STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055367	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monrovia Gardens Healthcare Center	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to provide necessary communication care and services for one of two sampled residents (Resident 1) when Mandarin (a major Chinese language) communication cards (picture^ or word^based cards used to help a resident understand what staff are saying and used to express the resident's needs when speaking is difficult or English is limited) were not available for Resident 1 in Resident 1's room.This deficient practice had the potential to result in Resident 1 being unable to communicate needs effectively and the potential to affect Resident 1's psychosocial (the emotional and social requirements that individuals must have to feel safe, supported, and capable of functioning well in their environment) well-being.Findings:During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 1/21/26 with diagnoses including sepsis (a life-threatening blood infection [(the invasion and growth of germs in the body), and Parkinson's disease (a progressive disease of the nervous system marked by tremors, muscular rigidity, and slow, imprecise movements) without dyskinesia (uncontrolled, involuntary body movements).During a review of Resident 1's History and Physical (H&P), dated 1/23/26, the H&P indicated Resident 1 did not have the capacity to understand and make decisions but could make basic needs known.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 4/24/26, the MDS indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making were intact. The MDS indicated Resident 1 required setup or clean- up assistance with eating and oral hygiene, required partial/moderate assistance with personal hygiene, and was dependent on toileting, showering, and dressing. Additionally, the MDS indicated Resident 1's preferred language was Mandarin and Resident 1 would need/want an interpreter to communicate with a doctor or health care staff.During a concurrent observation and interview on 6/4/26 at 10:23 AM with Certified Nursing Assistant (CNA) 1 in Resident 1's room, Resident 1 was observed attempting to communicate with CNA 1 using hand gestures. CNA 1 stated Resident 1 was only able to speak a little English. CNA 1 stated there were no communication cards available for Resident 1 in Resident 1's room. CNA 1 stated there should be communication cards in Resident 1's room to assist Resident 1 to express Resident 1's needs.During an interview on 6/4/26 at 10:35 AM with Resident 1, Resident 1 stated Resident 1 had difficulty communicating with staff because the staff (in general) did not speak Resident 1's preferred language, Mandarin. Resident 1 stated even though the staff (in general) repeated themselves in English, Resident 1 could not understand them. Resident 1 stated Resident 1 preferred staff to communicate with Resident 1 in Mandarin. Resident 1 stated it made Resident 1 feel anxious when staff could not communicate with Resident 1.During an interview on 6/4/26 at 1:50 PM with the Director of Staffing Development (DSD), the DSD stated residents (in general) who had language barriers should be provided with communication cards upon admission to the facility. The DSD stated the communication cards should be kept at the resident's bedside or within reach of the residents. Additionally, the DSD stated communication cards were placed within reach of the resident so the resident could communicate their needs.During an interview on 6/4/26 at 3:49 PM with the Social Services Director (SSD), the SSD stated Resident 1 had a language barrier and Resident 1 (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
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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should have been provided with communication cards at the bedside upon admission. The SSD stated it was important to have the communication cards available so Resident 1 could communicate better with staff.During a review of the facility's Policy and Procedure (P&P) titled, Translation and/or Interpretation of Facility Services, revised January 2024, the P&P's policy statement indicated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility. The P&P's policy interpretation and implementation indicated, The coordinator of this facility's language access program is the director of social services, or his/her designee. This facility shall provide written translations of vital information pertaining to health services. Translation of information that is not available in written translations shall be provided in a timely manner and at no cost to the resident through the following means (as available to the facility): communication devices.