

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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48729</p> <p>Based on interview and record review, the facility failed to develop a care plan (CP - document created that outlines the type of care a patient needs) for one of seven sampled residents (Resident 4) for a rash discovered on admission.</p> <p>This failure had the potential to result in unmet individualized needs for Resident 4 and to lead to a break in continuity of care for an existing condition.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, (AR), the AR indicated Resident 4 was admitted on [DATE] with multiple diagnoses including toxic encephalopathy (brain disorder or disease that affects how the brain functions) and chronic kidney disease (when the kidneys become damaged and cannot filter blood properly).</p> <p>During a review of Resident 4's Admission/Readmission Data Tool (ARDT) dated 1/13/2025, the ARDT indicated Resident 4 had a generalized body rash on the arms, back, chest, and abdomen. The ARDT described the rash as spotted dark brownish red on the entire body with itching.</p> <p>During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 1/16/2025, the MDS indicated Resident 4 had severe cognitive impairment (ability to reason, think, plan) and required moderate assistance (helper does less than half the effort) for bathing and toileting hygiene.</p> <p>During a concurrent interview and record review on 2/10/2025 at 2:20 PM with the Infection Preventionist Nurse (IPN), Resident 4's CPs were reviewed. The IPN stated Resident 4 did not have a CP developed for Resident 4's rash that was present on admission. The IPN stated Resident 4 was admitted to the facility on [DATE] and the hospital ordered treatment for generalized rash was continued on 1/14/2025. The IPN stated [developing a] CP was important because it was a marker of what the facility was doing to address the rash and could indicate if changes needed to be made to Resident 4's treatment and indicate if there were general improvements.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&P indicated the comprehensive, person-centered CP is developed within seven days of the required MDS assessment and no more than 21 days after admission.</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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