

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11900 Ramona Boulevard El Monte, CA 91732	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38108</p> <p>Based on observation, interview, and record review, the facility failed to report an allegation of abuse involving one of ten sampled residents (Resident 1) and a family member of Resident 2 (FM 1) to the California Department of Public Health (CDPH), the local law enforcement, and the Ombudsman (an official appointed to advocate for residents of nursing homes) within two hours as indicated in the facility's policy and procedure (P&P) titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment.</p> <p>This deficient practice violated Resident 1's rights, had the potential to compromise Resident 1's safety, and could subject Resident 1 to potential further verbal, mental, and emotional abuse.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was readmitted to the facility on [DATE] with diagnoses that included diabetes (elevated blood sugar in the blood), hypertension (elevated blood pressure), and anemia (low iron levels in the blood).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 7/15/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/15/2024, the MDS indicated Resident 1 was cognitively (intellectual activity such as thinking, reasoning, or remembering) intact, had clear speech, had the ability to express ideas and wants and had the ability to understand others. The MDS indicated Resident 1 did not attempt to walk at least 10 feet in a room, corridor or similar space and did not use a wheelchair to get around the facility due to medical condition or safety concerns.</p> <p>During a review of Resident 1's Progress Note (PN) written by Licensed Vocational Nurse LVN 1, dated 9/13/2024, timed at 6:08 pm, the PN indicated on 9/13/2024 at around 5:30 pm, Resident 1 had a verbal confrontation with FM 1.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11900 Ramona Boulevard El Monte, CA 91732	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included hemiplegia (the loss of the ability to move one side of the body) affecting the left side of the body, dementia (a decline in mental ability severe enough to interfere with daily life) and psychosis (abnormal condition of the mind that involves a loss of contact with reality). The AR indicated FM 1 was Resident 2's representative.</p> <p>During a record review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was cognitively impaired, had clear speech, usually had the ability to express ideas and wants and usually had the ability to understand others. The MDS indicated Resident 2 needed maximal assistance (helper does more than half he effort) with upper and lower body dressing, transfers (ability to transfer to and from a bed to a chair or wheelchair, get on and off a toilet, and get in and out of a tub/shower).</p> <p>During a review of Resident 2's H&P, dated 10/27/2023, the H&P indicated Resident 2 had fluctuating (irregular) capacity to understand and make decisions.</p> <p>During an observation and interview on 10/8/2024 at 2:59 pm, at Resident 1's bedside, Resident 1 was on a wheelchair, independently moving around Resident 1's room. Resident 1 stated about three weeks to a month ago, Resident 1 was speaking to Registered Nurse (RN) 1 requesting for pain medications when FM 1 came out of Resident 2's room and started yelling at Resident 1 and calling Resident 1 inappropriate names. Resident 1 stated, Resident 1 told FM 1 that Resident 1 was not talking to FM 1 and was talking to RN 1. Resident 1 stated FM 1 proceeded to call Resident 1 poor and homeless and F_____ (derogatory/disrespectful word) you you fat hippo! Resident 1 stated when Resident 1 passed by Resident 2's room in the hallway to return to Resident 1's room, FM 1 started to taunt Resident 1 by jumping up and down and stated, You can't do this! I bet you can't do this! Resident 1 stated Resident 1 felt verbally abused and the incident really pissed off Resident 1. Resident 1 stated FM 1 or any visitors should not be yelling or speaking to other residents at the facility in that manner. Resident 1 stated RN 1 witnessed the verbal altercation between Resident 1 and FM 1 and told RN 1 to report it.</p> <p>During an interview on 10/8/2024 at 3:32 pm with RN 1, RN 1 stated RN 1 witnessed the verbal altercation between Resident 1 and FM 1 on 9/13/2024. RN 1 stated FM 1 came out of Resident 2's room yelling and started a verbal altercation with Resident 1. RN 1 stated RN 1 informed the Director of Nursing (DON) about the incident on 9/13/2024 but did not document the incident in Resident 1's medical record. RN 1 stated RN 1 needed to document the incident in Resident 1's medical record. RN 1 stated visitors should not be yelling at any residents who live at the facility. RN 1 stated residents needed to be protected from abuse because it was the facility's job to prevent further abuse from happening.</p> <p>During an interview on 10/8/2024 at 4 pm with FM 1, FM 1 stated Resident 2 reported to FM 1 that Resident 1 was mocking Resident 2 two months ago (unknown date). FM 1 stated on 9/13/2024, Resident 1 was yelling in the hallway and Resident 2 started to get upset. FM 1 stated FM 1 exited Resident 2's room and asked Resident 1 to lower his voice. FM 1 stated during the heat of the moment, he (Resident 1) and I (FM 1) got into it. We were yelling at each other.</p> <p>During an interview on 10/8/2024 at 4:33 pm with Resident 6, in the facility's courtyard, Resident 6 stated on 9/13/2024, Resident 6 heard FM 1 stated F_____ (derogatory word) you big fat hippo! and Bet you can't do this! I bet you can't do this to Resident 1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11900 Ramona Boulevard El Monte, CA 91732	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/2024 at 11:55 am with the Director of Staff Development (DSD), the DSD stated being called a profanity (obscene or offensive language) or taunting a resident was considered verbal abuse. The DSD stated staff needed to deescalate the individuals involved, intervene, and separate them. The DSD stated it was important for staff to intervene because all emotions could escalate and could lead to physical abuse.</p> <p>During an interview on 10/9/2024 at 1:20 pm with the DON, the DON stated yelling was a type of abuse. The DON stated on 9/13/2024, RN 1 informed the DON of a verbal altercation between Resident 1 and FM 1. The DON stated family members needed to be respectful and could not have a shouting match with other residents. The DON stated the DON should have reported the incident to the CDPH and the police for the safety of the residents.</p> <p>During an interview on 10/9/2024 at 1:47 pm with the Operations Manager (OM), the OM stated family members could not speak to residents in a derogatory way because residents were the facility's responsibility and needed to be protected. The OM stated staff should report and document incidents of any abuse allegations.</p> <p>During a review of the facility's P&P titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, revised 11/28/2017, the P&P indicated In response to allegations of abuse, neglect, exploitation or mistreatment, the Facility will: ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately but: not later than two hours after the allegation is made if the events that cause the allegation involves abuse . The P&P indicated, Ensure that all alleged violations . are reported to: the Administrator of the Facility, the State Survey Agency, and Adult Protective Services (as appropriate).</p>		