

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

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Form Approved OMB
No. 0938-0391

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 07/07/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the environment remained free of accident hazards and/or residents received adequate supervision for two of three sampled residents (Residents 1 and Resident 3) when: For Resident 1, the facility failed to implement and/or reevaluate interventions the interdisciplinary team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of the resident) recommended, following Resident 1's falls on 4/15/2026, 4/29/2026, 5/25/2026, and 6/1/2026. For Resident 3, the IDT failed to recommend interventions to prevent further falls following Resident 3's falls on 4/28/2026, 6/1/2026, 6/5/2026, and 6/7/2026. The facility also failed to implement and/or reevaluate interventions the IDT recommended, following Resident 3's falls on 3/12/2026, 3/23/2026, and 4/30/2026. a. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 3/13/2026 with diagnoses including dementia (a group of thinking and social symptoms that interferes with daily functioning), cerebral ischemia (a condition that occurs when there isn't enough blood flow to the brain), and history of falling. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 6/8/2026, the MDS indicated Resident 1 was severely impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) assistance from staff for bathing, putting on/taking off footwear, and toileting hygiene. The MDS indicated Resident 1 required partial/moderate (helper does less than half the effort) from staff for dressing, eating, oral hygiene, and personal hygiene. The MDS indicated Resident 1 had fallen two or more times while at the facility. During a concurrent interview and record review on 7/1/2026 at 1:24 PM, with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Fall Management Program, dated 11/11/2025, was reviewed. The P&P indicated, The Interdisciplinary Team (IDT) and/or the licensed nurse will develop a care plan according to the identified risk factors. The DON stated the facility's system of preventing resident falls at the facility started with the nurses (in general) conducting a fall risk evaluation on a resident (in general). The DON stated a fall risk care plan was created for residents (in general) who were evaluated to be at risk of falling. The DON stated whenever a resident (in general) fell at the facility, the IDT would meet to investigate and review the resident's (in general) fall. The DON stated the IDT would determine what new interventions were needed to prevent the residents (in general) from falling again. During a concurrent interview and record review on 7/2/2026 at 9:20 AM, with the Quality Assurance Nurse (QAN), Resident 1's IDT Progress Notes - Falls (IDTPNF), dated 3/24/2026, 4/16/2026, 4/27/2026, 4/30/2026, 5/27/2026, 6/2/2026, and 6/16/2026 were reviewed. Resident 1's Medication Administration Records (MAR) for April 2026, May 2026, and June 2026 were also reviewed. The QAN stated QAN was responsible for focusing on residents' (in (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555852	Facility ID: 555852 If continuation sheet Page 1 of 4

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	document if Resident 1 was reassessment to determine if Resident 1 still required 1:1 supervision after 72 hours.b. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3 on 5/10/2024 and readmitted Resident 3 on 7/15/2025 with diagnoses which included Huntington's disease (an inherited disorder that causes nerve cells [neurons] in parts of the brain to gradually break down and die), dementia (a group of thinking and social symptoms that interferes with daily functioning), and muscle weakness.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 was severely impaired in cognitive skills. The MDS indicated Resident 3 was dependent (helper does all the effort) on staff for bathing, dressing, and toileting, oral, and personal hygiene. and putting on/off footwear. The MDS indicated Resident 3 required substantial/maximal assistance from staff for eating. The MDS indicated Resident 3 had fallen two or more times while at the facility.During a concurrent interview and record review on 7/2/2026 at 2:12 PM, with the Assistant Director of Nursing (ADON), Resident 3's IDTPNF, dated 3/13/2026, 3/24/2026, 4/09/2026, 4/30/2026, 5/1/2026, 6/4/2026, 6/11/2026, 6/23/2026, were reviewed. The ADON confirmed Resident 1 had fallen at the facility on 3/12/2026, 3/23/2026, 4/8/2026, 4/28/2026, 4/30/2026, 6/1/2026, 6/7/2026, and 6/22/2026.The IDTPNF, dated 3/13/2026, indicated the IDT reviewed Resident 3's fall that happened on 3/12/2026, and recommended new interventions to prevent future falls for Resident 3. The IDTPNF indicated a new intervention, Psych eval. The ADON stated the reason for the psych eval was to determine if Resident 3's behaviors of agitation and rolling out of bed were a result of metabolic versus psychiatric issues. The ADON stated the psychiatrist did not see Resident 3 until 4/10/2026 following the intervention recommended by the IDT. The ADON confirmed Resident 3 fell two more times (3/23/2026 and 4/8/2026) before Resident 3 was seen by the psychiatrist.The IDTPNF, dated 3/24/2026, indicated the IDT reviewed Resident 3's fall that happened on 3/23/2026, and recommended new interventions to prevent future falls for Resident 3. The IDTPNF indicated the only new intervention was to check labs (a procedure in which a needle is used to take blood from a vein) for Resident 3. The ADON stated the purpose of checking labs was to determine if Resident 3 had any infection that could contribute to Resident 3's falls. The ADON stated Resident 3's labs were normal and that Resident 3 did not have an infection. The ADON stated the IDT should have reevaluated Resident 3's fall risk interventions when the labs results were normal.The IDTPNFs, dated 4/30/2026, 6/4/2026, and 6/11/2026 indicated the IDT reviewed Resident 3's falls that happened on 4/28/2026, 6/1/2026, 6/5/2026, and 6/7/2026. The ADON stated the root cause of Resident 3's falls on 4/28/2026, 6/1/2026, 6/5/2026, and 6/7/2026 was that Resident 3 continued with increased behaviors of rolling and kicking in bed due to Huntington's disease. The IDTPNF indicated that the IDT failed to recommend and implement any new interventions to prevent future falls, following Resident 3's fall on 4/28/2026, 4/30/2026, 6/5/2026, and 6/7/2026.The IDTPNF, dated 5/1/2026, indicated the IDT reviewed Resident 3's fall that happened on 4/30/2026. The IDTPNF indicated a new intervention, Hourly monitoring X 72 hrs. The ADON stated hourly monitoring was increased supervision of Resident 3 that records the behaviors of Resident 3. The ADON stated that the IDT should analyze the data collected during the 72 hours and implement further interventions based on the data collected. The ADON stated the IDT failed to implement any interventions based on the 72 hours monitoring. During a review of the facility's P&P titled, Fall Management Program, dated 11/11/2025, the P&P indicated, .As part of the admission and re-admission Assessment, the licensed nurse will complete a fall risk evaluation and document interventions on the Resident's care plan. The Interdisciplinary Team (IDT) and/or the licensed nurse will develop a care plan according to the identified risk factors. The licensed nurse will evaluate the Resident's response to the interventions weekly and update the Resident's care plan, as necessary. The P&P indicated: Post-Fall Assessment, (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Evaluation and Documentationa. After any fall, the licensed nurse is responsible for confirming that the resident is safe and stable prior to continuing with post-fall protocolsi. The resident should be immediately assessed by the licensed nurse for changes in condition and/or injury post fall.b. Following a resident fall, the licensed nurse will interview staff regarding the incident and complete a Post-Fall Evaluation.i. Participants in the Post-Fall Evaluation will include individuals who are able to provide information related to the fall (e.g., housekeeping, activity staff, maintenance, rehab staff, visitor, roommate, etc.)c. Once the Post-Fall Evaluation is completed the licensed nurse will update the care plan with recommendations.d. The Post-Fall Evaluation form and documentation of the post-fall investigation will go to the IDT meeting for review and updating of the care plan, as appropriate.The P&P indicated, [.] The IDT will review the circumstances surrounding the fall then summarize their conclusions in an IDT note. The IDT will review and revise the care plan, as necessary.		