

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 04/08/2026
NAME OF PROVIDER OR SUPPLIER Madera Post Acute 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the nursing staff failed to ensure that the call light requests for assistance were answered promptly for two of three sampled residents (Residents 7 and Resident 9). This deficient practice had the potential not to meet the residents' needs. Findings: a. During a review of Resident 7's admission Record (Face Sheet), the Face Sheet indicated the facility admitted Resident 7 on 1/27/2026 with diagnoses that included history of falling and muscle weakness. During a review of Resident 7's History and Physical Examination (H&P), dated 1/27/2026, the H&P indicated Resident 7 can make need known but cannot make medical decisions. During a review of Resident 7's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 2/7/2026, the MDS indicated the cognitive (the ability to think and process information) skills for daily decisions making was intact, and resident needed supervision to extensive assistance from the staff for the activities of daily living (ADLs, the foundational physical tasks essential for survival and basic personal care such as bathing/showering, dressing, eating, toileting, continence, and transferring). During a concurrent observation and interview on 4/8/2026 at 8:40 AM, with Resident 7, in Resident 7's room, Resident 7 was observed lying on his bed. Resident 7 stated waiting approximately 25 minutes for assistance during the evening (3 p.m. to 11 p.m.) and night (11 p.m. to 7 a.m.) shifts. b. During a review of Resident 9's admission Record (Face Sheet), the Face Sheet indicated, the facility admitted Resident 9 on 10/8/2020 and readmitted on [DATE] with diagnoses that included paraplegia (paralysis of the lower half of the body, including both legs) and muscle weakness. During a review of Resident 9's Physician admission Progress Note (H&P), dated 4/2/2026, the H&P indicated Resident 9 had the mental capacity to understand and to make medical decisions. During a review of Resident 9's MDS, dated [DATE], the MDS indicated the cognitive skills for daily decisions making was intact, and resident needed supervision to extensive assistance from the staff for the activities of daily living. During a concurrent observation and interview on 4/8/2026 at 2:05 PM, with Resident 9, in Resident 9's room, Resident 9 stated call light response times have been a concern, particularly during night shifts. Resident 9 stated that she experienced delays of approximately 15-20 minutes for assistance at nighttime. Resident 9 stated that she was unable to walk and was incontinent with bowel and urine. Resident 9 stated that when soiled, she had to wait for someone to come and change her incontinence brief, which made her feel uncomfortable. During a review of Resident Council Minutes, dated 01/21/2026, the Resident Council Minutes indicated residents reported that call lights at night took longer to be answered. During an interview on 4/8/2026 at 3:30 PM with the Director of Nursing (DON), the DON stated that call lights are expected to be answered as soon as possible. DON stated that all staff members are able to answer call lights and assist residents, and there should not be delays in response. During a review of the facility's policy and procedure (P&P) titled, Call light, revised 1/2026, the P&P indicated to answer the light/bell within a reasonable time.</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
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