

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  02/21/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50016</p> <p>Based on interview and record review, the facility failed to ensure a staff member treated one of one sampled resident (Resident 44) with respect and dignity.</p> <p>This deficient practice made Resident 44 feel singled out, embarrassed, emotionally distressed, angry, and belittled. Additionally, the deficient practice had the potential to cause psychosocial harm to Resident 44.</p> <p>Findings:</p> <p>During a review of Resident 44's Admission Record (AR), the AR indicated the facility admitted Resident 44 on 5/8/2023, and readmitted the resident on 10/6/2024, with diagnoses including type 2 diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and bipolar disorder (a mental illness that causes extreme mood swings, or shifts from mania [extremely elevated and excitable mood] to depression).</p> <p>During a review of Resident 44's Minimum Data Set (MDS, a resident assessment tool), dated 1/1/2025, the MDS indicated Resident 44 required supervision or touching assistance (helper provides verbal cues, touching/steadying, and/or contact guard assistance as resident completes activity) with activities of daily living (ADL, term used in healthcare that refers to self-care activities) and supervision or touching assistance (helper provides verbal cues, touching/steadying, and/or contact guard assistance as resident completes activity) with mobility.</p> <p>During a review of Resident 41's Admission Record (AR), the AR indicated the facility admitted Resident 41 on 4/19/2022, and readmitted the resident on 12/18/2024, with diagnoses including end stage renal disease (ESRD, irreversible kidney failure), type 2 diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) with chronic kidney disease (a condition where the kidneys are damaged and can't filter blood properly), and peripheral vascular disease (PVD, a slow progressive narrowing of the blood flow to the arms and legs).</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 41's Minimum Data Set (MDS, a resident assessment tool), dated 2/3/2025, the MDS indicated Resident 41's was cognitively (the ability to thin and process information) intact. The MDS indicated Resident 41 required supervision or touching assistance (helper provides verbal cues, touching/steadying, and/or contact guard assistance as resident completes activity) with activities of daily living (ADL, term used in healthcare that refers to self-care activities) and supervision or touching assistance (helper provides verbal cues, touching/steadying, and/or contact guard assistance as resident completes activity) with mobility.</p> <p>During an interview on 2/18/2025 at 12:43 PM, with Resident 44, Resident 44 stated during a recent power outage due to the California wildfires (no recall of exact date or time) Resident 44 was charging Resident 44's cell phone in an emergency outlet (designed to maintain power during an outage by utilizing backup power sources such as generators or uninterruptible power supplies) located at the entrance of the facility near the Administrator's (ADM) office. Resident 44 stated his phone had no power and Resident 44 wanted to charge his phone for a few minutes to notify his family that he was doing well and was safe. Resident 44 stated multiple residents were also charging their phones and were using other emergency outlets found throughout the unit. Resident 44 stated the Maintenance Supervisor (MS) approached him and yelled at him. Resident 44 stated the MS told him, in a raised and condescending tone, not to charge his phone in the emergency outlet because the outlets were only for emergency purposes. Resident 44 stated that he felt singled out amongst the group of residents who were also charging their phones by using the emergency outlets. Resident 44 stated, he was the only resident who was yelled at for doing so. Resident 44 stated the MS raised his voice and the condescending tone made Resident 44 feel embarrassed, emotionally distressed, angry, and felt belittled.</p> <p>During an interview on 2/20/2025 at 12:21 PM, with Resident 41 (Resident 44's roommate), Resident 41 stated January of 2025, the facility had a power outage due to the recent Los Angeles wildfires. Resident 41 stated he and other residents were charging their cell phones by using the emergency outlets located near the facility entrance door. Resident 41 stated the MS approached Resident 44 and began yelling at him in a very rude and impolite manner telling Resident 44 to stop charging his phone in the emergency outlet immediately. Resident 41 stated the MS did not approach or address anyone else who was charging their phones in the emergency outlets. Resident 41 stated he felt awful and embarrassed for Resident 44, because no one deserved to be treated in that manner. Resident 41 stated the MS could have addressed the situation in a more calm and collective manner without undermining Resident 44's dignity. Resident 41 stated thoughtful communication truly made all the difference.</p> <p>During an interview on 2/21/2025 at 11:53 AM, with the Director of Nursing (DON), the DON stated the expectation and responsibility of staff was to uphold a standard of care that emphasized dignity, respect, and effective communication. The DON stated staff members should understand that the expectation was not to reprimand or raise their voices but to guide, educate, and teach, residents with patience and compassion.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Resident Rights undated, the P&amp;P indicated federal and state laws guaranteed certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <ul style="list-style-type: none"> <li>- A dignified existence</li> <li>- Be treated with respect, kindness, and dignity.</li> </ul>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48729</p> <p>Based on observation and interview, the facility failed to ensure a homelike environment for one of one sampled resident (Resident 21) as evidenced by a cracked window in Resident 21's room.</p> <p>This failure resulted in Resident 21 feeling no one cared about the appearance of Resident 21's living space had a cracked window and was described by Resident 21 as ghetto and tacky.</p> <p>Findings:</p> <p>During a review of Resident 21's Admission Record (AR), the AR indicated Resident 21 was initially admitted to the facility 10/24/2022 and the resident was readmitted on [DATE] with multiple diagnoses including chronic obstructive pulmonary disease (lung condition that causes long-term breathing difficulties) and depression (feelings of hopelessness, sadness, and a general disinterest in life, which for the most part have no cause and may be the result of a psychiatric illness).</p> <p>During a review of Resident 21's Minimum Data Set (MDS - a resident assessment tool) dated 11/16/2024, the MDS indicated Resident 21 had intact cognition (ability to understand and process information) and required moderate assistance (helper does less than half the effort) for showering and personal hygiene.</p> <p>During a concurrent observation and interview on 2/18/2025 at 11:26 AM with Resident 21 in Resident 21's room, a glass window was noted with peeling blue tape overlaying a crack located on the bottom right corner. Resident 21 stated the window was that way since the last time Resident 21 was admitted to the facility in October 2024.</p> <p>During an interview on 2/20/2025 at 3 PM with Resident 21, Resident 21 stated Resident 21 did not report the broken window to maintenance, but housekeeping staff must have noticed the crack in the window when the windows were occasionally cleaned. Resident 21 stated staff ignored the tape and the crack on the window.</p> <p>During an interview on 2/20/2025 at 3:09 PM with the Housekeeping Supervisor (HKS), the HSK stated no housekeeping staff had reported a cracked window to the HSK. The HSK stated staff could write any maintenance issues that needed fixing in a maintenance logbook but there were no recent entries for a broken or cracked window.</p> <p>During a concurrent observation and interview on 2/20/2025 at 3:56 PM with the Maintenance Supervisor (MS), Resident 21's cracked window was observed. The MS stated the window must have been damaged recently and no staff had reported the cracked window to the MS. The MS stated the MS did not know who could have placed the tape on top of the damaged area and the window should be replaced because the crack made it easier for the window to break.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/21/2025 at 11:58 AM with the Housekeeper (HK), the HK stated residents' (in general) windows were not cleaned regularly and only cleaned when very dirty or when the resident requested window cleaning. The HK stated the HK did not notice the crack on the window of Resident 21's room. The HK stated broken windows were dangerous for the residents.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Homelike Environment, dated 2/2021, the P&amp;P indicated residents are provided with a safe, clean, comfortable, and homelike environment.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48729</p> <p>Based on interview and record review the facility failed to develop a care plan (CP - document created that outlines the type of care a patient needs) for one of one sampled resident (Resident 3) for participating in the facility's bowel and bladder program.</p> <p>This failure had the potential to result in unmet bowel and bladder continence (ability to control movements of the bowel and bladder) needs for Resident 3.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record (AR), the AR indicated Resident 4 was admitted to the facility 1/18/2025 with multiple diagnoses including cellulitis (a skin infection caused by bacteria that can lead to tissue damage and blood poisoning if left untreated; characterized by fever, chills, heat, tenderness, and redness) of the left lower limb (a leg or arm) and depression (feelings of hopelessness, sadness, and a general disinterest in life, which for the most part have no cause and may be the result of a psychiatric illness).</p> <p>During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 1/22/2025, the MDS indicated Resident 3 had intact cognition (ability to understand and process information) and required maximal assistance (helper does more than half the effort) for toileting hygiene and toilet transfers (ability to get on and off toilet).</p> <p>During an interview on 2/21/2025 at 2:19 PM with the MDS Coordinator (MDSC), the MDSC stated Resident 3 did not have a CP that addressed Resident 3's participation in the bladder and bowel retraining program. The MDSC stated a CP was needed so staff knew the plan or interventions for Resident 3 and to have a clear goal in mind such as continence by the time of discharge.</p> <p>During a review of the facility's undated policy and procedure (P&amp;P) titled, Bowel and Bladder Program, the P&amp;P indicated under I. For the 14-Day retraining program: a. Initiate the 14 Day B &amp; B Retraining Program and a care plan.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>38108</p> <p>Based on observation, interview, and record review, the facility failed to provide an ongoing sensory stimulating activities program designed to meet the interest of Resident 226.</p> <p>This deficient practice had the potential to result in psychosocial decline and a decreased quality of life to Resident 226 due to boredom and loneliness.</p> <p>Findings:</p> <p>During a review of Resident 226's Admission R (AR), the AR indicated Resident 226 was admitted to the facility 2/6/2025 with diagnosis that included periprosthetic left hip joint (a break in the bone around a hip replacement), fracture of left radial styloid process (a break at the end of the forearm) and dysphagia (swallowing difficulty).</p> <p>During a review of Resident 26's Activity Interview for Daily and Activity Preferences (AIDAP), dated 2/8/2025, completed by the Activity Assistant (AA), the record indicated Resident 226's previous work experience included, worked at a bookstore and Resident 226's daily pleasure was reading mystery books and doing work search puzzles.</p> <p>During a review of Resident 226's Minimum data Set (MDS, a resident assessment and care screening tool), dated 2/12/2025, the MDS indicated Resident 226 was cognitively intact, had to ability to usually understand and be understood by others (comprehends most of the conversation). The MDS indicated Resident 226 was dependent on toileting, shower hygiene, and upper and lower body dressing. The MDS indicated Resident 226's evaluation for sit to stand, or transfers from chair to bed did not occur due to medical condition or safety concerns.</p> <p>During a review of Resident 226's care plan (CP), initiated 2/8/2025, the CP indicated Resident 226 was dependent on staff for meeting emotional, intellectual, and social needs. The CP's goal indicated Resident 226 would maintain involvement in cognitive stimulation, social activities as desired. The CP's interventions indicated activity staff was to provide activity materials as desired and to provide Resident 226 with activities of interest and activities that empowered Resident 226 by encouraging/allowing choice, self-expression, and responsibility.</p> <p>During an observation and concurrent interview, on 2/20/2025 at 9:42 AM, in Resident 226's room, Resident 226 was in isolation (staying away/kept away from others) due to Coronavirus-19 (COVID-19, highly contagious virus that can affect lungs and airways and spreads form person to person) alone in Resident 226's room. Resident 226 was sitting in bed looking out the window. Resident 226 stated I don't like to watch television; I only like to read. Resident 226 stated Resident 226 was confined in Resident 226's room and for a while (since 2/11/2025) and no one has asked me or spent time with me since I am on isolation. Resident 226 stated Resident 226 had asked staff for books (specifically mystery books) but only received one book. Resident 226 stated I got a book a few days ago. I only have one so I am reading it slowly to make it last a few days. I cannot wait until I get out of this room and get more items to read.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and concurrent record review of Resident 226's electronic and paper medical record (chart), with the Activities Director (AD), on 2/20/2025 at 11:13 AM, the AD stated Resident 226 was on isolation precautions. The AD stated Resident 226 liked to read and do crossword puzzles. The AD stated for residents who were on isolation precautions, the AD told my staff to provide Resident 226 with books, magazines, and puzzles. The AD stated the AD did not closely monitor the AD's staff. The AD stated residents who were on isolation precautions needed to be visited more often and be given the materials they (residents) preferred. The AD stated isolated residents had a higher chance of depression (causes feelings of sadness and/or a loss of interest in activities once enjoyed) because isolated residents were not able to leave their rooms.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled Activity Program, revised on 6/2018, the P&amp;P indicated activity programs are designed to meet the interest of and support the physical, mental, and psychosocial well-being of each resident. The activities program is provided to support the well-being of residents and to encourage both independence and community interaction. The P&amp;P indicated activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident.</p> <p>During a review of the facility's P&amp;P, titled, Quality of Life - Dignity, revised 2/2020, the P&amp;P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth, and self-esteem.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48729</p> <p>Based on interview and record review the facility failed to follow the steps outlined in the facility's policy and procedure (P&amp;P), titled, Bladder and Bowel Program, for one of one sampled resident (Resident 3) who was placed in the bladder and bowel program.</p> <p>This failure had the potential to lead Resident 3 being unable to regain bowel and bladder continence.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record (AR), the AR indicated Resident 4 was admitted to the facility 1/18/2025 with multiple diagnoses including cellulitis (a skin infection caused by bacteria that can lead to tissue damage and blood poisoning if left untreated; characterized by fever, chills, heat, tenderness, and redness) of the left lower limb (a leg or arm) and depression (feelings of hopelessness, sadness, and a general disinterest in life, which for the most part have no cause and may be the result of a psychiatric illness).</p> <p>During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 1/22/2025, the MDS indicated Resident 3 had intact cognition (ability to understand and process information) and required maximal assistance (helper does more than half the effort) for toileting hygiene and toilet transfers (ability to get on and off toilet).</p> <p>During a review of Resident 3's Order Summary Report (OSR) with active orders as of 2/21/2025, the OSR indicated a physician order for bowel and bladder retraining for 14 days per family request, start date 2/11/2025.</p> <p>During an interview on 2/21/2025 at 11:56 AM with Resident 3, Resident 3 stated Resident 3 controlled Resident 3's bowels most of the time but had problems with urinary incontinent (lack of voluntary control over urination) for many years and often woke up wet with urine after sleeping. Resident 3 stated Resident 3 needed help to get to the toilet.</p> <p>During an interview on 2/21/2025 at 1:14 PM with Certified Nursing Assistant 1 (CNA) 1, CNA 1 stated most times CNA 1 was called to assist Resident 3 and Resident 3 has already urinated in Resident 3's diaper. CNA 1 stated Resident 3 sometimes made it to the restroom in time to urinate on the toilet. CNA 1 stated CNA 1 made attempts to toilet or assist all assigned residents (including Resident 3) with bowel and bladder incontinence every two hours. CNA 1 stated CNA 1 did not have any specific toileting instructions for Resident 3.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 2/21/2025 at 2:19 PM with the MDS Coordinator (MDSC), the facility's policy and procedure (P&amp;P), titled, Bowel and Bladder Program, was reviewed. The P&amp;P indicated under I. For the 14-Day retraining program: a. The MDS nurse will communicate with nursing staff and ensure the 14-Day Re-Training Forms are prepared for Certified Nursing Assistants (CNAs). The P&amp;P further indicated b. CNAs will toilet the resident at the time/hours circled by MDS Nurse on the form. The Resident must be toileted each time at the hour indicated by the MDS Nurse. The MDSC stated the forms referenced by the P&amp;P was a 72-hour diary form that was not completed for Resident 3. The MDSC stated the CNAs did not have specific instructions at which hours to toilet Resident 3 because the 72-hour diary was not completed. The MDSC stated the 72-hour diary was needed to identify which hours Resident 3 would be more likely to use the restroom, which was important help Resident 3 stay clean, dry, and could also prevent skin breakdown and urinary tract infections (infection from bacteria in any of the areas of the urinary system, ureters, bladder or urethra.)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>50016</p> <p>Based on interview, and record review, the facility failed to ensure a code status (an instruction from a patient of the medical team indicating what the medical team should do if the patient has a cardiac or respiratory arrest) was documented on the Admission Record, Electronic Health Record (a digital version of a patient's medical history that can be accessed by authorized healthcare providers) dashboard banner, and the physical medical record for one of one sampled residents (Resident 27).</p> <p>This deficient practice had the potential to lead to negative outcomes with failing to honor resident's wishes and improper end-of-life care in a timely manner.</p> <p>Findings:</p> <p>During a review of Resident 27's Admission Record (AR), the AR indicated the facility admitted Resident 27 on 1/30/2025, with diagnoses including acute respiratory failure with hypoxia (a sudden and severe condition where your lungs are unable to provide enough oxygen to your body, leading to a dangerously low level of oxygen in your blood), dementia (a progressive state of decline in mental abilities), and failure to thrive (a state of decline in their overall health, including significant weight loss, decreased appetite, and reduced activity levels, often seen in older people with multiple medical conditions).</p> <p>During a review of Resident 27's Minimum Data Set (MDS, a resident assessment tool), dated 2/3/2024, the MDS indicated Resident 27 was dependent (helper does all the effort) with activities of daily living (ADL, term used in healthcare that refers to self-care activities) and mobility was not attempted due to a medical condition or safety concerns.</p> <p>During a review of Resident 27's Follow Up Visit, dated 2/3/2025, the Follow Up Visit indicated Resident 27 did not possess the general capacity to make his own decisions.</p> <p>During a concurrent interview and record review on 2/20/2025 at 11:44 AM, Resident 27's Admission Record was reviewed with Registered Nurse (RN) 2. RN 2 stated Resident 27 did not have a documented code status on the Admission Record.</p> <p>During a concurrent interview and record review on 2/20/2025 at 11:44 AM, Resident 27's Electronic Health Record was reviewed with RN 2. RN 2 stated Resident 27 did not have a documented code status in the dashboard banner of the electronic health record.</p> <p>During a concurrent interview and record review on 2/20/2025 at 11:44 AM, Resident 27's physical medical record was reviewed with RN 2. RN 2 stated Resident 27 did not have a documented code status in the physical medical record. RN 2 stated documenting the code status in the resident's AR, on the dashboard banner of EHR, and in the physical record promoted patient centered care, enhanced communication, reduced the risk for errors, promoted quick access, supported emergency preparedness, respected the resident's autonomy, and ultimately improved quality of care. RN 2 stated ensuring the code status was easily accessible ensured staff provided timely, accurate, and respectful care in accordance with the resident's wishes, avoiding confusion and delays during critical situations.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/21/2025 at 11:53 AM, with the Director of Nursing (DON), the DON stated failing to document code status could have serious consequences, including ethical and clinical issues. The DON stated it was important to ensure the code status was completed accurately, consistently, and should be easily accessible to protect residents' rights and ensure delivery of appropriate care.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Charting and Documentation revision dated 7/2017, the P&amp;P indicated</p> <ul style="list-style-type: none"> <li>- All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</li> <li>- Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</li> </ul>