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	06/24/2026

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** Based on observation, interview, and record review, the facility failed to ensure the physician's order (PO) for facial X-ray (imaging test) was followed and carried out for one of two sampled residents (Resident 2). This deficient practice had the potential to result in serious health complications for Resident 2 following a physical altercation (incident involving physical contact or the use of force) with Resident 1 on 6/12/26 at 4:18 pm.Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including schizoaffective disorder bipolar type (a mental condition that causes both a loss of contact with reality [psychosis] and mood problems) and other psychoactive substance abuse with psychoactive substance induced anxiety disorder (a mental health condition characterized by intense, excessive, and persistent worry or fear about everyday situations). During a review of Resident 1's History and Physical (H&P) dated 6/4/26, the H&P indicated Resident 1 lacked the capacity to make medical decisions. During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 6/10/26, the MDS indicated Resident 1 was independent (resident completes the activity with no assistance from a helper) with eating, toileting, oral and personal hygiene, shower, upper and lower body dressing and putting on and taking off footwear. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including schizoaffective disorder bipolar type and generalized anxiety disorder. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 was independent with cognitive skills (ability to understand) for daily decision making. The MDS indicated Resident 2 was independent with eating, toileting, oral and personal hygiene, shower, upper and lower body dressing and putting on and taking off footwear. During a review of Resident 2's Change of Condition Evaluation (COCE) dated 6/12/26 at 4:18 pm, the COCE indicated Resident 2's nose was swollen and discolored with episode of bleeding. During a review of Resident 2's PO dated 6/12/26 at 4:45 pm, the PO indicated facial x-ray one time only to rule out fracture. During a review of Resident 2's Interdisciplinary Team Notes (IDT) dated 6/12/26 at 9:41pm, the IDT notes indicated Resident 2 was involved in a resident-to-resident altercation on 6/12/26. During an interview with the facility's Administrator (Admin) on 6/24/26 at 9:30 am, the Admin stated on 6/12/26, Resident 1 and Resident 2 had a resident-to-resident altercation. The Admin stated Resident 1 struck Resident 2 and Resident 2 struck Resident 1 back causing Resident 2 to have a nosebleed. During a concurrent interview and record review (RR) of Resident 2's clinical record with the Admin on 6/24/26 at 11:30 am, the Admin stated there was an order for facial x-ray for Resident 2 on 6/12/26 (the day of the altercation between Resident 1 and Resident 2). The Admin stated the Admin was unsure if the x-ray was done in the facility or in the hospital where Resident 2 was transferred out to. During a concurrent interview and RR with the Admin on 6/24/26 at 12:45 pm, the Admin stated there was an x-ray ordered for Resident 2 on 6/12/26, but the x-ray was not done in the facility. The Admin stated Resident 2 was transferred out to the hospital but the x-ray was not done in the hospital either. The Admin stated there was no x-ray result indicating Resident 2 did not have a fracture from the altercation with Resident 1 on 6/12/26 because the x-ray order was not completed (carried out). During a review of the facility's Policy and Procedure (P&P) titled Resident (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Rights, dated 10/1/23, the P&P indicated the facility will promote and protect the rights of all residents at the facility. During a review of the facility's P&P titled, Violence Between Residents, dated 2/1/17, the P&P indicated the facility will protect the health and safety of residents by ensuring that altercations between residents are promptly reported, investigated and addressed by the facility. During a review of the facility's P&P titled, Physicians Orders dated 2/1/17, the P&P indicated the facility will ensure that all physician's orders are complete and accurate. The licensed nurse receiving the order will be responsible for documenting and implementing the order.