STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055293	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Anita Convalescent Hospital	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that food was served at the proper serving temperature for one (1) of two (2) sampled residents (Resident 2) in accordance with the facility's policy and procedure titled Food Temperatures. This deficient practice had the potential to negatively affect Resident 2's meal intake. which could lead to health complications and weight loss. Serving food at improper temperatures can reduce palatability and discourage consumption, especially and inadequate nutritional intake may lead to health complications such as weight loss, malnutrition (a condition that occurs when the body does not receive enough nutrients or calories to function properly), and a decline in overall health statusFindings:During a review of Resident 2's admission Record, the admission Record indicated the resident was admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN - high blood pressure) and depression (a serious mood disorder causing persistent sadness, loss of interest, and affecting thoughts, feelings, and daily activities like sleeping or eating). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 7/21/2025, the MDS indicated the resident is independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required supervision or 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 toileting hygiene, upper body dressing, lower body dressing, and putting on taking off footwear but required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with shower/bathe self. Resident 2 required setup or clean up assistance (helper sets up or cleans up, resident completes activity. Helper assists only prior to or following the activity) with eating. During an interview on 8/15/2025 at 10:50AM in Resident 2's room, the resident stated her food is usually served cold. During a concurrent observation with Registered Dietician (RD) and interview on 8/15/2025 at 1:43 PM, Resident 2 was observed eating her food with pasta and carrots, and the resident stated the food is cold. The food temperature of Resident 2's tray was taken, with Resident 2's permission. The temperature of Resident 2's food was checked with RD and the temperature of the noodles/ pasta was at 123 degrees Fahrenheit and carrots at 108 degrees Fahrenheit. During a concurrent observation and interview on 8/15/2025 at 1:49 PM of the test tray with Assistant Administrator (AADM), RD and Dietary supervisor (DS) present. Test Tray 1 was noted with the milk at 45 degrees Fahrenheit, \chicken and rice casserole at 120 degrees Fahrenheit and carrots at 120 degrees Fahrenheit. Test Tray 2 was noted with milk at 51 degrees Fahrenheit, noodles at 135 degrees Fahrenheit and carrots at 125 degrees Fahrenheit. During a concurrent interview and record review on 8/15/2025 at 2:55 PM, the Policy and Procedure (P&P) titled Food Temperatures, revised 1/31/2019, was reviewed. The P&P indicated acceptable serving temperatures are not limited to the following: Casseroles - More than 140 degrees Fahrenheit Pasta - More than 140 degrees Fahrenheit Vegetables - More than 140 degrees Fahrenheit Milk, Juice - Less than 41 degrees Fahrenheit Quality Assurance Nurse (QAN) stated the serving temperatures means the required temperature of food when the food gets/ is served to the residents. During a concurrent interview and record review on 8/15/2025 at 3 PM, the P&P titled Food Temperatures, revised 1/31/2019, was reviewed. Administrator (ADM) stated the serving temperatures mean when the food gets to the residents. ADM also stated the pasta and carrots served to Resident 2 for lunch today did not meet the serving temperatures. During a review of the P&P titled Food Temperatures, revised 1/31/2025, the P&P indicated if temperatures do not meet the required serving temperatures listed above, reheat the product or chill the product to the proper temperature.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review, the facility failed to observe infection control measures as indicated in the facility's policy and procedure by failing to ensure:1. Licensed Vocational Nurse 1 (LVN 1) doff (remove an item or clothing) Personal Protective Equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) and perform hand hygiene (the process of cleaning one's hands to remove dirt, germs, and other microorganisms. It involves washing hands with soap and water or using alcohol-based hand rubs) prior to exiting Room B.2. Physician 1 don (putting on an item or clothing) on an N-95 (a disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) prior to entering Unit A (the COVID [Coronavirus Disease- a highly contagious respiratory disease caused by the SARS-CoV-2 virus. SARS-CoV-2 is thought to spread from person to person through droplets released when an infected person coughs, sneezes, or talks] unit).3. The Unit Manager (UM) wears the N-95 mask correctly covering the mouth and nose while in Unit A.4. Dietary Supervisor Assistant (DSA) change gloves and performs hand hygiene after picking up a bowl from the floor and before continuing with tray line (a healthcare food service assembly line where food trays are prepared by passing through a series of stations, each performing a specific task like adding cold items or hot food, to ensure efficient and accurate meal delivery to residents). 5. Dietary Staff (DTS) did not pick up a bag of bowl lids from the floor and put it on tray line near the ready-to-eat foods. These deficient practices had the potential to spread infection to staff and residents. Findings:1. During a concurrent interview and record review of the facility's floor plan on 8/15/2025 at 10:12 AM, Infection Preventionist Nurse (IPN) stated an N-95 mask should always be worn in Unit A (the COVID 19 Unit). IPN also stated when going into the resident's room in Unit A, PPE should be worn before entering the room and PPE should be removed/ doff before leaving the room. IPN stated there is signage posted and mask available outside of unit A outlining infection control protocols. IPN stated the red marking indicated on the floor plan means unit A is a COVID-19 unit. During a concurrent observation and interview on 8/15/2025 at 10:43 AM, LVN 1 was observed rolling a used gown outside of Room B, went back in Room B to dispose of the used gown and left Room B without performing hand hygiene. LVN 1 stated LVN 1 should have but did not remove his gown and performed hand hygiene prior to exiting Room B. LVN 1 stated it is not okay because it can spread infection to staff and other residents. During an interview on 8/15/2025 at 10:47 AM, IPN stated hand hygiene and donning of PPE should occur prior to entering the resident's room who is on isolation precautions (set of infection control measures designed to prevent the spread of infectious diseases in healthcare settings), and doffing of PPE and performing hand hygiene should occur before exiting the resident's room who is on isolation precaution. IPN stated with the indication of a mask already worn since Room B is in Unit A, the donning of PPE should be done as follow: perform hand hygiene, don gown, and don gloves before entering a resident's room, and doffing should be done as follows: doff gloves, doff gown and perform hand hygiene before exiting a resident's room. 2. During a concurrent observation and interview on 8/15/2025 at 12PM in Unit A, Physician 1 was noted without an N95 mask. Physician 1 was also observed walking up and down the hallway of Unit A twice without a mask/N-95 on. Physician 1 stated he forgot to put his mask on while in Unit A. 3. During a concurrent observation and interview on 8/15/2025 at 12:30 PM in Unit A, Unit Manager (UM) was observed with his N95 mask under placed under his chin not covering UM's mouth or nose. UM stated he was not wearing his N95 mask on correctly to ensure his mouth and his nose were covered. A review of the facility's P&P titled Personal Protective Equipment, revised 7/1/2023, the P&P indicated the facility will wear an N-95 to follow their respiratory protection program. The P&P also indicated when gowns are used, they are used only once and discarded into appropriate receptacle located in the room in which the procedure is performed. A review of the facility's P&P titled Categories of Transmission-Based Precautions Resident isolation, revised 7/1/2023, the P&P indicated the gown is removed, and hand hygiene is performed before leaving the resident's environment. A review of the facility's P&P titled Infection Prevention and Control Program, revised 10/24/2025, the P&P indicated it is intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. A review of the facility's P&P titled Hand Hygiene, revised 2/20/2025, the P&P indicated hand hygiene should be done immediately upon entering a resident occupied area and immediately upon exiting a resident occupied area. A review of the facility's P&P titled COVID-19 and Quarantine, revised 7/1/2025, the P&P indicated staff will be required to wear masks when there is an