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	08/28/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

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	08/28/2025

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 0689 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 implement the use of a bed pad alarm (a pad with sensors that will alarm when a resident stands up unassisted to help prevent falls by alerting staff) for one (1) of four (4) sampled residents (Resident 1) as indicated on the care plan (a document that outlines the facility's plan to provide personalized care to a resident based on the resident's needs) and facility fall policy. This failure had the potential for Resident 1 to have repeated falls which could cause injury and harm to the resident. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included generalized muscle weakness, lack of coordination, and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/8/2025, the MDS indicated Resident 1 with moderately impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues, touching/steadying and/or contact guard assistance during activity) with eating, oral and personal hygiene and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with toileting, bathing and lower body dressing. The MDS also indicated Resident 1 was dependent (helper does all effort needed to complete activity) with rolling left and right, bed to chair transfers, toilet transfers and the ability to move from lying to sitting on the side of the bed. During a review of Resident 1's Physical Therapy (PT- a therapy that focuses on restoring, maintaining, and improving physical function and movement) Therapy Progress Report, dated 7/15/2025, the PT Therapy Progress Report indicated Resident 1 with the following functional deficits: decreased sitting balance, decreased standing balance, decreased endurance and poor postural control during sitting and standing. During a review of Resident 1's Occupational Therapy (OT- a therapy that aims to improve individuals' ability to engage in meaningful activities of daily living) Therapy Progress Report, dated 7/15/2025, the OT Progress Report indicated Resident 1 had decreased safety awareness and decreased overall strength. During a review of the Resident 3's Actual Witnessed Fall Care Plan revised 7/16/2025, the Care Plan indicated Resident 1 had a witnessed fall with minor injury to the left hand after sliding off wheelchair while in transportation van after going to an appointment. The care plan indicated Resident 1 with a history of weakness, lack of coordination, dementia (a progressive state of decline in mental abilities) with forgetfulness and poor posture. The care plan indicated staff interventions included PT and OT evaluation, use of tilt in wheelchair (wheelchair allows the user's entire seat and back to tilt as a single unit) while going to appointments, and a post fall rehabilitation screen for possible skilled interventions.During a concurrent interview and record review on 8/27/2025 at 1:17 PM with the Occupational Therapist, Resident 1's Therapy Post Fall Screen, dated 7/31/2025 was reviewed. The Therapy Post Fall Screen indicated therapy recommendations to include a tab alarm (bed alarm). The Occupational Therapist stated a tab alarm is a device for Resident 1's bed and/or wheelchair that will alarm if she tries to get up or out. During a review of Resident 1's Change of Condition (COC-a significant alteration in a resident's physical, mental, or emotional status that requires attention and intervention from healthcare professionals) Evaluation, dated 8/12/2025, the COC Evaluation indicated Resident 3 had a fall and was found hanging from the bed from side rails (metal or plastic bars that attach to the sides of a bed to provide support for moving, prevent falls from bed, or prevent residents from getting out of bed and wandering). The COC indicated Resident 1 sustained a left elbow skin tear (traumatic wounds caused by friction when the upper layer of the skin becomes torn from the underlying layers), right lower leg skin tear, and left knee contusion (a bruise). During a review of Resident 1's Resident Had an Actual Unwitnessed Fall on 8/12/2025 care plan, initiated 8/12/2025, the care plan indicated staff interventions included were to educate resident on risk for fall and to offer bed alarm. During a review of Resident 1's IDT Post Event Review, dated 8/14/2025, the IDT Post Event Review indicated under Interventions done/IDT recommendations, was the use of a bed alarm for Resident 1. During a concurrent observation and interview on 8/27/2025 at 11:24 AM with Resident 1, at Resident 1's bedside, Resident 1 was observed lying in bed without a bed alarm. Resident 1 stated the staff did not speak with her regarding the use of a bed alarm and has never had one on her bed. Resident 1 also stated she was not cleared to use a wheelchair for her appointment on 7/16/2025 and was told to go via gurney but wanted a wheelchair because she felt it was