

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 05A109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2335 S. MOUNTAIN AVE DUARTE, CA 91010	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure two of three shower rooms in station 1 (shower rooms one and three) were maintained in a clean and sanitary condition. Shower Room one (SR1) and Shower Room three (SR3) had black and brown substances on the wall and floor. This failure had the potential to place the residents at risk for infection, cross contamination among residents and other staff members, and violate the residents' right to have a clean, sanitary, and homelike environment. Findings: On 2/25/2020, at 8:05 a.m., an unannounced visit was made to the facility to investigate a complaint regarding a shower room with leaking water and presence of severe molds (growth of fungus that occurs on food or other moist warm condition) build-up in the wall. During an observation on 2/25/20, at 8:56 a.m., SR1 had black substance on the floor and corner of the wall, made of tiles. During a concurrent observation and interview on 2/25/20, at 9:25 a.m., with Housekeeping Supervisor (HS) and Licensed Vocational Nurse 1 (LVN1), SR3 had black and brown substances on the wall and floor made of tiles. LVN1 wiped the tiles with a piece of white cloth and brownish substance was observed on the white cloth. HS stated, SR3 was dirty and it should be clean to prevent spread of infection. HS stated, housekeeping staff clean the shower rooms two to three times a day, starting at the beginning of the shift at 7 a.m., and deep cleaning is done once a month. HS stated SR3 was not cleaned. Upon further investigation, there was no documented evidence of deep cleaning schedule for shower rooms and/or documented evidence that the shower rooms were cleaned daily and deep cleaning was done monthly. HS stated, they do not have any documentation when the shower rooms were cleaned. During an interview on 2/25/20, at 3:15 p.m., the Director of Staff Development/Infection Control Nurse (DSD) stated, there should be no black substance on the tiles of the shower room. DSD stated shower rooms should be clean and in sanitary condition at all times to prevent cross contamination and spread of infection to the residents. DSD stated, the facility should ensure resident's environment is always clean and shower rooms should be monitored to maintain cleanliness and sanitation. A review of the facility's policy and procedure (P&P) titled, Quality of Life-Homelike Environment, dated May 2017, indicated, residents are provided with a safe, clean, comfortable, and homelike environment. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics included clean, sanitary, and orderly environment.		
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.