

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555852	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Park Avenue Healthcare & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1550 North Park Avenue Pomona, CA 91768	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37662</p> <p>Based on observation, interview, and record review the facility failed to provide care and services to prevent potential accidents for one of three sampled residents (Resident 6) by failing to ensure:</p> <p>Resident 6, who had a history of seizures (a sudden, uncontrolled burst of electrical activity in the brain), had bilateral padded side rails in bed.</p> <p>This deficient practice had the potential to affect Resident 6's safety and increase the risk for injury in an event of a seizure episode.</p> <p>Findings:</p> <p>During a review of Resident 6's Admission Record (AR), the AR indicated, Resident 6 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease (a brain disorder that slowly destroys memory and thinking skills), unspecified, other seizures, and tremors (involuntary shaking or movement), unspecified.</p> <p>During a review of Resident 6's Order Summary Report (OSR), dated 9/19/2023, the OSR indicated, a physician order for Primidone (medication used to treat partial and generalized seizures) Oral Tablet 50 milligrams (mg, unit of measurement), give one (1) tablet by mouth two times a day for seizure disorder.</p> <p>During a review of Resident 6's OSR, dated 11/9/2023, OSR indicated, a physician order to monitor Resident 6's episodes of seizures and document the number of episodes every shift.</p> <p>During a review of Resident 6's History and Physical Examination (H&P), dated 12/9/2023, the H&P indicated, Resident 6 had the capacity to understand and make decisions.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 6's Quarterly Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 6/25/2024, the MDS indicated, Resident 6 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated, Resident 6 required substantial/maximal assistance (helper did more than half the effort) for eating, oral hygiene, toileting hygiene, and showering/bathing self. The MDS indicated, Resident 6 required partial/moderate assistance (helper did less than half the effort) for rolling left and right (the ability to roll from lying on back to left and right side and return to lying on back on the bed) in bed.</p> <p>During a review of Resident 6's Medication Administration Record (MAR), dated 7/1/2024 to 7/31/2024, the MAR indicated, Resident 6 received the medication Primidone twice a day, as ordered.</p> <p>During a review of Resident 6's MAR, dated 7/1/2024 to 7/31/2024, indicated, Resident 6 did not have any seizure episodes.</p> <p>During an observation on 8/5/2024 at 10:45 AM, Resident 6 was observed lying in bed with side rails that were not padded. Resident 6 was easily startled and was observed having tremors in bed.</p> <p>During a concurrent observation and interview on 8/5/2024 at 1:31 PM with Certified Nursing Assistant (CNA) 2, Resident 6 was observed in bed with padded side rails. CNA 2 stated the facility staff (unidentified) placed the padded side rails earlier that day (on 8/5/2024, unable to give specific time) because Resident 6 was shaking a lot.</p> <p>During an interview on 8/5/2024 at 1:42 PM with the Assistant Director of Nursing (ADON), the ADON stated Resident 6 never had padded side rails before since Resident 6 never had side rails in bed. The ADON stated the hospice agency (a special kind of care that focuses on a person's quality of life and dignity as they near the end of their life) provided Resident 6 a new bed with side rails and the ADON did not know when the new bed arrived. The ADON stated they needed to pad the side rails as a precaution. The ADON stated the facility padded side rails for residents with history of seizures. The ADON stated Resident 6's FM 1 would like Resident 6's side rails to be padded to be safe and in case Resident 6 had a seizure episode. The ADON stated FM 1 stated to pad the side rails to prevent any additional harm when Resident 6 had tremors.</p> <p>During an interview on 8/5/2024 at 2:28 PM with the Administrator (ADM), the ADM stated that the hospice agency sent a new bed for Resident 6 on 8/2/2024. The ADM stated he usually padded the side rails when a resident had history of seizures, but Resident 6's previous bed did not have any side rails.</p> <p>During an interview on 8/5/2024 at 4:12 PM with the Director of Nursing (DON), the DON stated the DON would expect a resident with history of seizures to have interventions that included: monitoring the resident for any episodes of seizures, assessment, bed in the lowest position, padded side rails if applicable to the resident, administering medications for seizures, and monitoring lab levels of medication. The DON stated when a resident needed padded side rails, the DON would initiate it for the resident's safety and for prevention of injury.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Seizure, revised on 4/1/2015, the P&P indicated, to ensure the safety of residents during seizure activity, seizure precautions may include padding the side rails, as applicable.</p>