

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Santa Anita Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 5522 Gracewood Ave. Temple City, CA 91780	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to respect the resident's right to receive visitors of the resident's choice and the right to have a responsible party of the resident's choice for one of two sampled residents (Resident 1).</p> <p>This deficient practice resulted in Resident 1 being uncomfortable and feeling unsafe to be visited by Visitor 1, which had the potential to cause psychosocial (interplay between mental processes and the surrounding social environment, and how they affect a person's health, functioning, and development) and emotional distress.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Records, the admission Records indicated the Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including type 2 diabetes mellitus (a medication condition characterized by the body's inability to regulate blood sugar level), end stage renal disease (advanced stage kidney failure requiring dialysis), and dependence on renal dialysis (the process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). The admission Records indicated Visitor 1 is the resident's responsible party.</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 5/26/2025, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding for daily decision-making) for daily decision making was intact. The MDS also indicated Resident 1 was assessed to require partial/moderate assistance (helper does less than half the effort) with oral hygiene, upper/lower body dressing, and personal hygiene.</p> <p>During a review of Resident 1's Social Services Notes (SSN), authored by SSD 2, dated 1/30/2025, SSN indicated Resident 1 expressed disinterest with Visitor 1 to contact Resident 1 and Resident 1 requested Visitor 2 to continue to be involved with the resident's care.</p> <p>During a review of Resident 1's Interdisciplinary Team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of their residents) notes, dated 3/17/2025, indicated Resident 1 mentioned two times that the resident did not want to talk to Visitor 1, nor be visited by Visitor 1.</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: 055293
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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 1's SSN, authored by SSD 2, dated 3/18/2025, SSN indicated SSD 2 received endorsement from staff (unidentified) regarding Resident 1 expressed to have no visits from Visitor 1.</p> <p>During a review of Resident 1's SSN, authored by SSD 1, dated 4/24/2025 at 15:09, SSN indicated that on 4/23/2025, Visitor 1 visited Resident 1 in the unit, and Resident 1 asked Visitor 1 to leave immediately. SSN also indicated that Resident 1 was unhappy and had asked her sister to leave again.</p> <p>During a review of Resident 1's SSN, authored by SSD 1, dated 5/5/2025, at 16:25, SSN indicated Resident 1 told the unit charge nurse (unidentified) that Resident 1 wanted Visitor 2 to accompany the resident to the doctor appointment instead of Visitor 1.</p> <p>During an observation and interview with Resident 1 with the presence of Certified Nursing Assistant (CNA 1), on 6/18/2025 at 1:18 PM in Resident 1's room, Resident 1 stated she did not want Visitor 1 and 3 to visit her in the facility. Resident 1 stated she felt unsafe seeing Visitor 1. Resident 1 stated, I attempted to inform two SSDs (unable to recall name) many times that I refused Visitor 1 and Visitor 3. I also requested to change RP to Visitor 1; however, those requests were not done. Resident 1 further stated, I am capable to make my own decisions. I have the right to refuse who to see and to pick my own responsible party.</p> <p>During an observation and interview with CNA 1 in the presence of Resident 1 and Assistant of Director of Nursing (ADON), on 6/18/2025 at 1:40 PM in Resident 1's room, CNA 1 confirmed she assisted with translation for Resident 1 when the Resident 1 met with SSD 1 and SSD 2 (unable to recall exact dates to inform SSD 1 and SSD2 that Resident 1 refused to see and visits from Visitor 1 and Visitor 3. CNA 1 also stated, Resident 1 also requested SSD 1 and 2 to update Resident 1's medical records to show Visitor 2 as the resident's RP.</p> <p>During a concurrent interview and record review on 6/18/2025 at 2:19 PM with Quality Assurance Nurse (QAN), Resident 1's History and Physical Examination (H&P) dated 3/6/2025, the QAN stated according to Resident 1's H&P, Resident 1 had the capacity to understand and make decisions on her own.</p> <p>During the same interview and record review of Resident 1's admission Records dated 3/6/2025, QAN stated admission staff should update Resident 1's RP to Visitor 2 rather than Visitor 1 since it was requested by Resident 1. QAN stated since Resident 1 was no longer under conservatorship program (a program when a person appointed by a court [conservator] to manage the financial affairs and/or personal care of another person who is deemed unable to do so themselves due to physical or mental limitations) and with intact cognitive, Resident 1 could make her own decision and could have the right to pick her own RP and who Resident 1 can decline visits from. QAN stated Resident 1 had the right to receive or to refuse her visitors of her choice.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights revised dated 10/1/2017, the P&P indicated that employees were to treat all residents with kindness, respect, dignity, and honor the exercise of rights' rights. The P&P indicated that state and federal laws guarantee certain basic rights to all residents of the facility which include, but are not limited to, a resident's right to inform the resident (and family members) of the resident's right to self-determination and participation in preferred activities; gather information about the resident's personal preferences on initial assessment and periodically thereafter, and document these preferences in the medical record.</p>		