

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Rosemead Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4096 Easy Street El Monte, CA 91731	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedures (P&P) titled, Communication - Call System, for eight of 35 resident rooms (Rooms 7, 20, 21, 24, 25, 26, 29, and 36) by failing to:</p> <ul style="list-style-type: none"> a. Ensure call lights in the resident rooms were functioning. b. Ensure call bells were provided for the residents in the seven of the eight rooms that did not have a functioning call light. c. Ensure resident safety check rounds were conducted and documented when the residents' call lights were inoperable (not functioning). <p>These deficient practices had the potential to result in the delay of care for the residents.</p> <p>Findings:</p> <p>During a review of the facility's Maintenance Log (ML) for the month of October 2024, the ML indicated five rooms (room [ROOM NUMBER]C, 22, 26A, 28B, and 28C) in the facility had issues with call lights not functioning.</p> <p>During an observation on 11/26/2024 at 11:14 am with Restorative Nursing Assistant (RNA) 1, call lights were checked in 35 resident rooms in the facility. RNA 1 pressed the call lights in Rooms 20A, 20B, 20C, 24A, 24B, 24C, 26A, 26B, 26C, 29A, 29B, 29C, 36A, 36B, and 36C, and the call lights were observed with no light turning on above the room doors in the hallway and no light turning on at the call light panel in the nurses' station. RNA 1 pressed the call lights in Rooms 21A, 21B, 21C, 25A, 25B, and 25C and the call lights were observed with no light turning on above the room doors in the hallway. RNA 1 pressed the call lights in room [ROOM NUMBER]A, 7B, and 7C, and the call lights were observed with no light turning on at the call light panel in the nurses' station.</p> <p>During an observation on 11/26/2024 at 2:59 pm with the Director of Maintenance (DOM), Rooms 7, 20, 21, 24, 25, 26, and 29 did not have functioning call lights and some of the residents in these rooms were not provided call bells in the rooms.</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
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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/26/24 at 3:08 pm with the DOM, the DOM stated the facility's protocol was to provide call bells for residents in the rooms where the call lights were not working. The DOM stated staff should have already provided the call bells for the residents after knowing that the call lights were not working.</p> <p>During an interview on 11/26/2024 at 4:10 pm with Registered Nurse (RN) 1, RN 1 stated the importance of having a functioning call light was to promptly answer the needs of the residents if they were either in pain or if they wanted something to eat. RN 1 stated staff would not know the needs of a resident if the resident's call light was not working.</p> <p>During an interview on 11/26/2024 at 4:45 pm with the Director of Nursing (DON), the DON stated staff needed to provide a call bell for the resident if the resident's call light was not working. The DON stated there was no documentation being done by staff regarding rounding (practice of checking-in on residents) as indicated in the facility's policy.</p> <p>During a review of the facility's P&P titled, Communication - Call System, dated 10/1/2023, the P&P indicated the purpose of the call system was To provide a mechanism for residents to promptly communicate with nursing staff. The P&P indicated, Should the primary call system become inoperable for any reason, the Facility shall provide a bell for each resident room. Additionally, resident safety check rounds shall be conducted at least hourly and documented until the primary call system is operable again.</p>