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	03/05/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain an informed consent (is the act of agreeing to allow something to happen, or to do something, with a full understanding of all the relevant facts, including risks, and available alternatives) for the use of Zyprexa (antipsychotic medication primarily prescribed to treat schizophrenia [a mental illness that is characterized by disturbances in thought] and bipolar disorder) for bipolar disorder for one (1) of two (2) sampled residents (Resident 1), as indicated in the facility policy.This deficient practice had the potential for Resident 1 or Resident 1's Responsible Party (RP) not to be able to exercise their right to choose the resident's treatment plan.Findings:During a review of Resident 1's admission Records, the admission Records indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), dementia (a progressive state of decline in mental abilities) and type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Schizophrenia Diagnosis Checklist, dated 2/12/2026, the Schizophrenia Diagnosis Checklist indicated Resident 1 did not meet the criteria (through assessment) to be diagnosed with schizophrenia. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/13/2026, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 1 was partial/moderate assistance (helper does less than half the effort) with eating, oral and personal hygiene and substantial/maximal assistance with toileting hygiene and bathing/showering self. During a review of Resident 1's History & Physical (H&P), dated 2/25/2026, the H&P indicated Resident 1 with a present illness of bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) and did not have the capacity to understand and make decisions. During a review of Resident 1's Order Summary Report, dated 2/25/2026, the Order Summary Report indicated Zyprexa oral tablet 2.5 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), give 1 tablet by mouth at bedtime for bipolar disorder manifested by screaming without cause. During a review of a facility form titled, Consents, dated 2/25/2026, the form indicated Resident 1's RP was made aware and consented to Zyprexa 2.5 mg tablet by mouth for the diagnosis schizophrenia with the behavior of screaming without cause. During an interview on 3/3/2026 at 4:30 PM with the Director of Nursing (DON), the DON stated Resident 1's consent for Zyprexa 2.5 mg was for a diagnosis of schizophrenia and not for bipolar disorder, as indicated on the physician's order. The DON stated it was important to obtain the correct consent so the resident and RP/family would know and be able to choose the appropriate treatment plan for the resident. During a review of the facility's policy titled Informed Consent, dated 4/1/2024, the policy indicated the policy purpose to ensure the facility respects the resident's right to make an informed decision prior to deciding to undergo certain medical therapies and procedures (including psychotherapeutic drugs). The policy also indicated in obtaining informed consent, the Attending Physician must disclose the reason for the treatment or procedure and the nature and seriousness of the resident's illness to the resident and/or resident representative.

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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one (1) of two (2) sampled residents (Resident 1) and/or Responsible Party 1 (RP 1) were given the right to choose an attending physician (the primary physician who is responsible for managing the resident's medical care) prior to or upon admission on [DATE], per facility policy.This failure resulted in Resident 1 being assigned to a different attending physician without RP 1's knowledge and consent.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), dementia (a progressive state of decline in mental abilities) and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). The admission Record indicated RP 1 as Resident 1's Power of Attorney (POA- a legal document authorizing a person to manage financial or medical affairs on someone's behalf when they cannot) and Medical Doctor 3 (MD 3) as Resident 1's Primary Physician. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/13/2026, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 1 was partial/moderate assistance (helper does less than half the effort) with eating, oral and personal hygiene and substantial/maximal assistance with toileting hygiene and bathing/showering self. During a review of Resident 1's GACH 1 Face Sheet (front page of the chart that contains a summary of basic information about the resident), faxed to the facility on 2/9/2026, the Face Sheet indicated Medical Doctor 1 (MD 1) as Resident 1's primary care physician. During an interview on 2/26/2026 at 4:20 PM with RP 1, RP 1 stated Resident 1 was admitted to the facility on [DATE] and RP 1 was not made aware that MD 1 was not Resident 1's attending physician until Resident 1 had a change of condition on 2/26/2026. RP 1 stated she was not informed prior to 2/26/2026 about any change in Resident 1's attending physician. RP1 further stated she was never asked by facility staff, nor was she told that Resident 1 would be assigned a new attending physician upon admission. RP 1 added that she did not want Resident 1 under the care of any other doctor except MD 1, because he had been Resident 1's primary physician for over 10 years and knew Resident 1 very well. During an interview on 3/3/2026 at 2:33 PM with the Admissions Coordinator (AC), the AC stated Resident 1 was assigned to MD 3 and that she did not ask RP 1 about her choice of attending physician. The AC also stated she did not notify RP 1 regarding the change of Resident 1's attending physician because that was not her responsibility. During an interview on 3/3/2026 at 2:47 PM with the Director of Marketing (DM), the DM stated that when a referral for admission is received, her role is to relay the information to the admitting team for review, and upon acceptance, if no attending physician is assigned to the resident, she will assign the resident to one of the facility doctors (including MD 3). The DM stated that when Resident 1 was referred, she did not speak to RP 1 and/or Resident 1 regarding their choice of an attending physician, nor did she inform them that MD 3 was assigned to provide care to Resident 1. The DM stated she believed another facility staff member would speak to RP 1 and did not follow up but acknowledged she should have. The DM stated she should have spoken with RP 1 regarding her right to choose an attending physician, in order to honor residents' rights and allow RP 1 to select a doctor she and Resident 1 would feel comfortable and safe with. During a concurrent interview on 3/3/2026 with the Administrator, the facility's policy and procedure (P&P) titled, Designation of Attending Physician, revised 10/1/2017, was reviewed. The P&P indicated that residents have the right to choose a personal attending physician. The P&P further indicated that prior to or upon admission, the resident is asked to choose a personal attending physician, and if the resident declines or fails to choose, the facility reserves the right to select one. The P&P also stated that when the facility designates the resident's attending physician, the medical director or designee will inform the resident of the name, (continued on next page)

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F 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	specialty, address, and telephone number of the designated physician and other primary care professionals responsible for the resident's care. The Administrator stated that RP 1 should have been given the right to choose an attending physician for Resident 1, and this did not occur prior to or upon admission on [DATE]. The Administrator stated it was important to follow the policy because residents have the right to decide or know who will provide their care. During a review of the facility's P&P titled, Resident's Rights, revised 10/1/2017, the P&P indicated the a purpose to promote and protect the rights of all residents at the facility and that a resident has the right to choose a physician and treatment and participate in decisions and care planning, including involving representatives and considering personal preferences.