

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 03/28/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40438</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) was not physically assaulted (someone had been attacked or harmed through physical violence) by another resident (Resident 2) on 3/17/2025.</p> <p>This failure resulted in Resident 1 sustaining bleeding from the nose, discoloration (any change in natural skin tone) on the face and redness on the nose.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Records (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a mental illness that is characterized by disturbance in thought), diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control) and hyperlipidemia (a condition characterized by abnormally high levels of fats in the blood).</p> <p>During a review of Resident 1's Minimum Data Sheet (MDS, a resident assessment tool) dated 2/27/2025, the MDS indicated Resident 1 had an intact cognition (ability to understand and process information). The MDS indicated Resident 1 was independent (resident completes the activity by themselves with no assistance from a helper) with oral and toileting hygiene, upper and lower body dressing and personal hygiene.</p> <p>During a review of Resident 1's Transfer Form (TF) dated 3/17/2025 and timed at 10:57 pm, the TF indicated Resident 1 was transferred to General Acute Care Hospital 1 (GACH 1) for evaluation after a resident-to-resident altercation (fight).</p> <p>During a review of Resident 1's Progress Notes (PN) dated 3/17/2025 timed at 11:48 pm, the PN indicated Resident 1 was heard calling help inside Resident 1's room. CNA 1 and the charge nurse (unidentified) saw Resident 2 hitting Resident 1 on the face. The PN indicated Resident 1 returned from GACH 1 on 3/18/2025 at 12:40 am with discoloration on the right side of the face and redness to the nose.</p> <p>During a review of Resident 1's Computed Tomography (CT, a medical imaging technique) scan of the brain result from GACH 1 dated 3/17/2025, the CT scan result indicated Resident 1 did not have intracranial (within the skull) hemorrhage (loss of blood from a damaged blood vessel).</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's CT scan of the Maxillofacial (relating to the jaws and face) result from GACH 1 dated 3/17/2025, the CT scan result indicated Resident 1 did not have zygomatico-facial (involving the cheekbone and its surrounding bones) fracture (a complete or partial break in a bone).</p> <p>During a review of Resident 1's Change of Condition (COC) dated 3/18/2025 timed at 1:39 am, the COC indicated Resident 1 was punched on the face by another resident (Resident 2) on 3/17/2025. The COC indicated Resident 1 sustained discoloration on the right side of the face and redness on the nose.</p> <p>b. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included schizophrenia, depression (a mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities previously enjoyed) and epilepsy (recurrent, unprovoked seizures).</p> <p>During a Review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition and was independent with oral and toileting hygiene, upper and lower body dressing and personal hygiene.</p> <p>During a review of Resident 2's COC dated 3/18/2025 timed at 1:47 am, the COC indicated Resident 2 had a resident-to-resident altercation, increased agitation and physical aggression.</p> <p>During a concurrent observation and interview on 3/28/2025 at 2:00 pm with Resident 2 in the patio, Resident 2 refused to talk and discuss the incident that happened between Residents 1 and 2 on 3/17/2025. Resident 2 was calm and interacted well with other residents in the patio.</p> <p>During a concurrent observation and interview on 3/28/2025 at 2:33 pm with Resident 1 in the Activity Room, Resident 1 was calm, well-groomed and cooperative. Resident 1 did not have pain, discoloration, bruises, redness and swelling on the head, face and nose. Resident 1 stated Resident 1 was in bed trying to sleep on 3/17/2025, when Resident 2 came stating, stop, messing up with me. Resident 1 stated Resident 1 did not have any interaction with Resident 2 prior to the incident on 3/17/2025. Resident 1 stated, Resident 2 started punching Resident 1 on the head and on the face. Resident 1 stated Resident 1 covered his face with his hands and screamed for help.</p> <p>During an interview on 3/28/2025 at 3:47 pm with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated, the incident between Residents 1 and 2 happened on 3/17/2025, around 10:30 pm. CNA 1 was sitting in the room across Residents 1 and 2's room. CNA 1 stated CNA 1 heard someone calling for help coming from Resident 1 and 2's room. CNA 1 stated CNA 1 ran inside the room and saw Resident 1 lying on the bed and Resident 2 was standing next to Resident 1. CNA 1 stated Resident 2 hit Resident 1 on the head and on the face. CNA 1 stated Resident 1 had both hands covering his face. CNA 1 stated Resident 1 was bleeding from the nose. CNA 1 stated Residents 1 and 2 were separated immediately. CNA 1 stated all residents should be monitored for behavior of angry outburst to prevent physical altercation between residents in the facility.</p> <p>(continued on next page)</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/28/2025 at 3:55 pm with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 had minimal blood on the face coming from the nose due to the physical altercation between Residents 1 and 2 on 3/17/2025. LVN 1 stated Resident 1 was transferred to the GACH 1 on 3/17/2025 at 11:48 pm. LVN 1 stated Resident 1 had a light purplish discoloration on the face and redness on top of the nose. LVN 1 stated residents in the facility should be monitored every shift for agitation and disorganized thoughts to prevent physical altercation.</p> <p>During an interview on 3/28/2025 at 4:11 pm with the facility's Director of Nursing (DON), the DON stated, all staff should continuously provide mental health support to the residents to ensure safety and prevent incidents of physical altercations, assault and abuse in the facility.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse Prevention and Prohibition Program, dated 7/9/2024, the P&P indicated, Each resident has the right to be free from abuse, neglect, mistreatment, and/or misappropriation of property. The facility has zero tolerance for abuse, neglect, mistreatment, and/or mistreatment, or misappropriation resident property. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment or misappropriation of resident property. The facility is committed to protecting residents from abuse by anyone, including but not limited to Facility staff, other residents, consultants, volunteers, staff from other agencies providing services under arrangement, family members, legal guardians, surrogates, sponsors, friends and visitors.</p>		