

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Monrovia Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 E. Huntington Drive Duarte, CA 91010	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately report an influenza (the flu, a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs) outbreak (the occurrence of influenza cases greater than would normally be expected) to the Los Angeles County (LAC) Department of Public Health (DPH) when 3 of 6 sampled residents (Resident 1, Resident 2, and Resident 3) tested positive for influenza and as indicated in the Influenza and other Respiratory Virus Diseases Outbreak Toolkit. This deficiency had the potential to delay implementation of specific instructions from DPH to prevent the spread of influenza throughout the facility. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including displaced fracture of base of the neck of the left femur (hip injury where the bone is broken and separated near the hip joint) and acute cholecystitis (inflammation of the gallbladder). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 12/24/2026, the MDS indicated Resident 1 had intact cognition (ability to understand and process information) and required partial or moderate assistance (helper does less than half the effort) for bathing and toileting hygiene. During an interview on 2/12/2026 at 10:09 AM with the Infection Preventionist (IP), the IP stated Resident 1 was the first resident to present with symptoms of influenza on 2/1/2026 and Resident 1 had a cough. The IP stated Resident 1 resulted positive for influenza on 2/7/2026. During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to the facility on [DATE] with multiple diagnoses including osteomyelitis (bone infection typically caused by bacteria) of the right ankle and foot and type 2 diabetes mellitus (a common form of diabetes in which the body cannot properly store or use sugar, the body's main source of energy) with foot ulcer (an open sore that occurs on the skin). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition and required partial or moderate assistance for bathing and toileting hygiene. During an interview on 2/12/2026 at 10:09 PM with the IP, the IP stated Resident 2 presented with cough and wheezing on 2/2/2026 and resulted positive for influenza on 2/5/2026. During a review of Resident 3's AR, the AR indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including hemiplegia (severe or complete paralysis [loss of motor function] on one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body) affecting the left non-dominant side and type 2 diabetes mellitus with diabetic neuropathy (complication of diabetes where chronic [long term] high blood sugar damages nerves throughout the body.) During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had impaired cognition and was dependent (helper does all of the effort) for activities of daily living. During an interview on 2/12/2026 at 10:09 AM with the IP, the IP stated Resident 3 started with symptoms of cough on 2/4/2026 and resulted positive for influenza on 2/7/2026. During an interview on 2/12/2026 at 2:42 PM with the IP, the IP stated the first positive test for influenza resulted on</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055259
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/5/2026 and two more positive tests resulted on Saturday, 2/7/2026. The IP stated the IP was not working over the weekend and did not report the influenza outbreak until the IP came back to work on Monday, 2/9/2026. The IP stated the Registered Nurse Supervisor (RNS, in general) worked on Saturday 2/7/2026 and the RNS had the information [how to report an outbreak] available to make the report but may not have known the criteria for reporting an outbreak. The IP stated per Los Angeles County DPH reporting guidelines found in the Influenza and other Respiratory Virus Diseases Outbreak Toolkit, (IRV DOT) dated 12/2025, indicated, a report of an influenza outbreak should be made after two or more residents have received lab confirmed positive tests. The IP stated the facility should have reported the influenza outbreak on Saturday 2/7/2026. During an interview on 2/12/2026 at 2:57 PM with RNS 1, RNS 1 stated the facility reports to DPH if there were two residents who tested positive for influenza. RNS 1 stated on 2/7/2026, the facility received results for two residents who tested positive for influenza and RNS 1 was aware of both resident's results. RNS 1 stated RNS 1 did not report to DPH. RNS 1 stated it was important to report [to DPH] so that facility received guidelines from DPH to help prevent the spread of infection. During a concurrent observation and interview on 2/12/2026 at 4:06 PM with RNS 2, the document titled, Reportable Diseases and Conditions, (RDC) dated 9/19/2025, by the LAC DPH, was reviewed. RNS 2 stated staff who received the [positive influenza] lab results reported to DPH and the information for reportable disease and contact information was posted at the nurse's station. The RDC indicated influenza, due to novel strains, human (pathogens [organism that causes disease], particularly viruses) is a reportable communicable disease and to report immediately by telephone for both confirmed and suspected cases. During a review of (IRV DOT), dated 12/2025, the IRV DOT indicated suspected outbreaks of respiratory illnesses other than COVID-19 (an infectious disease caused by the SARS-CoV-2 virus) in LAC skilled nursing facilities must immediately be reported to LAC DPH. The IRV DOT further indicated when an outbreak is suspected, prompt and simultaneous implementation of all recommended interventions can minimize the size and scope of the outbreak and adverse impact on resident health.</p>