

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC
Reviewed accepted
3/30/22 3/29/22

PRINTED: 02/24/2022
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 C 02/24/2022
NAME OF PROVIDER OR SUPPLIER PARK AVENUE HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 NORTH PARK AVENUE POMONA, CA 91768		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for two complaints and one facility reported incident. Complaint numbers: CA00768649 and CA00768868 Facility Reported Incident number: CA00767904 Representing the Department: Health Facilities Evaluator Nurse: 44027 The inspection was limited to the specific facility reported incident and two complaints and does not represent the findings of a full inspection of the facility. A deficiency was issued for complaint number CA0768649 at F 584. No deficiencies were issued for complaint number CA00768868 and facility reported incident number CA00767904.	F 000	The signing of this plan of correction is not an admission or agreement by this facility of the truth of the facts alleged in this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as our written credible allegation of compliance.		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the	F 584	<u>Corrective action</u> On 1/24/22 the peeling paint was removed from ceiling above Resident 1's room. On 1/24/22 the sliding glass door was properly sealed to prevent wind and cold air to enter the room.	3/7/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator 3/7/2022

(X6) DATE

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.

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F 584	<p>Continued From page 1</p> <p>physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a homelike environment for two of two sampled residents (Residents 1 and 2).</p> <p>a. There was peeling paint from water damage on the ceiling, directly above Resident 1's bed in Room A.</p> <p>b. The sliding glass doors adjacent to the beds of Resident 1 in Room A and Resident 2 in Room B,</p>	F 584	<p><u>Identification of other residents and corrective action taken.</u> Maintenance supervisor and designee conducted facility rounds on 1/24/22 to ensure rooms did not have peeling paint on the ceiling and all sliding glass doors are sealed properly. No other rooms were identified.</p> <p><u>Measures to prevent recurrence.</u> An in-service was provided on 1/24/2022-1/28/2022 by Administrator/designee to all staff regarding Resident Rooms; Repair and Maintenance.</p> <p>Administrator and Maintenance supervisor will conduct weekly environmental rounds to ensure the facility maintains a homelike environment.</p> <p>Department managers are assigned daily resident room rounds to ensure resident's rooms are monitored for any required repairs or maintenance and follow up with any room concerns.</p>		

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F 584	Continued From page 2 were not properly sealed and allowed the wind and cold air to enter their rooms. These deficient practices did not provide a comfortable and homelike environment for Residents 1 and 2 and had the potential to affect the residents' health and well-being. Findings: A review of Resident 1's face sheet indicted Resident 1 was admitted to the facility on 12/31/21 with diagnoses that included heart failure (a condition in which the heart does not pump blood as well as it should), type 2 diabetes mellitus (an impairment in the way the body regulates and uses sugar as a fuel), and osteomyelitis (inflammation of the bone caused by an infection) of the left foot. A review of Resident 1's History and Physical (H&P) dated 1/19/22, indicated that the resident had the capacity to understand and make his own decisions. A review of the Minimum Data Set (MDS, standardized assessment and care screening tool), dated 1/7/22, indicated Resident 1 had moderately impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making. Resident 1 required limited assistance from staff for personal hygiene (practices conducive to maintaining health and preventing disease, especially through cleanliness), bed mobility, and toilet use and required extensive assistance for transfers (moving a patient from one flat surface to another).	F 584	Activity Director will conduct monthly Resident Council Meeting and discuss any concerns with room environments. Assistant Administrator will conduct 5 random room audits weekly x 1 month then monthly thereafter to ensure a homelike environment free from peeling paint on the ceiling and sliding glass doors are sealed appropriately. <u>Monitoring performance and integration into quality assurance system.</u> Results of audit will be discussed during monthly QA&A meeting x three (3) months for any further recommendations.		

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F 584	<p>Continued From page 3</p> <p>A review of Resident 2's face sheet indicted Resident 2 was admitted to the facility on 1/31/17 with diagnoses that included cerebral palsy (a condition marked by impaired muscle coordination and/or other disabilities, typically caused by damage to the brain before or at birth), scoliosis (a sideways curvature of the spine), and muscle weakness.</p> <p>A review of Resident 2's H&P dated 3/21/21, indicated that the resident had the capacity to understand and make his own decisions.</p> <p>A review of Resident 2's MDS dated 1/4/22, indicated Resident 2 had moderately impaired cognitive skills. Resident 2 required extensive assistance from staff for personal hygiene, bed mobility, transfers, and toilet use.</p> <p>During a telephone interview, on 1/24/22, at 10:10 am, Resident 1 stated, when he was admitted to the facility, he was placed in Room A in bed C. Resident 1 stated, Room A was cold and he could feel the wind blowing through the sliding door next to his bed. Resident 1 also stated, he had to stare at peeling paint on the ceiling above his bed.</p> <p>During an observation, on 1/24/22, at 11:40 am, the sliding glass door in Room A was rattling from the wind. The surveyor could feel the wing coming into the room even though the sliding glass door was closed. The surveyor also observed bubbled and peeling paint on the ceiling, directly above bed C. The area of bubbling and peeling pain is approximately the size of a dinner plate.</p> <p>During a concurrent observation and interview on</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>1/24/22, at 11:45 am, with Resident 2, the sliding glass door in Room B was observed. The sliding glass door will rattle when shaken by the handle. Resident 2 was in the bed closest to the sliding glass door which looks out into the courtyard. Resident number 2 stated, the air comes because the seal around the door was broken and it can get cold at nighttime.</p> <p>During a concurrent observation and interview on 1/24/22, at 1:58 pm, with the Maintenance Supervisor (MS), the sliding glass door in Room A was observed. The MS stated, the sliding glass door needed the weather stripping around the door replaced. The MS stated, the weather stripping would keep the cold air from coming into the room. The MS stated, the peeling and bubbled paint above bed C was water damage caused by rain last month. The MS stated, the water damage on the ceiling was not a homelike environment.</p> <p>A review of the roofing company's letter to the facility dated 1/24/22, indicated that the roofing company had inspected the facility's roof on 12/31/21 for the current leaks in multiple locations.</p> <p>A review of the facility's policy and procedure titled, "Resident Rooms and Environment," revised 1/1/12, indicated the facility provides residents with a safe, clean, comfortable, and homelike environment. Facility staff will provide residents with a pleasant environment.</p>	F 584			