

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  05/07/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36924</p> <p>Based on interview and record review, the facility failed to develop a complete, individualized, and comprehensive plan of care (outlines specific care needs, preferences, and goals for individuals receiving care) for one of four sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 not receiving individualized care and had the potential to affect Resident 1's quality of life.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included paranoid schizophrenia (a type of mental disorder associated with feelings of being persecuted or plotted against) and insomnia (difficult to fall asleep).</p> <p>During a review of Resident 1's History &amp; Physical (H&amp;P) dated 2/19/25, the H&amp;P indicated Resident 1 did not have the capacity to make medical decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 3/11/25, the MDS indicated Resident 1 was cognitively intact (ability to understand and process thoughts), and ambulated independently.</p> <p>During a record review of Resident 1's Behavior Care Plan dated 5/1/25, the Behavior Care Plan indicated Resident 1 was at risk of inappropriate social behavior as evidenced by touching/scratching himself in common areas. The Behavior Care Plan did not indicate a goal and did not indicate interventions to be implemented (specific actions or strategies used by nurses to address identified patient's needs and promote desired outcomes) to address Resident 1's behavior of touching/scratching himself in common areas.</p> <p>During a concurrent record review and interview on 5/7/25 at 11:50 a.m., with the Acting Director of Nursing (ADON), Resident 1's Behavior Care Plan was reviewed. The ADON stated a complete/comprehensive care plan was important to ensure proper care for Resident 1. The ADON stated the facility staff would not know the plan of care for the resident if the care plan was incomplete. The ADON stated, if the care plan was incomplete, staff would not know what to do with resident, what interventions to implement and what goals to meet. The ADON stated Resident 1's Behavior Care Plan was incomplete.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent record review and interview on 5/7/25 at 11:53 a.m., with the Program Director (PD), Resident 1's Behavior Care Plan was reviewed. The PD stated Resident 1's Behavior Care Plan was not complete. The PD stated a complete care plan was important to keep everyone informed of what were the interventions to address the problem, monitoring the resident's behavior and addressing the problem appropriately.</p> <p>During a record review of the facility's Policy and Procedure (P&amp;P) titled, Care Planning, dated October 2023, the P&amp;P indicated a comprehensive care plan will be developed for each resident. The care plan will include measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychosocial needs.</p>