

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>05A109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2335 S. MOUNTAIN AVE DUARTE, CA 91010</b>	
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 0741  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, a facility staff failed to implement care approaches designed to meet the individual needs of each resident with behavioral health needs for one of one sampled resident. This staff performed a manual restraint (Pro-ACT) for Resident 1 by himself instead of using at least 2 persons as per the facility's policy and procedure. Resident 1 sustained a 'black eye' the following day from this incident. Findings: On 11/4/2019, an onsite visit was conducted to investigate a facility reported incident. A review of the Admission Record (face sheet) for Resident 1 indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS / an assessment and care screening tool) dated 10/12/19, indicated Resident 1's cognitive skills (ability to think and process information) was severely impaired. He was assessed to require supervision from a staff in toileting, transfers, ambulation, dressings and personal hygiene. A review of the in-service training records indicated Certified Nursing Assistant (CNA 1) was trained in Pro-ACT (Professional Assault Crisis Training- principles that focus on maintaining client dignity and keeping people safe) on 10/24/18, 10/25/18, and 10/26/18. A review of a Progress Notes dated 10/18/19 at 15:18, indicated CNA 1 did a one person prone floor containment to Resident 1 for 1 minute. A review of the Progress Notes dated 10/18/19 at 18:21, indicated Resident 1 had some swelling and discoloration to the right eye. Resident 1 denied any pain, treatment was provided. A review of a Counseling/Disciplinary Notice dated 10/25/19, indicated CNA 1 contained Resident 1 on the wall and then on the floor by himself. One person containment is not allowed per Pro-ACT training. During an interview on 11/4/19 at 1:31pm, Program Counselor (PC 1) stated that CNA 1 did one person containment on Resident 1. PC1 stated the correct procedure was supposed to be done with two people for safety reason. During an interview on 11/4/19 at 1:55pm, Director of Staff Development (DSD) stated all staff was trained for Pro-ACT within 60 days upon hire and refresher is given after 2 years. DSD stated that a person can't take down a resident alone for any reason. During an interview on 1/8/20 at 11:20am, PC 3 stated she saw CNA 1 held Resident 1 down on the floor alone. PC3 stated there should be 2 people when doing floor containment. PC 3 stated CNA 1 was supposed to get help prior to containing Resident 1 to the floor. During an interview on 1/8/20 at 11:40am, Administrator (ADM) stated CNA 1 did one person containment instead of two. ADM stated CNA 1 didn't perform the right Pro-Act as trained upon hire in 2018. A review of facility's policy and procedure titled Professional Assault Crisis Training (Pro-Act) dated 12/1/09, indicated that the facility operates in every aspect of the program from a framework of safety in preventing and handling aggressive or assaultive behavior. Their policy also states a Manual Restraint (Pro-ACT) is appropriate when a staff team of two or more trained persons is available.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (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.