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	06/23/2026

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 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. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) or Resident 1's Responsible Party (RR 1) was informed in advance of the risks and benefits of taking Resident 1's Physician ordered Percocet (a prescription medication combining the opioid [a class of drugs that act on the nervous system to relieve pain] pain reliever oxycodone and the non-opioid pain reliever acetaminophen).This failure resulted in the violation of Resident 1's right to be informed of risks and benefits of Resident 1's treatment for pain and had the potential for Resident 1 to experience negative side effects of taking Percocet. (Cross Reference F757)During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/3/2026 with diagnoses including fracture (broken bone) of sacrum (bone located at the base of the backbone), chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should), and lack of coordination. The AR indicated Resident 1 was discharged to General Acute Care Hospital (GACH) 1 on 5/11/2026. The AR indicated Resident 1's daughter (RR 1) was Resident 1's emergency contact. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 5/8/2026, the MDS indicated Resident 1 was moderately impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for toileting hygiene and dressing. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) from staff for bathing.During a review of Resident 1's Order Summary Report (OSR), dated 6/22/2026, the OSR indicated a physician order was started on 5/7/2026 for Resident 1 to receive Percocet oral tablet 10-325 milligram (mg, a unit of measurement) by mouth (PO) every 6 hours for pain management.During a telephone interview on 6/22/2026 at 12:42 PM with RR 1, RR 1 stated one of Resident 1's doctors (MD 2) called RR 1 on 5/11/2026 around 7:30 AM. RR 1 stated MD 2 informed RR 1 that MD 2 thought Resident 1 was overmedicated with Percocet. RR 1 stated RR was not aware Resident 1 had been prescribed Percocet. RR 1 stated RR 1 was not informed when Resident 1's doctor (in general) had prescribed Percocet to Resident 1. RR 1 stated if RR 1 had been informed of the order for Percocet, RR 1 would have refused Resident 1 to take Percocet because Resident 1 had a history of hallucinating when taking opioids in the hospital.During a telephone interview on 6/23/2026 at 11:52 AM with Resident 1's Primary Physician (MD 1), MD 1 stated MD 1 ordered Percocet for Resident 1 to control Resident 1's pain from Resident 1's sacral fracture. MD 1 stated MD 1 did not get informed consent from RR 1 when MD 1 started Resident 1 on Percocet. MD 1 stated the facility was responsible for getting informed consent for ordered medications. During an interview on 6/23/2026 at 12:15 PM with the Director of Nursing (DON), the DON stated it was not the facility's practice to get informed consent when residents (in general) were prescribed pain medications.During a review of the facility's Policy and Procedure (P&P) titled, Health, Medical Condition and Treatment Options, Informing Residents of, revised February 2021, the P&P indicated, Each resident is informed of his/her total health status and medical condition, including diagnosis, treatment recommendations and prognosis, in advance of treatment and on an on-going basis. If a resident has an appointed representative, the representative is also informed.

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
	055367	A. Building B. Wing	06/23/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor for side effects (unpleasant or adverse reactions) for two of three sampled residents (Residents 1 and 3) who were prescribed opioid medications (a class of drugs that act on the nervous system to relieve pain) while at the facility.These failures resulted in necessary medication and had the potential for Residents 1 and 3 to experience side effects from opioid medications while in the care of the facility. (Cross Reference F552)a. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/3/2026 with diagnoses including fracture (broken bone) of sacrum (bone located at the base of the backbone), chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should), and lack of coordination. The AR indicated Resident 1 was discharged to General Acute Care Hospital (GACH) on 5/11/2026. The AR indicated Resident 1's daughter (RR 1) was Resident 1's emergency contact. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 5/8/2026, the MDS indicated Resident 1 was moderately impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for toileting hygiene and dressing. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) from staff for bathing.During a review of Resident 1's Care Plan Report (CPR), undated, the CPR indicated the facility initiated a care plan on 5/9/2026, indicating The resident is at risk for pain. The CPR indicated an intervention to be, Administer medications as ordered. Monitor/document for side effects and effectiveness.During a review of Resident 1's Order Summary Report (OSR), dated 6/22/2026, the OSR indicated a physician order was started on 5/7/2026 for Resident 1 to receive Percocet oral tablet 10-325 milligram (mg, a unit of measurement) by mouth (PO) every 6 hours for pain management.b. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3 on 9/3/2025 with diagnoses including hemiplegia (Muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (also called ischemic stroke, occurs as a result of disrupted blood flow to the brain), dysphagia (difficulty swallowing foods or liquids), and muscle spasm.During a review of Resident 3's CPR, undated, the CPR indicated the facility initiated a care plan on 1/16/2026, the CPR indicated The resident is at risks for discomfort pain. The CPR indicated interventions including to monitor and document for side effects and effectiveness of the ordered pain medication.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had no impaired in cognitive skills. The MDS indicated Resident 3 was dependent on staff for toileting hygiene, personal hygiene, dressing, and bathing.During a review of Resident 3's Medication Administration Record (MAR), dated June 2026, the MAR indicated Resident 3's as needed (PRN) pain medication order was changed on 6/18/2026. The MAR indicated the physician stopped the order for hydrocodone - acetaminophen oral tablet (an opioid mediation used to treat pain) 5-325 milligram (mg, a unit of measurement) give 1 tablet by mouth (PO) every 6 hours PRN for severe pain on 6/18/2026. The MAR indicated the physician instead ordered oxycodone Hcl oral tablet (an opioid mediation used to treat pain) 5 mg give 1 tablet PO every 6 hours PRN for severe pain. The MAR failed to indicate Resident 3 was being monitored for side effects of the ordered pain medications.During a telephone interview on 6/22/2026 at 12:42 PM with Resident 1's Responsible Party (RR 1), RR 1 stated RR 1 was never informed Resident 1's doctor (in general) had prescribed Percocet to Resident 1. RR 1 stated if RR 1 had been informed of the order for Percocet, RR 1 would have refused for Resident 1 to take Percocet because Resident 1 had a history of hallucinating when taking narcotics in the hospital. RR 1 stated when Resident 1 was admitted to the facility, Resident 1 was not confused. RR 1 stated RR 1 noticed a change in Resident 1 on 5/6/2026 (3 days after admission). RR 1 stated Resident 1 was starting to hallucinate and was (continued on next page)

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	06/23/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mumbling. RR 1 stated that on 5/7/2026, Resident 1 also started wetting herself. During an interview on 6/22/2026 at 1:28 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 was sometimes confused. CNA 1 stated CNA 1 remembered a time when Resident 1 hallucinated while CNA 1 was providing care to Resident 1. CNA 1 stated Resident 1 saw another person in the room with CNA 1 but that there was not another person with CNA1. CNA 1 stated CNA 1 did not remember the exact date Resident 1 was hallucinating. During an interview on 6/22/2026 at 2:49 PM with Registered Nurse (RN) 1, RN 1 stated Resident 1 took care of Resident 1 on 5/10 and 5/11/2026. RN 1 stated Resident 1was confused when RN 1 took care of Resident 1 on 5/11/2026 and had received report from the previous night shift that Resident 1 had been hallucinating. During an interview on 6/23/2026 at 10:50 AM with Resident 3, Resident 3 confirmed Resident 3 was taking pain medications. Resident 3 stated the doctor (in general) increased Resident 3's medication the previous week. Resident 3 stated the medication was controlling the pain better for Resident 3, but that Resident 3 was sleepier after the medication was increased.During a telephone interview on 6/23/2026 at 11:52 AM with Resident 1's Primary Physician (MD 1), MD 1 stated Resident 1 was transferred from the facility to General Acute Care Hospital (GACH) 1 on 5/11/2026 for altered mental status (AMS). MD 1 stated Resident 1's ordered Percocet may have contributed to Resident 1's AMS. MD 1 stated the facility nurses (in general) should monitor residents (in general) for side effects of pain medications such as confusion or increased sleepiness. During a concurrent interview and record review on 6/23/2026 at 12:15 PM with the Director of Nursing (DON), Resident 1's MAR, dated May 2026, was reviewed. Resident 1's MAR failed to indicate the monitoring of side effects for Resident 1's Percocet. The DON stated the facility nurses (in general) should monitor residents (in general) who take opioid pain medications for side effects of the medications. The DON stated the monitoring of side effects should be documented in the residents' (in general) MAR. During a review of the facility's Policy and Procedure (P&P) titled, Pain - Clinical Protocol, revised October 2022, the P&P indicated, If the physician determines that opioid medication is an appropriate option for managing acute (or in some cases chronic) pain in the resident, the lowest possible effective dose is prescribed for the shortest time possible with ongoing staff monitoring for effectiveness and adverse effects. The P&P indicated, The staff will reassess the individual's pain and related consequences at regular intervals.Review should include frequency, duration and intensity of pain, ability to perform activities of daily living (ADLs), sleep pattern, mood, behavior, and participation in activities. The P&P indicated, The staff and physician will monitor for adverse effects of pain medications such as .anorexia, confusion, lethargy, severe constipation related to opioids.The physician will adjust or discontinue medications accordingly, based on effectiveness and side effects.