

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Monrovia Gardens Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 615 W. Duarte Rd. Monrovia, CA 91016	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>45553</p> <p>Based on interview and record review, the facility failed to immediately remove Certified Nurse Assistant 1 (CNA 1) from performing resident care duties in accordance with the facility's policy and procedure for one of three sampled residents (Resident 1), who alleged CNA 1 was rough while changing Resident 1 while the facility's investigation was in progress.</p> <p>This deficient practice had the potential to result in the potential for Resident 1 to be subjected to further abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 10/12/23 and readmitted Resident 1 on 7/8/24 with diagnoses that included acute osteomyelitis to the right hand (inflammation of bone or bone marrow, usually due to infection), other lack of coordination (a condition that causes uncoordinated or unsteady movements), bilateral primary osteoarthritis of the knee (a degenerative joint condition where the cartilage in both knees breaks down, causing pain, stiffness, and limited mobility), and a pressure ulcer of the sacral region, Stage 3 (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 1's History & Physical (H&P) dated 7/9/24, the H&P indicated Resident 1 can make needs known but cannot make medical decisions.</p> <p>During a review of Resident 1's Change in Condition (CIC), dated 11/10/24 at 6:40 p.m., the CIC indicated, Alleged physical abuse: Resident 1 accusing CNA 1 left her soaking wet and was rough with her. The CIC further indicated, CNA 3, assigned to Resident 1 who came to nursing station and reported to RN Supervisor that Resident 1 reported to her another CNA [CNA 1] left her wet and was rough to resident. RN supervisor called and reported to DON right away and proceed with the procedure of reporting abuse.</p> <p>During a review of the facility's Investigation Report (received from the facility on 11/25/24), dated 11/10/24, the report indicated the facility investigation was ongoing from 11/10/24 to 11/11/24. The investigation notes indicated the CNA (unidentified) who reported the abuse was interviewed on 11/10/24, and Resident 1 was interviewed on 11/11/24.</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
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and concurrent review of CNA 1's time sheet on 11/25/24 at 12:16 p.m., with the Director of Nursing (DON), CNA 1's time sheet indicated CNA 1 worked the following hours:</p> <p>Saturday 11/9/24 - Worked from 10:40PM to 7:02AM on 11/10/24.</p> <p>Sunday 11/10/24 - Worked from 10:32PM to 7 AM on 11/11/24.</p> <p>Monday 11/11/24 and on Tuesday 11/12/24, CNA 1 worked from 12 AM to 3:01 AM and from 3:31 AM to 7 AM.</p> <p>Tuesday 11/12/24 - Did not work any shift.</p> <p>Wednesday 11/13/24 - Did not work any shift.</p> <p>Thursday 11/14/24 - Returned to work and CNA 1 worked from 11/14/24 to 11/24/24.</p> <p>The DON acknowledged CNA 1 was not suspended during the facility investigation, which started on 11/10/24. CNA 1 worked CNA 1's regular schedule.</p> <p>During an interview with LVN 1 on 11/25/24 at 10:40 a.m , LVN 1 was asked, Why do you send the accused staff member home? LVN 1 stated, We should protect the resident and other residents from any further abuse.</p> <p>During an interview with Resident 1 on 11/25/24 at 11:05 a.m., Resident 1 stated, I told CNA 1 to stop, but she kept changing me. Resident 1 stated, CNA 1 did not say anything, she just kept working and took the blankets off and changing me after I told her to leave the room. Resident 1 further stated, She [CNA 1] is the only one that did that to me; No one else changes me rough like that.</p> <p>During an interview with CNA 3 on 11/25/24 at 12:36 p.m., CNA 3 stated, Resident 1 told me that CNA 1 mistreated her, was rough with her, and neglected her.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised date 4/2021, the P&P indicated, Policy Statement: Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. The P&P indicated, The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: Protect residents from any further harm during investigations.</p>		