STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A360	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Penn Mar Healthcare Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50012 Based on observation, interview, and record review, the facility failed to perform neurological (of, relating to, or affecting the functioning of the brain, spine or nerves) assessments for two of three sampled residents (Residents 5 and 6) following an incident with potential head trauma per facility's policy and procedure (P&P) titled, Neurological Assessments. This failure had the potential to result in delayed identification and treatment of neurological changes, placing Resident 5 and Resident 6 at risk for harm. Findings: 1. During a review of Resident 5's Admission Record (AR), the AR indicated the facility admitted Resident 5 on 3/28/2025, with diagnoses including Schizophrenia (chronic mental health condition characterized primarily by symptoms of hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression) and seizures (a sudden, temporary disturbance of the brain's electrical activity, leading to involuntary movements, changes in awareness, or sensory experiences). During a review of Resident 5's History and Physical (H&P), dated 3/29/2025, the H&P indicated Resident 5 had the mental capacity to make medical decisions. During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 4/4/2025, the MDS indicated Resident 5's cognitive (the ability to think and process information) skills for daily decisions making was intact. The MDS indicated Resident 5 was independent with activities of daily living. During a review of Resident 5's Progress Notes (PN) dated 5/12/2025, timed at 8 PM, the PN indicated at about 7:30 PM, on 5/12/2025, Resident 5 had a physical altercation with Resident 6 on the facility patio. The PN indicated Resident 5 and Resident 6 were in fist fight after verbal confrontation. The PN indicated Resident 5 was noted with minor cuts on the right hand and bruised right cheek. The PN indicated both parties were separated immediately. During a review of Resident 5's medical record on 5/14/2025, there was no documentation of neurological checks (neuro checks- evaluates brain and nervous system [network of cells, tissues, and organs that controls and coordinates bodily functions]) performed every 15 minutes for the first hour as required by the facility's policy. Resident 5's medical record indicated neuro checks were performed every hour for the 72 hours post incident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. During a review of Resident 6's AR, the AR indicated the facility admitted Resident 6 on 12/27/2024, with diagnoses including Schizophrenia (and insomnia (having trouble sleeping at night, staying asleep, or both). During a review of Resident 6's H&P, dated 12/28/2024, the H&P indicated Resident 6 lacked the mental capacity to make medical decisions. During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6's cognitive kills for daily decisions making was intact. The MDS indicated Resident 6 was independent with activities of daily living. During a review of Resident 6's PN dated 5/12/2025, timed at 8 PM, the PN indicated at about 7:30 PM, on 5/12/2025, Resident 6 had a physical altercation with Resident 5 on the facility patio. The PN indicated Resident 5 and Resident 6 were in fist fight after verbal confrontation. The PN indicated Resident 6 had no physical marks. The PN indicated both parties were separated immediately. During a review of Resident 6's medical chart on 5/14/2025, there was no documentation of neuro checks performed every 15 minutes for the first hour as required by the facility's policy. Resident 6's medical record indicated neuro checks were performed every hour for the 72 hours post incident. During a concurrent interview and record review on 05/14/2025 at 2:45 PM with the Director of Nursing (DON), Resident 5's and Resident 6's medical records were reviewed. The DON stated that neurological checks should be completed per facility policy when there was potential for head injury. The DON stated that neuro checks for both residents were done every 1 hour instead of every 15 minutes during the first hour, which did not meet the facility's policy requirements. During a review of the facility's P&P titled, Neurological Assessments, revised August 1, 2014, the P&P indicated, Neurological checks will be performed as follows or as otherwise ordered by the Attending Physician: a. Every 15 minutes for 1 hour, then; b. Every 30 minutes for 1 hour, then; c. Every hour for 2 hours, then; d. Every 4 hours for a total of 72 hours.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 50012 Based on interview and record review, the facility failed to ensure annual performance evaluations were completed for three of four Certified Nursing Assistants (CNAs) as indicated in the facility's policy and procedure (P&P) titled, Performance Evaluations. This failure had the potential to result in unrecognized skill deficiencies, placing residents at risk for receiving subpar care from staff. Findings: During an interview on 5/14/2025 at 2:20 PM with the Director of Staff Development (DSD), the DSD stated that CNA skills evaluations had not been completed consecutively or annually as required. The DSD stated, I just started last week and haven't had a chance to review everyone's (performance) evaluations. I know they haven't been done consistently. The DSD stated that performance evaluations were essential to identify gaps in understanding and ensure staff were competent to provide quality care. During a review of the personnel files for the following CNAs on 5/14/2025 indicated: 1. CNA 2 had no performance evaluation completed or 2024. 2. CNA 4 had no performance evaluations completed for 2022, 2023, and 2024. 3. CNA 5 had no performance evaluations completed for 2023 and 2024. During a review of the facility's P&P titled, Performance Evaluations, revised August 2010, the P&P indicated, The job performance of each employee shall be reviewed and evaluated at least annually.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. 50012 Based on observation, interview, and record review, the facility failed to post daily nurse staffing information in a prominent and accessible location as indicated in the facility's policy and procedure (P&P) titled, Nursing Department - Staffing, Scheduling & Postings. This failure had the potential to result in a lack of transparency regarding nurse staffing levels, affecting residents, families, and regulatory oversight. Findings: During an observation on 5/14/2025, at 9:45 AM, the daily nurse staffing posting was not posted outside the nursing station or anywhere in the facility. During an interview on 5/14/2025 at 2:20 PM with the Director of Staff Development (DSD), the DSD stated the DSD had not updated the required nurse staffing information since 5/1/2025. The DSD stated, I overlooked it. I just started last week and didn't realize it hadn't been updated. It should be posted daily. The DSD acknowledged that the lack of nurse staffing information posting reflected poorly on the facility's compliance and that posting daily Nursing Hours Per Patient Day (NHPPD- refers to the actual hours of work performed per patient day by a direct caregiver) was necessary for transparency and to demonstrate quality of care. During a review of the facility's nurse staffing posting log on 5/14/2025, no updates were documented after 5/1/2025. The facility's nurse staffing posting log confirmed that staffing data had not been posted for 13 consecutive days. During a review of the facility's P&P titled, Nursing Department - Staffing, Scheduling & Postings, dated October 1 2023, the P&P indicated, The Facility will post the nurse staffing data . on a daily basis at the beginning of each shift. Data must be posted in a clear and readable format and in a prominent place readily accessible to residents and visitors.