

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  10/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure three of three sampled residents (Residents 1, 2, 3) were provided with their own deodorant for personal use.</p> <p>This deficient practice had the potential to increase the risk of spreading infection among Residents 1, 2, 3.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Admission Record (AR), the AR indicated the facility admitted Resident 1 on 6/12/2024 with diagnosis of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/25/2024, the MDS indicated Resident 1 was understood by others and had the ability to understand others. The MDS indicated Resident 1 was independent (resident completes the activity by himself or herself with no assistance from a helper) in oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>b. During a review of Resident 2 ' s AR, the AR indicated the facility admitted Resident 2 on 5/10/2024 with diagnoses of schizoaffective disorder and emotional lability (a rapid and intense change in a person's emotions or mood).</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated Resident 2 was understood by others and had the ability to understand others. The MDS indicated Resident 2 was independent in oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>c. During a review of Resident 3 ' s AR, the AR indicated the facility admitted Resident 3 on 8/27/2024 with diagnoses of schizoaffective disorder and insomnia (trouble falling asleep or staying asleep).</p> <p>During a review of Resident 3 ' s MDS, dated [DATE], the MDS indicated Resident 3 was understood by others and had the ability to understand others. The MDS indicated Resident 3 was independent in oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 10/23/2024 at 11:20 am, there was an unlabeled deodorant spray in a tray next to a monitor on the desk at the nurses ' station.</p> <p>During an interview on 10/23/2024 at 11:20 am, and at 1:45 pm, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated when the residents need to use deodorant, they come to the window of the nurses ' station and ask for the deodorant. LVN 1 showed the unlabeled spray deodorant that was in a tray on the desk. LVN 1 stated the resident will use the spray deodorant on himself or herself and then give it back to the nurse through the window. LVN 1 stated the residents were not allowed to keep the deodorant. LVN 1 stated it was a shared deodorant. LVN 1 stated Resident 2 and Resident 3 were residents who ask to use deodorant every other day.</p> <p>During an interview on 10/23/2024 at 11:35 am, with Resident 1, Resident 1 stated Resident 1 would ask the nurse for the deodorant, the nurse would give the deodorant to Resident 1, and Resident 1 would give it back to the nurse after use.</p> <p>During an interview on 10/23/2024 at 1:56 pm, with the Interim Director of Nursing (IDON), the IDON stated the use of deodorants should be individualized and not shared. The IDON stated the deodorant should be labeled for individual use of each resident due to infection control.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Infection Prevention and Control Program, dated 10/1/2023, the P&amp;P indicated the facility ' s infection control P&amp;P are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>During a review of the facility ' s P&amp;P titled, Care and Services, dated 10/1/2023, the P&amp;P indicated residents are provided with the necessary care and services to maintain the highest level of practicable functioning in an environment that enhances quality of life in the scope of a long-term care facility. Care and services are provided in a manner that consistently enhances self-esteem and self-worth.</p>