| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055293 | A. Building<br>B. Wing | 07/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Santa Anita Convalescent Hospital | 5522 Gracewood Ave.<br>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) |
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| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accommodate the needs for one (1) of two (2) sampled residents (Resident 1) by ensuring the call light (initial communication between staff and residents) was within reach of Resident 1 when the resident needed to call for assistance for a brief change.This deficient practice has the potential to delay in the necessary care and services and/ or needs not being met for Resident 1.Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was originally admitted on [DATE] and was readmitted on [DATE] with the diagnoses of, but not limit to dementia (a progressive state of decline in mental abilities), displaced intertrochanteric fracture of right femur (a break between the bones located in the upper part of the thighbone), history of falling, and muscle wasting/atrophy (weakening, shrinking, and loss of muscle).During a review of Resident 1's Fall Risk Assessment, dated 7/5/2025, the assessment indicated the resident is at high risk for falling.During a review of Resident 1's Care Plan with focus at risk for falls and/or injuries, dated 7/5/2025, the care plan indicated attached call light within reach and encourage resident to use it for assistance as needed.During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 7/9/2025, the MDS indicated the resident was severely impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 1 required supervision and touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with eating, oral hygiene, toileting hygiene, upper body dressing, and personal hygiene but required partial/moderate assistance (helper does less than half the effort. Helper lifts or holds trunk or limbs and provides less than half the effort) with lower body dressing and putting on/taking off footwear.During an observation on 7/30/2025 at 11:36 AM in Resident 1's room, Resident 1's call light was observed on the floor. Resident 1 was also observed touching his brief and stating that he needed a brief change.During a concurrent observation and interview on 7/30/2025 at 11:40 AM, Licensed Vocational Nurse 1 (LVN 1) stated it is not ok for Resident 1's call light to be on the floor because the resident would not be able to ask for assistance when needed.During an interview on 7/30/2025 at 2:46 PM, Certified Nursing Assistant 3 (CNA 3) stated Resident 1 knows how to use the call light to ask for assistance.During a concurrent interview and record review on 7/30/2025 at 3:30 PM with Quality Assurance Nurse (QAN), the policy and procedure (P&P) titled Call System Communication, dated 10/24/2022, was reviewed. The P&P indicated call light will be placed within the resident's reach in the resident's room. QAN stated the call light should be within reach of the resident so the resident can ask for assistance when needed. |

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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