Printed: 11/22/2024 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 02/22/2022 | | | |
|--|--|---|---|--|--|--|
| 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 | 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 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many | | | | | | |

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:

Facility ID: 555852

If continuation sheet Page 1 of 4

Printed: 11/22/2024 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 02/22/2022 | | |
|---|---|--|---|--|--|
| 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 cor | | tact 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 0925 Level of Harm - Immediate jeopardy to resident health or safety | On 2/2/2022, at 5:08 p.m., the SSA called an Immediate Jeopardy (IJ - a situation in which the provider's non-compliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident or residents), in the presence of the facility's Administrator and was notified of the findings. On 2/7/2022, at 11:12 a.m., five days after identifying the IJ, the SSA removed the IJ in the presence of the | | | | |
| Residents Affected - Many | Administrator after confirming on-site that implemented the acceptable plan of action (POA, action to correct the deficient practices) as follows: 1. Pest control service was conducted by the pest control company on 2/2/2022, 2/3/2022, and 2/5/2022. The pest control company will conduct weekly inspections for one month, then monthly thereafter and provide results to the Administrator for resolution, as warranted. | | | | |
| | 2. The facility conducted in-service training to all staff, including the dietary staff on 2/2/2022 and 2/3/2022 report any pests or penetrations in the kitchen for immediate corrective action. | | | | |
| | 3. The licensed nursing staff conducted assessments of the 192 residents on 2/2/2022 and 2/3/2022 for any presence of gastrointestinal (GI) symptoms, such as abdominal pain, nausea, vomiting, and diarrhea/loose stools. None of the residents had any symptoms. | | | | |
| | Findings: | | | | |
| | A review of the facility's census rep facility. | iew of the facility's census report, dated 2/1/2022, indicated there were 192 residents residing in the y. | | | |
| | A review of the Retail Food Official following: | al Inspection Report, dated 2/2/2022, indicated REHS 1 observed the | | | |
| | Six live adult cockroaches harboring between the wall and the two-compartment food prep back splash. | | | | |
| | Two live adult cockroaches harboring between the potable water valve and the wall, under the two-compartment food preparation sink. | | | | |
| | 3. Five live nymphs harboring between the wall and a drainpipe entering the wall, located under the drainboard attached to the automatic ware washing machine. | | | | |
| | 4. Two live adult cockroaches harboring behind a bracket, that is holding up a drainage line, and that is attached to the wall, under the drainboard to the automatic ware washing machine. | | | | |
| | Two live adult cockroaches craw ware washing machine. | ling on the wall, under the drainboard t | hat is attached to the automatic | | |
| | 6. Two live adult cockroaches harb | oring between the wall and the 3-comp | artment utensil sink drainpipe. | | |
| | 7. One live adult cockroach harboring within a corrugated electrical line attached to the wall, beneath the drainboard, that is attached to the automatic ware washing machine. | | | | |
| | (continued on next page) | | | | |

Printed: 11/22/2024 Form Approved OMB No. 0938-0391

| | 1 | T | 1 | |
|---|--|---|---|--|
| 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 02/22/2022 | |
| NAME OF PROVIDER OR SUPPLI | ER | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| Park Avenue Healthcare & Wellne | Park Avenue Healthcare & Wellness Center | | 1550 North Park Avenue Pomona, CA 91768 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact 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 0925 Level of Harm - Immediate jeopardy to resident health or safety | 8. Four live adult cockroaches harboring on the side of the hot water heater, located below the handwash sink in the kitchen. On 2/2/2022, at 2:55 p.m., a complaint investigation was conducted regarding allegations of cockroaches observed in the kitchen. Administrator was informed of the visit. | | | |
| Residents Affected - Many | On 2/2/2022, at 3 p.m., during an interview, REHS 1 stated he arrived at the facility on 2/2/2022, at 11:45 a. m., and proceeded to conduct a routine inspection of the kitchen. Between 11:50 a.m. and 1 p.m., he saw 26 live German cockroaches (small species of cockroach that can access food items and carry serious diseases. These cockroaches also spread different forms of gastroenteritis [food poisoning, dysentery, diarrhea, and other illnesses], plus they carry several allergens which may cause people to exhibit skin rashes, watery eyes, sneezing, congestion of nasal passages, and asthma) of various stages of development throughout the kitchen. | | | |
| | On 2/2/2022, at 3:04 p.m., during an observation of the kitchen with REHS 1. three live adult German cockroaches were observed under the handwashing sink, walking on the tankless hot water heater. At 3:08 p. m., one live adult cockroach and live nymph (an adolescent cockroach) were observed under a scraping sink (sink where excess food are removed from table/potware), walking on the wall. At 3:11 p.m., one live adult cockroach was observed under the garbage disposal, walking on the wall. On 2/2/2022, at 3:40 p.m., during an interview, Dietary Supervisor (DS) stated she had been informed by dietary staff when she started working at the facility in 10/2021 that there were cockroaches in the kitchen. DS stated she was also informed the pest control company serviced (application of treatment) the facility on a weekly basis. | | | |
| | | | | |
| | | ign should not be removed until the EH DSE officially reopens the kitchen. Set Control Service Report dated 11/16/2021, 12/29/2021, and 1/27/2021, indicated a pest occurred at the facility. All three service reports indicated the pest control technician in the kitchen and each of these times, the technician observed cockroach activities. Set Control policy, dated 1/1/2012, indicated the facility would maintain an ongoing must be ensure the building and grounds are kept free of insects, rodents, and other pests. It pest control service provider will carry out any pest control actions needed to rid the facility any environmental pests. 17 U.S. Food and Drug Administration Food Code 6-202.15 indicated insects and rodents asse-causing microorganisms (living thing that is too small to be seen with the naked eye) smitted to humans by contamination of food and food contact surfaces. Food I be protected against the entry of insects and rodents by filling or closing holes and other walls, and ceilings; closed, tight fitting windows and solid self-closing tight fitting doors. | | |
| | control service was conducted at the | | | |
| | pest control program to ensure the | | | |
| | are vectors of disease-causing mic which may be transmitted to humal establishment shall be protected as | | | |
| | (continued on next page) | | | |
| | | | | |
| | | | | |

Printed: 11/22/2024 Form Approved OMB No. 0938-0391

| | | | NO. 0930-0391 |
|--|--|--|--|
| 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 02/22/2022 |
| 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 con | tact 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 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many | | | lation that may attract insects and lat are transmissible through food. lines for Environmental Infection delines were recommendations for healthcare environments. Pest e as agents for the mechanical ransmission process by serving as other). ent of Public Health, Effective or//publichealth.lacounty. ed cockroaches may become pests dicated cockroaches contaminate s, leave stains on surfaces, and hat live outdoors could come into mal fecal matter and had the |