

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 01/16/2025
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</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 ensure one of three Certified Nursing Assistants (CNA 6) had an active CNA certification when CNA 6 worked for 30 days ([DATE] - [DATE]) with an expired CNA certification.</p> <p>This failure had the potential to put the safety of the residents under the care of CNA 6 at risk.</p> <p>Findings:</p> <p>During a review of CNA 6's undated L&C Verification Detail Page (VDP), the VDP indicated CNA 6's CNA certification expired on [DATE].</p> <p>During an interview on [DATE] at 9:31 AM with the Director of Staff Development (DSD), the DSD stated CNA 6's CNA certification expired in ,d+[DATE].</p> <p>During a concurrent interview and record review on [DATE] at 11:09 AM with the facility's Bookkeeping staff (BK), CNA 6's Timecard Report (TCR) from ,d+[DATE] to ,d+[DATE] were reviewed. The BK stated CNA 6 worked on the following days:</p> <p>[DATE] to [DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE] to [DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE]</p> <p>[DATE] to [DATE]</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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 11:49 AM with the facility's Director of Nursing (DON), the DON stated CNA 6 worked for 30 days after CNA 6's CNA certification expired. The DON stated there should have been more monitoring for expiration of staff's licenses and certification. The DON stated staff members should not be allowed to work without a current and active certification/license.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Certified Nursing Assistant dated , d+[DATE], the P&P indicated qualifications and or requirements for a CNA is a current California CNA certification.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>48905</p> <p>Based on interview and record review, the facility failed to ensure all in-services for the year 2024 were maintained, kept and readily accessible in accordance with the facility's policy on record retention for three of three sampled Certified Nursing Assistants (CNAs 3, 4 and 5).</p> <p>This failure had the potential to result in CNAs not receiving necessary training that could affect the resident care and safety.</p> <p>Findings:</p> <p>During an interview on 1/16/2025 at 6:24AM with CNA 3, CNA 3 stated CNA 3 was unsure if CNA 3 received dementia care in-services in 2024. CNA 3 stated the risk of not receiving in-services was that it could impact the delivery of care because staff would not be updated on current practices to ensure the residents were safe.</p> <p>During an interview on 1/16/2025 at 6:30 AM with CNA 4, CNA 4 stated CNA 4 did not receive an in-service on dementia care in 2024.</p> <p>During an interview on 1/16/2025 at 6:45 AM with CNA 5, CNA 5 stated CNA 5 received three in-services in 2024 and stated in-services were not provided regularly. CNA 5 stated CNA 5 would have benefited from a regular in-service schedule because staff would be able to refresh/update their skills.</p> <p>During an interview on 1/16/2025 at 9:31 AM with the Director of Staff Development (DSD), the DSD stated the DSD started working at the facility in 12/2024 and stated the facility tried to contact the previous DSD for the missing in-services for 2024 but has gotten no response. The DSD stated there were no records of in-services provided to her for the year 2024. The DSD stated at least 24 or more in-services should have been completed annually. The DSD stated there were no in-services for abuse training and dementia care for 2024. The DSD stated the importance of keeping records of in-services was to ensure staff were trained on relevant topics, such as dementia care and abuse. The DSD stated the risk of not providing in-services to staff would be a lack in staff competency as staff would not be educated on topics that could impact resident's care.</p> <p>During an interview on 1/16/2025 at 11:49 AM with the facility's Director of Nursing (DON), the DON stated in-services were utilized to provide education and updates on new topics to ensure staff can perform the job correctly. The DON stated the facility was missing in-services from 1/2024 to 12/2024 and stated there was no documented evidence that in-services were provided in 2024 by the previous DSD to indicate staff were competent.</p> <p>During a concurrent interview with the DSD on 1/16/2025 at 12:15 PM and record review, the facility's Policy and Procedure (P&P) titled Record Retention Guidelines dated 10/2023 was reviewed. The DSD stated, per policy, all CNA records of in-service training programs needed to be kept for a period of four years.</p>		