

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  08/27/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and record review, the facility failed to ensure swamp coolers (evaporative cooler, a device that cools air by using water evaporation) used in resident's rooms and in the facility were maintained in a safe and operable manner for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in electrical resident care equipment not in safe operating conditions and affecting residents' wellbeing. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 4/2/2019 and readmitted Resident 1 on 2/15/2025 with diagnoses which included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) and hypertension (high blood pressure). During a review of resident 1's History and Physical (H&amp;P), dated 2/16/2025, the H&amp;P indicated Resident 1 had capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 5/23/2025, the MDS indicated the resident had intact cognitive (ability to remember things, solve problems, or make decisions) skills for daily decision making. The MDS indicated the resident required partial/moderate assistance (helper does less than half the effort) with lower body dressing and showering/bathing self. The MDS indicated the resident was independent for eating, oral hygiene, upper body dressing and personal hygiene. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 8/21/2025 with diagnoses including sepsis (a life-threatening blood infection) and mycosis (fungal infections). During a concurrent observation and interview on 8/26/2025 at 2:21 PM with Resident 1, at the bedside of Resident 1, there was a swamp cooler in use. There was no water in the tank inside the swamp cooler. Resident 1 stated that the facility did not clean or change the filter and the water tank inside the cooler since it was placed inside the room at least a month ago. During a concurrent observation and interview on 8/26/2025 at 3:03 PM with Resident 2, at the bedside of Resident 2, there was a swamp cooler in use. Resident 2 stated that the facility did not clean or change the filter and the water container inside the cooler since Resident 2 was admitted. During an interview on 8/26/2025 at 3:47 PM with the administrator, the administrator stated that the maintenance and Infection Preventionist (IP) were responsible for maintaining and cleaning the swamp coolers. The administrator stated that there was no scheduled maintenance time for the coolers. During a concurrent interview and record review on 8/27/2025 at 12:18 PM with the administrator, the scheduled maintenance record was reviewed. The administrator stated there was no scheduled maintenance for the coolers. The administrator stated that the facility should maintain the coolers and the portable air conditioners following the facility's P&amp;P and the manufacture manual for the electrical equipment. During an interview on 8/27/2025 at 3:38 PM with the interim Maintenance Director (MD), the MD stated there was no scheduled maintenance time for all the coolers. During a phone interview on 8/28/2025 at 11:05 AM with the IP, the IP stated there was no scheduled maintenance or cleaning time for all the coolers. During a review of the facility's P&amp;P titled, Maintenance Service, revised 12/2009, the P&amp;P indicated, The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. The P&amp;P indicated, Maintenance personnel shall follow the manufacturer's recommended maintenance schedule. Records shall be maintained in the maintenance director's office.</p>		