

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

Printed: 03/27/2025
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 01/30/2025
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 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** 48152 Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), wore the [NAME] brace (a brace used to stabilize and treat broken bones in the upper arm) as ordered by the physician and indicated in Resident 1 ' s care plan. This failure placed Resident 1 at risk for delayed healing and/or worsening of the right humerus fracture (a break in the upper arm bone on the right side of the body) and a decline in right arm range of motion (ROM, the full movement potential of a joint, usually its range of flexion and extension). Findings: During a review of Resident 1 ' s Admission Record, the Admission indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included a displaced fracture (two or more portions of broken bone come out of proper alignment) of shaft of humerus (upper arm bone) on the right arm, pathological fracture (a break in an area of bone that has been weakened by an underlying disease) of the right humerus and dementia (decline in mental ability severe enough to interfere with daily functioning/life). During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool), dated 1/24/2025, the MDS indicated Resident 1 with severely impaired cognitive skills (ability to understand and make decisions). The MDS indicated Resident 1 was dependent (helper does all effort needed to complete activity) with eating, bathing, dressing, toileting and oral hygiene. During a review of Resident 1 ' s History & Physical (H&P), dated 1/22/2025, the H&P indicated Resident 1 was unable to communicate/make decisions for self. During a review of Resident 1 ' s Order Summary Report, dated 1/30/2025, the Order Summary Report indicated Resident 1 would wear [NAME] brace to the right upper extremity at all times until cleared by MD and may be removed during sponge bathing while maintaining fracture and non-weight bearing precaution to right upper extremity (RUE) every shift. (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	During a review of Resident 1 ' s Fracture to the Right Humerus 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), revised 1/15/2025, the care plan indicated [NAME] brace to Resident 1 ' s right upper extremity at all times until cleared by the medical doctor (MD). During an observation on 1/30/2025 at 7:46AM, Resident 1 was observed lying in bed without a [NAME] brace on the right arm. The [NAME] brace was observed on top of the nightstand next to Resident 1. During a concurrent observation and interview on 1/30/2025 at 7:57AM with Restorative Nurse Assistant 1 (RNA 1), RNA 1 was observed applying the [NAME] brace to Resident 1 ' s right arm. RNA 1 stated he does not know when or why Resident 1 ' s [NAME] brace was removed. RNA 1 stated the brace prevents dislocation of Resident 1 ' s fracture and should always be on. During an interview on 1/30/2025 at 8:09AM with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 should be wearing the [NAME] brace for the right humerus fracture at all times according to the physician ' s order. LVN 1 stated during the morning rounds around 7:10AM, Resident 1 was not wearing the right arm brace. LVN 1 stated she attempted to reapply the [NAME] brace, but stopped because she was scared and did not want to move Resident 1 ' s fractured right arm. During an interview on 1/30/2025 at 8:25AM with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated Resident 1 was supposed to wear the [NAME] brace all the time, except during a sponge bath but should be reapplied after. RNS 1 stated physical therapists (PT) were responsible in reapplying the brace when necessary, and if removed when PT are not in the facility, staff would wait for PT to arrive to reapply the brace. During an interview on 1/30/2025 at 1:44PM with LVN 1, LVN 1 stated it was important to ensure Resident 1 was wearing the [NAME] brace as ordered and indicated in the care plan because it was necessary to allow healing and prevent a second dislocation in Resident 1 ' s right arm. During an interview on 1/30/2025 at 1:48PM with Occupational Therapist (OT 1), OT 1 stated Resident 1 had a [NAME] brace that was worn at all times to help immobilize (prevent movement) and heal the right arm fracture. OT 1 stated this brace was important because Resident 1 was unable to have surgery to fix the fracture, so this was the primary treatment. OT 1 stated the brace can be removed for sponge baths but needed to be reapplied directly after by therapy staff, licensed nurses and/or certified nurse assistants. During an interview on 1/30/2024 at 2:05PM with the Director of Nursing (DON), the DON stated Resident 1 should have the [NAME] brace all times unless removed for baths per the MD order and must be reapplied after by licensed staff. DON stated it was important to ensure Resident 1 wore the brace at all times for continuity of care and to prevent further injury to the right arm fracture. During a review of the facility ' s Policy & Procedure (P&P) titled, Splinting, revised 12/1/2003, the P&P indicated splinting (the use of a supportive device that involves immobilizing an injured or diseased body part) is used to protect joints and surrounding tissue with a goal to maintain range of motion. (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility ' s P&P titled, Assistive Devices and Equipment, revised 1/2020, the P&P indicated the facility maintains and supervises the use of assistive devices and equipment for residents ' mobility, safety and independence.		