STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055141	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ramona Nursing and Rehabilitation Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37198 Based on interview and record review, the facility failed to follow the facility ' s policy and procedure (P&P) titled, Charting and Documentation, by failing to have complete documentation for one of three sampled residents (Resident 2). Resident 2 was found with purplish discoloration (any alteration in the skin's color, texture, or pigmentation) on the right great toe. This deficient practice resulted in not providing complete information about how Resident 2 sustained the purplish discoloration on the right great toe which had the potential to put Resident 2 ' s safety at risk. Findings: During a review of Resident 2 ' s Admission Record (AR), the AR indicated the facility originally admitted Resident 2 on 2/2/2023, and readmitted Resident 2 on 12/11/2024, with diagnoses that included chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing), acute kidney failure (when the kidneys suddenly cannot filter waste products from the blood), and chronic systolic (congestive) heart failure (when the heart cannot pump blood well enough to give the body a normal supply). During a review of Resident 2 ' s Minimum Data Set (MDS - a resident assessment tool), dated 3/4/2025, the MDS indicated Resident 2 was usually understood by others and had the ability to usually understand others. The MDS indicated Resident 2 was dependent (helper does all of the effort) on staff for toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. During a review of Resident 2 ' s eINTERACT Change in Condition Evaluation (CIC), dated 2/3/2025, timed at 9:30 am, the CIC indicated Resident 2 had purplish discoloration to the right great toe. The CIC indicated there was no documentation about how Resident 2 got the discoloration on the right great toe. During a review of Resident 2 ' s Progress Notes (PN) for the month of February 2025, the PN indicated there was no documentation about how Resident 2 got the discoloration on the right great toe. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055141	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ramona Nursing and Rehabilitation Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/18/2025 at 2:02 pm, with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 2 hit Resident 2 ' s right foot on something (unknown) during shower day. LVN 1 stated a Certified Nursing Assistant (CNA) (unknown), reported the incident to LVN 1 and LVN 1 did the skin assessment (a comprehensive evaluation of the skin, nails, and hair to identify any abnormalities or signs of disease, infection, or injury) of Resident 2 ' s right foot. During an interview on 3/18/2025 at 2:45 pm, with Registered Nurse (RN) 1, RN 1 stated during Resident 2 ' s shower day, Resident 2 tried to kick the CNA (unknown) but Resident 2 kicked the doorway instead, on the way out of the shower room. RN 1 stated nurses should have documented details of what happened to Resident 2 ' s right great toe. RN 1 stated it was important to have complete documentation to show what happened to Resident 2 and that there was no abuse done to the resident. During an interview on 3/18/2025 at 2:55 pm, with the Director of Nursing (DON), the DON stated it was important to have complete documentation to know what happened to the resident so staff could prevent the incident from happening again. During a review of the facility ' s P&P titled, Charting and Documentation, revised in May 2017, the P&P indicated the resident ' s clinical record is a concise amount of treatment, care, response to care, signs, symptoms, and progress of the resident ' s condition . Importance and use of the record: to the institution it reflects the quality of care given to the resident . In legal defense, it serves as valid information . To the nurse, it provides a multidisciplinary record of the physical and mental status of the resident . Notes are to be written on all long-term residents by day, evening, and night shifts; frequency is determined by the individual nursing service. Daily notes are required as the necessary arises . Continuous nurse ' s notes are required on all residents as the necessary arises.