

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 12/06/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40438</p> <p>Based on interview and record review, the facility failed to implement its Policy and Procedure (P&P) on Advance Directives (AD, a legal document indicating resident preference on end-of-life treatment decisions) for three of three sampled residents (Residents 2, 20 and 41) by failing to:</p> <ol style="list-style-type: none"> Ensure the Advance Directive Acknowledge (ADA) Form was completed on admission for Resident 41. Ensure the ADA Form was completed on admission for Resident 2. Ensure the ADA form was completed on admission for Resident 20. <p>These failures had the potential for the facility staff to provide medical treatment and services against the will of the residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 41's Admission Record (AR), the AR indicated, Resident 41 was admitted to the facility on [DATE] with diagnoses that included pain in the left ankle and joints, alcohol use, and schizophrenia (a mental illness that is characterized by disturbances in thought). <p>During a review of Resident 41's Minimum Data Set (MDS, a resident assessment tool) dated 10/15/2024, the MDS indicated Resident 41 had intact cognition (ability to understand) and independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing, and personal hygiene.</p> <p>During an interview on 12/3/2024 at 1:45 pm with Resident 41 inside the Activity Room, Resident 41 stated she could not remember what she signed during admission. Resident 41 stated she could not remember if she was given information about AD.</p> <p>During a concurrent interview and record review on 12/3/2024 at 3:22 pm with Licensed Vocational Nurse 2 (LVN 2), Resident 41's ADA Form dated 10/2/2024 was reviewed. The ADA Form was not initialed by the resident indicating Resident 41 was given written materials and informed about her rights to refuse or accept treatment and to develop an AD. LVN 2 stated the ADA Form should be completed upon admission and initialed by the resident to indicate the form was explained, understood, and acknowledged.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/4/2024 at 9:59 am with the facility's Program Director (PD), the PD stated, the ADA form should be initialed by the resident or the conservator or responsible party (RP) indicating they were informed of the resident's rights for treatment and how to formulate an AD. The PD stated, the ADA Form that was not signed and initialed indicated education and information were not provided to the resident, the conservator or responsible party.</p> <p>49252</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 schizoaffective disorder, bipolar type (a mental illness that can affect thoughts, mood, and behavior with mood swings), overweight, and asthma (a chronic lung disease that causes inflammation and muscle tightening of the airways, making it harder to breathe).</p> <p>During a review of Resident 2's History & Physical (H&P), dated 7/21/2024, the H&P indicated Resident 2 had the capacity to make medical decisions.</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, toileting, and personal hygiene.</p> <p>During a concurrent interview and record review on 12/4/2024 at 9:13 am with Licensed Vocational Nurse 1 (LVN 1), Resident 2's ADA Form dated 4/19/2024 was reviewed. The ADA Form indicated Resident 2 was not given written materials and informed about rights to refuse or accept treatment and to develop an AD. LVN 1 stated the ADA Form was completed upon admission and should be check marked by the resident indicating the form was explained, understood, and acknowledged. LVN 1 further stated, the ADA form was incomplete and LVN 1 was unsure if AD was discussed with Resident 2.</p> <p>During an interview on 12/4/2024 at 9:30 am with the Director of Nursing (DON), the DON stated the ADA Form was intended to provide residents with information regarding AD and its formulation. The DON further stated it was important to know the resident's wishes to allow the facility to provide the appropriate and desired emergency treatment for the resident when incapacitated.</p> <p>During a review of the facility's P&P titled, Advance Directives, dated 10/1/2023, the P&P indicated, Admissions Staff or designee will provide written information to the resident concerning his or her right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives.</p> <p>40037</p> <p>c. During a review of Resident 20's Admission Record (AR), the AR indicated, Resident 20 was admitted to the facility on [DATE] with diagnoses that included unspecified pain and insomnia (difficult sleep) due to other mental disorder.</p> <p>During a review of Resident 20's Minimum Data Set (MDS, a resident assessment tool), dated 9/20/2024, the MDS indicated Resident 20 had an intact cognition (ability to think and process information). The MDS indicated Resident 20 was independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing, and personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review on 12/4/2024 at 9:30am with the Director of Nursing (DON), the there was no ADA form in Resident 20's medical record. The DON stated, the ADA form was part of admission package and it was given to resident upon admission. The DON stated the ADA was to see if the resident had an AD. The DON stated the ADA form was used to provide information of the resident's wishes in case the resident became incapacitated, and the facility may provide care as the resident's wishes. The DON stated it was the resident's right.</p> <p>During a review of the facility's undated Policy and Procedure (P&P) titled, Advance Directives, the P&P indicated, The Admission Staff will inform and provide written information to residents concerning the right to accept or refuse medical treatment.</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40037</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS, a resident assessment tool) quarterly assessment was completed within federal time frames per Center of Medicare and Medicaid Services (CMS) requirement to participate for three of three sampled residents (Residents 1, 7 and 14).</p> <p>These failures had the potential risk to affect Residents 1, 7 and 14's care by not providing CMS specific resident information and assessment on a quarterly basis.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted on [DATE] with diagnoses that included, major depression disorder (a serious mood disorder that can affect how people feel, think, and behave), Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/13/2024, the MDS indicated Resident 1 had clear speech, had the ability to understand others and make self-understood. The MDS indicated Resident 1 was independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing, and personal hygiene.</p> <p>During an interview and concurrent record review on 12/4/2024 at 9:40 am, the MDS Coordinator (MDSC) stated, Resident 1's last quarterly MDS assessment was done on 7/13/2024, and next quarterly MDS assessment was due on 11/5/2024. The MDSC stated, the MDSC missed the time frame for Resident 1's quarterly assessment, and it was late. The MDSC stated, it was important to complete the MDS in a timely manner, so the resident received reevaluation and reassessment quarterly, annually, and as needed. The MDSC stated it was part of CMS participation requirement to complete the assessment timely. The MDSC stated, without a full resident assessment, the resident's health condition could be deteriorated or decompensated.</p> <p>49252</p> <p>b. During a review of Resident 7's AR, the AR indicated Resident 7 was admitted to the facility on [DATE] with diagnoses that included psychosis (a severe mental condition in which thought, and emotions are affected that contact is lost with reality) and pain.</p> <p>During a review of Resident 7's History & Physical (H&P) dated 9/20/2024, the H&P indicated the resident had fluctuating capacity to make medical decisions.</p> <p>During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7 had intact cognition (ability to understand) and was independent with oral, toileting, and personal hygiene.</p> <p>(continued on next page)</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 7's Quarterly MDS dated [DATE], the MDS indicated that its status remained in progress.</p> <p>During an interview on 12/4/2024 at 1:50 pm with the MDS C, the MDS C stated the quarterly MDS for Resident 7 was not submitted and Resident 7 was discharged on [DATE] from the facility.</p> <p>c. During a review of Resident 14's AR, the AR indicated Resident 14 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a mental illness characterized by disturbances in thought), pain and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control).</p> <p>During a review of Resident 14's H&P dated 7/16/2024, the H&P indicated the resident lacked capacity to make medical decisions.</p> <p>During a review of Resident 14's Quarterly MDS dated [DATE], the MDS indicated Resident 14 had moderately impaired cognition and was independent with oral, toileting, and personal hygiene. The MDS indicated it was ready to be exported.</p> <p>During a concurrent interview and record review on 12/4/2024 at 1:50 pm with the MDS C, the MDS C stated the MDS was prepared for Resident 14 and MDS C forgot to export it causing the MDS to be overdue. MDS C stated it was very important to keep track of a resident's assessment and changes and the MDS should be submitted to CMS timely.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled RAI (Resident Assessment Instrument, a standardized assessment that helps nursing staff create individualized care plans for residents in long-term care and post-acute care facilities. RAI process is a federal requirement from the CMS) Process, dated 10/1/2023, the P&P indicated the facility will transmit MDS assessments in accordance with the transmission dates outlined in RAI OBRA Required Assessment Summary reporting schedule.)</p> <p>During a review of the CMS RAI OBRA required Assessment Summary schedule, the summary indicated ARD (Assessment Reference Date) should be no later than 92 calendar days of previous OBRA assessment of any type, and quarterly MDS completion days should be no later than 14 days after ARD.</p>

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49252</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for one of one sampled resident (Resident 33) for the diagnosis of post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event).</p> <p>This deficient practice had the potential to negatively affect the delivery of necessary care and services for Resident 33.</p> <p>Findings:</p> <p>During a review of Resident 33's Admission Record (AR), the AR indicated Resident 33 was admitted to the facility on [DATE] with diagnoses that included mood disorder (a mental health condition with extreme mood swings or changes, depressive or manic episodes), anxiety, and PTSD.</p> <p>During a review of Resident 33's History & Physical (H&P) dated 7/11/2024, the H&P indicated the resident had a diagnosis of PTSD.</p> <p>During a review of Resident 33's Minimum Data Set (MDS, a resident assessment tool), dated 10/22/2024, the MDS indicated Resident 33 had intact cognition (ability to understand) and was independent (resident completed the activity by themselves with no assistance from the helper) with oral, toileting, and personal hygiene.</p> <p>During a review of Resident 33's Care Plans, there was no care plan developed and implemented for Resident 33's diagnosis of PTSD.</p> <p>During an interview on 12/4/2024 at 3:14 pm with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated she was unaware Resident 33 had a PTSD diagnosis and was unsure of any interventions for the resident's PTSD condition.</p> <p>During a concurrent interview and record review on 12/6/2024 at 9:26 am with Director of Nursing (DON), Resident 33's Care Plans was reviewed. The Care Plan did not address PTSD. The DON stated, care plans were important because they guide staff to address the resident's needs, created a direction of care for the resident, and created goals for them to attain. The DON further stated, a care plan for PTSD should have been created upon admission for Resident 33.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Care Planning, dated 10/1/2023, the P&P indicated a comprehensive, person-centered care plan was developed for each resident based on their individual assessed needs. The care plan will include measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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 interventions were implemented to address the resident's limited range of motion (ROM, distance and direction a joint or body part could move around a fixed joint) and leg edema (also known as fluid retention, swelling caused by fluid buildup in the body's tissues) for one of one sampled resident (Resident 41).</p> <p>This failure had the potential to cause further decline in Resident 41's range of motion, mobility, and physical functioning.</p> <p>Findings:</p> <p>During a review of Resident 41's Admission Record (AR), the AR indicated Resident 41 was admitted to the facility on [DATE] with diagnoses that included pain in the left ankle and joints, alcohol use, and schizophrenia (a mental illness characterized by disturbances in thought).</p> <p>During a review of Resident 41's Order Summary Report (OSR) dated 10/3/2024, the OSR indicated Resident 41 had an order for staff to elevate bilateral (both) lower extremity (BLE) due to left ankle swelling.</p> <p>During a review of Resident 41's Care Plan (CP) dated 10/3/2024, the CP indicated Resident 41 had impaired physical mobility related to swollen left ankle with limited range of motion. The CP interventions included to elevate Resident 41's ankle above the level of the heart to keep fluids from collecting when lying down.</p> <p>During a review of Resident 41's Minimum Data Set (MDS, a resident assessment tool), dated 10/15/2024, the MDS indicated Resident 41 had intact cognition (ability to understand) and independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing and personal hygiene.</p> <p>During a concurrent observation and interview on 12/3/2024 at 10:24 am with Resident 41 inside the Activity Room, Resident 41 was observed limping and dragging her left leg while walking. Resident 41' left ankle was swollen. Resident 41 stated she was not elevating her legs at night or when in bed. Resident 41 stated, no one told me to elevate my legs, I just sleep it off. Resident 41 stated her legs felt heavier and tighter at night.</p> <p>During a concurrent interview and record review on 12/5/2024 at 10:54 am with Licensed Vocational Nurse 1 (LVN 1), Resident41's medical record (chart) and PointClickCare (PCC, a cloud-based software) were reviewed. LVN 1 stated Resident had an active order and care plan to elevate bilateral lower extremity due to left ankle swelling. LVN 1 stated there was no documentation that Resident 41's bilateral lower extremity had been elevated and swelling had been monitored since 10/5/2024.</p> <p>During an interview on 12/5/2024 at 11:40 am with the Director of Nursing (DON), the DON stated the facility staff is not only responsible for the psychological condition (a state that affects a person's thought, feeling and behaviors) but also the medical condition (health issue or illness) of the resident to prevent decline in mobility and psychosocial well-being.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's undated Policy and Procedure (P&P) titled, Resident Rights - Quality of Life, the P&P indicated, Facility Staff provides care and services that ensure the resident's abilities in activities of daily living do not diminish while in the care of the facility, except when unavoidable as evidenced by clinical condition.</p> <p>During a review of the facility's undated P&P titled, Physician Orders, the P&P indicated, Medication/Treatment orders will be transcribed onto the appropriate resident administration record. Orders pertaining to other health care disciplines will be transcribed onto the appropriate communication system for that discipline. Documentation pertaining to physician orders will be maintained in the resident's medical record. Current month's administration records will be maintained in the MAR/TAR binders.</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40438</p> <p>Based on interview and record review, the facility failed to ensure the initial face-to-face visit (in person meeting between a patient and a physician) was made by a physician (a person qualified to practice medicine) for two of two sampled residents (Residents 41 and 247).</p> <p>These failures had the potential for Residents 41 and 247 not to receive necessary care or receive delayed treatment and services to meet the residents' needs.</p> <p>Findings:</p> <p>a. During a review of Resident 41's Admission Record (AR), the AR indicated Resident 41 was admitted to the facility on [DATE] with diagnoses that included pain in the left ankle and joints, alcohol use, and schizophrenia (a mental illness characterized by disturbances in thought).</p> <p>During a review of Resident 41's History and Physical (H&P) dated 10/3/2024, the H&P indicated Resident 41 was seen face-to-face in the facility by a physician assistant (PA, a licensed health professional who works with physicians to provide patient care).</p> <p>During a review of Resident 41's Minimum Data Set (MDS, a resident assessment tool) dated 10/15/2024, the MDS indicated Resident 41 had intact cognition (ability to understand) and independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing and personal hygiene.</p> <p>During a concurrent interview and record review on 12/5/2024 at 10:03 am with Licensed Vocational Nurse 1 (LVN 1), Resident 41's medical record (chart) and PointClickCare (PCC, a cloud-based software) were reviewed. LVN 1 stated Resident 41 had a first face-to-face visit on 10/3/2024 with a PA belonging from the attending physician's medical group.</p> <p>b. During a review of Resident 247's AR, the AR indicated Resident 247 was admitted to the facility on [DATE] with diagnoses that included anxiety (intense, excessive, and persistent worry and fear) and psychosis (a severe mental condition in which thought, and emotions are affected and contact is lost with reality).</p> <p>During a review of Resident 247's MDS dated [DATE], the MDS indicated Resident 247 had intact cognition and independent with oral and toileting hygiene, upper and lower body dressing and personal hygiene.</p> <p>During a review of Resident 247's H&P dated 11/3/2024, the H&P indicated Resident 247 was seen via telemedicine (the use of electronic technologies to provide healthcare services remotely) by a PA.</p> <p>(continued on next page)</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 12/5/2024 at 11:40 am with the Director of Nursing (DON), Resident 41 and 247's H&P, dated 10/3/2024 and 11/3/2024 respectively, were reviewed. The DON stated the initial visit for Resident 41 was done face-to face in the facility and the initial visit for Resident 247 was done via telemedicine. The DON stated initial visits should be done by the attending physician and not by PAs or Nurse Practitioners (NP, a registered nurse with advanced training who can provide a variety of patient care services). The DON stated initial comprehensive assessment should be done face-to-face or in person with the resident to determine any medical needs of the resident.</p> <p>During a review of the facility's undated Policy and Procedure (P&P) titled, Physician Services & Visits, the P&P indicated, The resident's Attending Physician participation in the resident's assessment and care planning, monitoring, changes in resident's medical status, and providing consultation or treatment when called by the facility. Patient evaluation including written report of a physical examination within 5 days prior to admission or within 72 hours following admission. Initial comprehensive visit may not be performed by PA, NP, CNS not employed by the facility.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40037</p> <p>Based on interview and record review, the facility failed to ensure one of five sampled staffs [Certified Nurse Assistant 3 (CNA 3)] had an active Basic Life Support/Cardiopulmonary Resuscitation (BLS/CPR, a training course that teaches individuals how to respond to breathing and cardiac emergencies in adults. The CPR certification is intended for healthcare professionals) certificate before assigned CNA 3 to care for residents in the facility.</p> <p>This failure had the potential to place the residents at risk for not having their needs meet safely and in a manner that promotes the residents' rights, physical, mental, and psychosocial well-being by competent staff.</p> <p>Findings:</p> <p>During a review of the facility's Personnel Action Request (PAR), the PAR indicated CNA 3 was hired on [DATE].</p> <p>During a review of the facility's [DATE] 's CNAs monthly schedule, the monthly schedule indicated CNA 3 was scheduled to work four days a week.</p> <p>During a review of CNA 3's CPR Certificate of Completion, The CPR Certificate of Completion indicated CNA 3 completed CPR training on [DATE] and the certificate was valid for two years ([DATE]).</p> <p>During an interview and concurrent personnel file review of CNA 3 on [DATE] at 10:10 am, the Director of Nursing (DON) stated, CNA 3's CPR expired on [DATE] and CNA 3 should renew the CPR certificate before it got expired. The DON stated, This was part of the job requirement that CNAs held a non-expired CPR certificate to work in this facility. The DON stated CNAs could respond correctly with current CPR knowledge when residents had breathing and cardiac emergencies. The DON stated, This was crucial in healthcare professional because it could save lives. The DON stated, The facility should follow up with staffs' CPR status and should not schedule staffs to work without an active CPR certificate.</p> <p>A review of the facility's policy and procedure titled, Cardiopulmonary Resuscitation (CPR), revised [DATE], indicated Licensed Nursing Staff are required to be certified in basic CPR and must maintain active certification.</p>

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NAME OF PROVIDER OR SUPPLIER Penn Mar Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3938 Cogswell Road El Monte, CA 91732	
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40037</p> <p>Based on interview and record review, the facility failed to provide the services of a Registered Nurse (RN) for at least 8 consecutive hours a day for three of seven days a week (4/7/2024, 5/5/2024 and 6/9/2024).</p> <p>This failure had the potential to affect the quality of care, quality of life, health, and safety of all the residents who resided in the facility.</p> <p>Findings:</p> <p>During a review of the facility's Assignment/Sign-In Sheet for all shifts, dated 4/7/2024, 5/5/2024 and 6/9/2024, the Sign-In Sheet indicated, there was no RN coverage for these three days.</p> <p>During an interview on 12/5/2024 at 9:26 am, the Director of Nursing (DON) stated, there was no RN working on 4/7/2024, 5/5/2024 and 6/9/2024. The DON stated, it was important to have a RN coverage because the RN could perform resident assessment while Licensed Vocational Nurse (LVN) did not have the legal scope of practice to perform resident assessment. The DON stated without proper assessment, the resident might not receive proper treatment and that could lead to hospitalization. The DON stated, the facility did not have a policy and procedure that specified the need to provide RN services at least 8 consecutive hours a day, 7 days a week. The DON stated, the DON would follow up with the facility's administrative staff to update the policy.</p> <p>A review of the facility's policy and procedure titled, Nursing Department-Staffing, Scheduling & Postings, revised 1/25/2024, indicated To ensure an adequate number of nursing personnel are available to meet resident needs. The facility will employ sufficient Nursing Staff on a 24-hour basis that meets the appropriated competencies, skill set, and required qualifications to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being for each resident.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>40037</p> <p>Based on interview and record review, the facility failed to complete a performance review of Certified Nursing Assistant (CNA) at least once every 12 months for two of three CNAs (CNA 2 and CNA 3).</p> <p>These failures had the potential for nurse aides not having competent skills when taking care of the residents.</p> <p>Findings:</p> <p>During an interview and concurrent review of CNAs 2 and 3's personal files on 12/4/2024 at 2:54 pm, with the Director of Staff Development (DSD), the personal files indicated CNA 2's last performance review was done on 9/6/2022, and CNA 3's last performance review was done on 9/9/2022. The DSD stated, there was no performance review completed after those days for CNA 2 and CNA 3.</p> <p>A review of CNA 2's Evaluation of Employee indicated CNA 2 had a performance review, dated 9/6/2022.</p> <p>A review of CNA 3's Evaluation of Employee indicated CNA 3 had a performance review, dated 9/9/2022.</p> <p>During an interview on 12/5/2024 at 3:38 pm, the Director of Nursing (DON) stated, the facility should complete a performance evaluation for all staffs on a yearly basis. The DON stated there was no updated annual performance review for CNA 2 and CNA 3 after the last review in 2022. The DON stated CNA 2 and CNA 3's annual performance review was due for 2023 and 2024. The DON stated, it was important to complete CNAs performance review at least yearly to check the CNAs' strength and weakness, to update their knowledge and skills. The DON stated performance review was a necessary measure to make sure CNAs were competent to provide quality and safety care to the residents. The DON stated, the facility did not have a policy and procedure indicated that the facility should complete a performance review for nurse aides at least once every 12 months. The DON stated, the DON would follow up with facility's administrative staff to update the policies.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40037</p> <p>Based on interview and record review, the facility failed to act upon the pharmacist's medication regimen review (MRR, a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication.) recommendation for one of five sampled residents (Resident 24).</p> <p>This deficient practice had the potential for Resident 24 receiving unnecessary medications and not maintaining the resident's highest practicable level of physical, mental, and psychosocial well-being and prevents or minimizes adverse consequences related to medication therapy to the extent possible.</p> <p>Findings:</p> <p>During a review of Resident 24's Admission Record (AR), the AR indicated Resident 24 was admitted on [DATE] with diagnoses that included, depression disorder (a mood disorder that can affect how people feel, think, and behave) and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 24's Order Summary Report (OSR) dated 6/4/2024, the OSR indicated Resident 24 was prescribed Propranolol 10 mg, by mouth two times a day, for anxiety manifested by verbalization anxious.</p> <p>During a review of the facility's Note to Attending Physician/Prescriber, for Resident 24, dated 10/11/2024, the note indicated, Off label use, Resident 24 has Propranolol (a drug slows down heart rate and makes it easier for heart to pump blood around your body) 10mg (milligram) bid (two times a day) for anxiety, which is a non-FDA (The Food and Drug Administration)-labeled use of this medication for this particular indication. According to CMS (Centers for Medicare & Medicaid Services, a federal agency) guidelines, this can be considered duplicate, unnecessary therapy. Please evaluate the risks/benefits of this medication for this resident to keep the facility in compliance with regulations.</p> <p>During a review of Resident 24's Minimum Data Set (MDS, a resident assessment tool), dated 11/1/2024, the MDS indicated, Resident 24 had clear speech, had the ability to understand others and make self-understood. The MDS indicated Resident 24 was independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing, and personal hygiene.</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and current record review on 12/5/2024 at 4:20 pm, the Director of Nursing (DON) stated, there was no documentation in Resident 24's medical record indicated the consultant pharmacist recommendation was addressed by the nurses, was notified to the physician, and reviewed by the physician. The DON stated, the facility had no DON in position for 9/2024 and 10/2024, so the pharmacist's recommendation had not been acted upon and reviewed by the physician. The DON stated, the consultant pharmacist came to the facility monthly to review each resident's medication regimen and give recommendation accordingly. The DON stated facility staff should respond to the consultant pharmacist's recommendation by notifying the physician to see if the physician agreed or disagreed with the recommendations. The DON stated, it was the resident's right not to be over medicated which might affect the resident's health conditions, and mood and thought process.</p> <p>During a review of the facility's policy and procedure titled, Pharmacy Consultant Monthly Report, undated, indicated The consultant pharmacist will provide the facility with a monthly report involving medication regimens of all active patients on a monthly basis. Response to clinical recommendations must be made within 14 days and noted in the patient's chart.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40037</p> <p>Based on interview and record review, the facility failed to ensure the physician's psychotropic medication (any drug that affects brain activities associated with mental processes and behavior) order for Ativan (a psychotropic drug to treat anxiety disorders), had a specific indicated behavior for its use for one of five sampled residents (Resident 1).</p> <p>This deficient practice had the potential for Resident 1 receiving unnecessary medications, experiencing side effects of medications, not maintaining the resident's highest practicable level of physical, mental, and psychosocial well-being, and preventing or minimizing adverse consequences related to medication therapy to the extent possible.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted on [DATE] with diagnoses that included, major depression disorder (a serious mood disorder that can affect how people feel, think, and behave), Diabetes Mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/13/2024, the MDS indicated, Resident 1 had clear speech, had the ability to understand others and make self-understood. The MDS indicated Resident 1 was independent (resident completed the activity by themselves with no assistance from the helper) with oral and toileting hygiene, shower, upper and lower body dressing, and personal hygiene.</p> <p>During a review of Resident 1's Physician Order (PO), dated 11/25/2024, the PO indicated Resident 1 had an order for Ativan, oral tablet 2mg (milligram) give 2 mg by mouth every 8 hours as needed for agitation/anxiety related to anxiety disorder for 14 days.</p> <p>During an interview on 12/5/2024 at 10:13 am, the Director of Nursing (DON) stated, Resident 1's PO for Ativan did not indicate a specific behavior manifested by Resident 1. The DON stated, psychotropic medication order should indicate specific behavioral presented by the resident, so staffs knew what exact behavior should be monitored and/or care planned. The DON stated, without monitoring specified behavior, staffs would not know if certain behavior getting better or worse and could not measure the effectiveness of the medication properly. The DON stated this was to make sure resident not receiving unnecessary psychotropic medications for the residents' health and safety.</p> <p>A review of the facility's policy and procedure titled, Psychotherapeutic Drug Management, dated 10/1/2023, indicated The medication will be written on the Medication Administration Record (MAR) with the following information: medication, dose, and time of administration; manifestations for the drug i.e. hitting others etc.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</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 maintain safe food storage and handling practices in one of one facility kitchen, by failing to:</p> <ol style="list-style-type: none"> Label one sealed frozen roast beef with received date in Freezer 1. Discard one opened bag of expired frozen raspberry and one unopened and expired bag of frozen raspberry in the dairy freezer. Discard two bags of expired toasted bread (thick-cut white bread) and three bags of expired hamburger buns in the dry storage area. <p>These failures had the potential to result in food-borne illnesses (illness caused by ingesting contaminated food or beverages) to the residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> During an observation in the kitchen on [DATE] at 9:26 am with the Dietetic Services Supervisor (DSS), one sealed frozen roast beef at the bottom shelf of Freezer 1 did not have a date when it was received. During an observation in the kitchen on [DATE] at 9:30 am with DSS, one opened bag of frozen raspberry with no opened date labeled and one sealed, unopened bag of frozen raspberry with no received date labeled were in the dairy freezer. Both bags had an expiration date of [DATE]. During an observation in the dry storage area on [DATE] at 9:33 am with DSS, two bags toasted bread and 3 bags of hamburger buns were on the second shelf. All bags had a received date of [DATE] and best by (BB, when a product will be at its best flavor or quality) date of [DATE]. <p>During an interview on [DATE] at 2:51 pm with the DSS, the DSS stated all food items received should be labeled with a received date. The DSS stated opened food items should be labeled with the date they were opened. The DSS stated BB date is the expiration date. The DSS stated all food items should be labeled with received and opened date to determine when the food items were at its highest quality, when they need to be discarded, and to ensure foods served to the residents were safe and palatable.</p> <p>During an interview on [DATE] at 9:34 am with the Director of Nursing (DON), the DON stated all food items should be labeled with dates received and dates opened to ensure food was used and consumed before they expired to prevent food-borne illnesses to the resident.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Receiving Food and Supplies, dated [DATE], the P&P indicated, Items received should be dated with FIFO rotation. Food stock should be rotated with each new order received.</p>

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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>49252</p> <p>Based on observation, interview, and record review, the facility failed to ensure five out of 11 resident bedrooms accommodated no more than four residents in Rooms 25, 27, 29, 31, and 33.</p> <p>This deficient practice had the potential to result in inadequate space for residents' mobility and staff provision of care to the residents in these rooms.</p> <p>Findings:</p> <p>During an observation on 12/3/2024 at 11:00 am, five resident bedrooms for which a waiver was requested (Rooms 25, 27, 29, 31, and 33) had adequate space available for the residents' use and movement. There were no adverse effects as to the adequacy of the spaces for nursing care, comfort, and privacy to the residents. There were no residents who expressed any concerns about the room sizes.</p> <p>During a review of the facility's Client Accommodation Analysis (CAA) form dated 12/4/2024, the CAA form indicated that each of the rooms (Rooms 25, 27, 29, 31, and 33) were occupied by five ambulatory residents. The CAA form indicated the following:</p> <table border="0"> <thead> <tr> <th>Room No.</th> <th>No. of Beds</th> <th>Room Square Footage</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>5</td> <td>464.96 square feet (sq ft)</td> </tr> <tr> <td>27</td> <td>5</td> <td>464.96 sq ft</td> </tr> <tr> <td>29</td> <td>5</td> <td>464.96 sq ft</td> </tr> <tr> <td>31</td> <td>5</td> <td>464.96 sq ft</td> </tr> <tr> <td>33</td> <td>5</td> <td>464.96 sq ft</td> </tr> </tbody> </table> <p>During a review of the facility's Room Waiver Request Letter (RWRL) dated 12/4/2024, the RWRL indicated the facility requested a room waiver for Rooms 25, 27, 29, 31 and 33. All rooms (Rooms 25, 27, 29, 31, and 33) had the same measurement of 464.96 square feet and had five beds in each room. The RWRL further indicated each of these rooms had ample space to accommodate wheelchairs and other medical equipment, as well as space for mobility and movement of ambulatory residents. The RWRL indicated there was adequate space for nursing care, and the health and safety of residents occupying these rooms were not in jeopardy.</p> <p>During an interview on 12/5/2024 at 3:02 pm with Administrator (ADM), the ADM verified Rooms 25, 27, 29, 31, and 33 were currently occupied by five residents in each room. The ADM stated, these rooms had adequate space to provide care for each resident and will not adversely affect the residents' health and safety.</p> <p>(continued on next page)</p>			Room No.	No. of Beds	Room Square Footage	25	5	464.96 square feet (sq ft)	27	5	464.96 sq ft	29	5	464.96 sq ft	31	5	464.96 sq ft	33	5	464.96 sq ft
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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Policy and Procedure (P&P) titled, Resident Rooms and Environment, dated 10/1/2023, the P&P indicated the facility must ensure resident rooms do no accommodate more than four residents.</p>