON), and Director of Staff Development (DSD), the ADM stated staff was monitoring the residents, but due to the type of aggressive behavior the residents engaged in with each other, it was not always possible to prevent resident to resident altercations. The ADM acknowledged that the QAPI minutes for April and July 2024, did not include specific plans of action to address the resident-to-resident altercations; only monitoring of the behavior was noted in the minutes. The ADM stated going forward the facility will include specific plans of actions in the minutes to address the resident-to-resident altercations. The DSD stated DSD would implement de-escalation training for the staff and other measures to address the resident-resident altercations.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Quality Assessment & Assurance Program, revised 6/28/23, the P&P indicated, This Facility implements and maintains an ongoing, Facility-wide Quality Assessment & Assurance Program designed to monitor and evaluate the quality of resident care, pursue methods to improve care quality, and resolve identified problems. The P&P indicated, Goals: To provide a means to identify and resolve present and potential negative outcomes related to resident care and safety; to provide a structure and process to correct identified quality deficiencies; to establish and implement plans to correct deficiencies, and to monitor the effects of these action plans on resident outcome. The P&P further indicated, The QAA Committee will make good faith attempts to identify and correct quality deficiencies; and individual departments or services develop quality indicators for programs and services in which they are involved, and with affect their function.</p> |