

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 03/10/2025
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027</p> <p>Based on interview and record review, the facility failed to promptly respond to call lights (a device used by a resident to signal his or her need for assistance from staff) for three of five sampled residents (Residents 7, 11, and 12) according to the facility ' s Policy and Procedure (P&P) titled, Communication - Call System, revised January 1, 2012.</p> <p>This failure had the potential to result in residents care needs not being met.</p> <p>Findings:</p> <p>a. During a review of Resident 7's Admission Record (AR), the AR indicated the facility admitted Resident 7 on 8/27/2024 and readmitted Resident 7 on 10/28/2024 with diagnoses including urinary tract infection (UTI, an infection in any part of the urinary system, including the kidneys, bladder, or urethra), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and difficulty in walking.</p> <p>During a review of Resident 7's Minimum Data Set (MDS, a resident assessment tool), dated 12/12/2024, the MDS indicated Resident 7 had no impairments in cognitive skills (ability to make daily decisions). The MDS indicated Resident 7 required partial/moderate (helper does less than half the effort) from staff for bathing, dressing, and toileting and personal hygiene.</p> <p>During a review of Resident 7 ' s untitled care plan, initiated on 2/6/2025, the care plan indicated Resident 7 had limited physical mobility. The care plan indicated the intervention of, Encourage the resident to use bell to call for assistance.</p> <p>b. During a review of Resident 11's AR, the AR indicated the facility admitted Resident 11 on 9/14/2017 and readmitted Resident 11 on 11/29/2023 with diagnoses including quadriplegia (the condition in which both the arms and legs are paralyzed), anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and hyperlipidemia (a condition in which there are high levels of fat particles [lipids] in the blood).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 11's MDS, dated [DATE], the MDS indicated Resident 11 had no impairments in cognitive skills. The MDS indicated Resident 11 was dependent (helper does all the effort) on staff for all activities of daily living (ADL, a term used to describe the skills required to independently care for oneself).</p> <p>During a review of Resident 11 ' s untitled care plan, initiated on 9/11/2021, the care plan indicated Resident 11 was at risk for falls related to quadriplegia. The care plan indicated the intervention of, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>c. During a review of Resident 12's AR, the AR indicated the facility admitted Resident 12 on 10/3/2023 and readmitted Resident 12 on 1/8/2025 with diagnoses including functional quadriplegia, chronic respiratory failure (when the lungs can't get enough oxygen into the blood), and dysphagia (difficulty swallowing foods or liquids).</p> <p>During a review of Resident 12's MDS, dated [DATE], the MDS indicated Resident 12 had no impairments in cognitive skills. The MDS indicated Resident 12 was dependent on staff for all ADLs.</p> <p>During a review of Resident 12 ' s untitled care plan, initiated on 10/10/2023, the care plan indicated Resident 12 had an ADL self-care performance deficit related to limited range of motion (ROM) and weakness. The care plan indicated the intervention of, Encourage the resident to use bell to call for assistance.</p> <p>During an interview on 3/10/2025 at 9:20 a.m. with Resident 11, Resident 11 stated sometimes Resident 11 needed to yell out for assistance because facility staff (in general) would not answer Resident 11's call light. Resident 11 stated sometimes Resident 11 had to call Resident 11 ' s mother via telephone so Resident 11 ' s mother could call the facility and inform the facility staff that Resident 11 needed assistance. Resident 11 stated the facility staff (in general) did not answer call lights efficiently. Resident 11 stated the 11 pm - 7am and the 7 am - 3 pm shifts where the most problematic for getting help from staff.</p> <p>During an interview on 3/10/2025 at 10:40 am with Resident 12, Resident 12 stated sometimes Resident 12 waited over 1/2 hour to get help for assistance during the night shift (11 pm - 7 am).</p> <p>During an interview on 3/10/2025 at 10:59 a.m. with Resident 7, Resident 7 stated sometimes Resident 7 wait one hour to get help with changing Resident 7 ' s soiled diaper. Resident 7 stated having to wait that long made Resident 7 feel unimportant and like facility staff (in general) did not care about Resident 7.</p> <p>During an interview on 3/10/2025 at 1:08 p.m. with the Director of Nursing (DON), the DON stated as soon as facility staff (in general) saw a call light, the staff (in general) should answer the call light. The DON stated answering call lights immediately helped to decrease the potential for incidents if residents (in general) were trying to do things on their own. The DON stated if residents (in general) had to wait a long time for assistance, residents (in general) would not feel dignified.</p> <p>During a review of the facility ' s Resident Council Minutes, dated 12/18/2024, the Resident Council Minutes indicated residents (in general) were complaining call lights are taking too long to be answered.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s P&P titled, Communication - Call System, revised January 1, 2012, the P&P indicated, The Facility will provide a call system to enable residents to alert the nursing staff from their rooms and toileting/bathing facilities .Nursing Staff will answer call bells promptly, in a courteous manner.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>44027</p> <p>Based on interview and record review, the facility failed to serve the meal indicated on the facility ' s lunch menu, on 3/9/2025, to one of three sampled residents (Resident 9) according to the facility ' s Policy and Procedure (P&P) titled, Menu, undated.</p> <p>This failure had the potential for Resident 9 to not receive adequate nutrition while in the care of the facility.</p> <p>Findings:</p> <p>During a review of Resident 9's Admission Record, AR, the AR indicated the facility admitted Resident 9 on 1/2/2019 and readmitted Resident 9 on 6/27/2023 with diagnoses including atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), chronic obstructive pulmonary disease (COPD, a group of diseases that cause airflow blockage and breathing-related problems), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar).</p> <p>During a review of Resident 9's Minimum Data Set (MDS, a resident assessment tool), dated 9/16/2024, the MDS indicated Resident 9 had no impairments in cognitive skills (ability to make daily decisions). The MDS indicated Resident 9 required supervision or touch assistance from staff for bathing and dressing. The MDS indicated Resident 9 required setup or clean-up assistance from staff for eating and oral, personal, and toileting hygiene.</p> <p>During a concurrent interview and record review on 3/10/2025 at 12:04 p.m. with Resident 9, the facility ' s menu, titled Good for Your Health Menu, dated March 3-9,2025, was reviewed. Resident 9 stated on Sunday, 3/9/2025, Resident 9 was not served food according to the menu. Resident 9 stated Resident 9 received a corn dog, rice, and a flour tortilla for lunch. The menu indicated residents (in general) would be served ham with raisin sauce, au gratin potatoes, roasted asparagus, wheat roll, and carrot cake. Resident 9 stated he would not receive what was on the menu about twice a week.</p> <p>During a review of the facility's P&P titled, Menu, undated, the P&P indicated, To ensure that the Facility provides meals to residents that meet the requirements of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of three sampled residents (Resident 7 and 9) received food that were palatable and attractive according to the facility ' s Policy and Procedure (P&P) titled, Dietary Department - General, revised June 1, 2014.</p> <p>This failure had the potential for Residents 7 and 9 to be at risk of unplanned weight loss, a consequence of poor food intake.</p> <p>Findings:</p> <p>a. During a review of Resident 7's Admission Record (AR), the AR indicated the facility admitted Resident 7 on 8/27/2024 and readmitted Resident 7 on 10/28/2024 with diagnoses including urinary tract infection (UTI, an infection in any part of the urinary system, including the kidneys, bladder, or urethra), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and difficulty in walking.</p> <p>During a review of Resident 7's Minimum Data Set (MDS, a resident assessment tool), dated 12/12/2024, the MDS indicated Resident 7 had no impairments in cognitive skills (ability to make daily decisions). The MDS indicated Resident 7 required partial/moderate (helper does less than half the effort) from staff for bathing, dressing, and toileting and personal hygiene.</p> <p>During an interview on 3/6/2025 at 10:51 a.m. with Resident 7, Resident 7 stated sometimes the food was not good. Resident 7 stated the green beans were mushy and did not have any flavor.</p> <p>During a concurrent observation and interview on 3/6/2025 at 12:05 p.m. with the Dietary Manager (DM), a test lunch tray was observed. The lunch tray included a plate of food which consisted of turkey with cream sauce, green beans, and roasted red potatoes. All food items were sitting in a puddle of liquid. The DM confirmed the food did not look appetizing due to the amount of liquid on the plate. The DM stated the kitchen staff could have done a better job of straining the food items before putting them on the plate.</p> <p>During a concurrent observation and interview on 3/6/2025 at 12:10 p.m. with Resident 7, Resident 7 ' s lunch tray was observed. The lunch tray included a plate of food which contained turkey with cream sauce, green beans, and roasted red potatoes. All food items were sitting in a puddle of liquid. Resident 7 stated the food did not look appetizing.</p> <p>b. During a review of Resident 9's AR, the AR indicated the facility admitted Resident 9 on 1/2/2019 and readmitted Resident 9 on 6/27/2023 with diagnoses including atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow), chronic obstructive pulmonary disease (COPD, a group of diseases that cause airflow blockage and breathing-related problems), and type 2 diabetes mellitus.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated Resident 9 had no impairments in cognitive skills. The MDS indicated Resident 9 required supervision or touch assistance from staff for bathing and dressing. The MDS indicated Resident 9 required setup or clean-up assistance from staff for eating and oral, personal, and toileting hygiene.</p> <p>During a concurrent observation and interview on 3/6/2025 at 12:40 p.m. with Resident 9, Resident 9 ' s lunch tray was observed. The lunch tray included a plate of food which contained a piece of turkey and a ball of rice. Resident 9 confirmed the food did not look appetizing. Resident 9 stated the plate needed some color. Resident 9 stated the rice would look better if it was spread out instead of being in the shape of a ball.</p> <p>During a review of the facility ' s P&P titled, Dietary Department - General, revised June 1, 2014, the P&P indicated, .the primary objectives of the dietary department include .Preparation and provision of nutritionally adequate, attractive, well-balanced meals that are consistent with physician orders .</p>