

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER San Marino Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6812 N. Oak Avenue San Gabriel, CA 91775	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152 Based on interview and record review, the facility failed to ensure the fall care plan (a document that outlines the facility 's plan to provide personalized care to a resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs) for one (1) of three (3) sampled residents (Resident 1), included resident-centered interventions (programs or activities that are designed to address the specific needs of the resident to ensure their well-being) per facility policy. This deficient practice resulted in Resident 1 not having resident-centered fall prevention interventions, with the risk for potential falls with injury. Findings: During a review of Resident 1 's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included lack of coordination, muscle wasting (weakening, shrinking, and loss of muscle) and atrophy (deterioration of a part of the body), generalized muscle weakness (lack of muscle strength requiring extra effort to move) and dementia (a progressive state of decline in mental abilities). During a review of Resident 1 's Minimum Data Set (MDS- a federally mandated assessment tool), dated 9/23/2024, the MDS indicated Resident 1 with severely impaired cognitive skills (ability to understand and make decisions). The MDS indicated Resident 1 substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with walking 10 feet, toileting, bathing lower body dressing and putting/taking off footwear and partial/moderate assistance (helper does less than half the effort needed to complete the activity) with oral and personal hygiene. During a review of Resident 1 's History and Physical (H&P), dated 9/19/2024, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1 's Fall Risk Evaluation, dated 9/18/2024, the Fall Risk evaluation indicated Resident 1 with a fall risk score of 20, with the following fall risk factors: 1. Disorientation (a mental state where a person is confused about their identity, location, and/or time) to 3 at all times (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER San Marino Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6812 N. Oak Avenue San Gabriel, CA 91775	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Incontinent (lacking control of bowel and/or bladder) 3. Systolic blood pressure (the pressure in your arteries when your heart beats and pumps blood out) drop less than 20 millimeters of mercury (mmHg- unit of measurement used to measure blood pressure) between lying and standing 4. 1-2 present predisposing diseases (chronic conditions that can increase the risk of falling) 5. Taking 3-4 medications (or medication classes) 6. Balance problem with walking 7. Decreased muscular coordination The Fall Risk Evaluation also indicated if the fall risk score is 10 or greater, the resident should be considered high risk for potential falls and [fall] prevention protocol initiated immediately and documented in the care plan. During an interview of 11/5/2024 at 2:29 PM with the Director of Rehab (DOR), DOR stated Resident 1 is a fall risk and should have supervision with walking due to her impaired cognitive skills and impaired ability to determine unsafe situations when ambulating, including environmental factors (examples lighting, flooring, obstacles in footpath). During an interview on 11/5/2024 at 3:30 PM with Minimum Data Set Nurse (MDSN), MDSN stated Resident 1 is confused, receiving physical therapy and needs supervision assistance when walking because of her unsteady gait (a person 's manner of walking). MDS also stated Resident 1 should not be walking alone. During an interview on 11/5/2024 at 3:53 PM with Licensed Vocational Nurse 4 (LVN 4), LVN 4 stated Resident 1 had unsteadiness when walking and holds the wall side rails for support. LVN 4 stated Resident 1 needs verbal and/or physical prompting with direction because she does not have full cognition in determining where she needs to go. LVN 4 also stated she needs supervision when transferring (how resident moves to and from bed, chair, wheelchair, standing position). During a concurrent interview and record review on 11/5/2024 at 4:46 PM with Director of Nursing (DON), Resident 1 's Risk for Falls care plan, dated 9/19/2024, was reviewed. DON stated the care plan did not address any fall prevention interventions specific to Resident 1 's identified fall risk factors including Resident 1 's cognition impairment, confusion, balance problem and unsteady gait and should have per the facility policy. DON stated Resident 1 's current fall risk care plan mainly addresses when a fall occurs and is missing a lot. DON stated it is important for Resident 1 to have a resident-centered care plan for falls to ensure there are specific interventions in place to direct staff and to prevent falls and/or major injuries from a fall. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER San Marino Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6812 N. Oak Avenue San Gabriel, CA 91775	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s Policy and Procedure (P&P) titled, Falls and Fall Risk, Managing, revised 3/2018, the P&P indicated staff will identify interventions related to the resident ' s specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. The P&P indicated fall risk factors included cognitive impairment, lower extremity weakness, medication side effects, orthostatic hypotension (a sudden drop in blood pressure that occurs when standing up from a sitting or lying position), functional impairments, incontinence balance and gait disorders. The P&P also indicated staff will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls. During a review of the facility ' s P&P titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, the care plan indicated: 1. A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 3. The comprehensive, person-centered care plan includes measurable objectives and timeframes and describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, 4. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. 5. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers.		