STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055376	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Drive Health and Rehabilitation Center	400 W. Huntinton Dr. Arcadia, CA 91007

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide Foley catheter (F/C- a hollow tube inserted into the bladder to drain or collect urine) care (includes daily cleaning of a F/C and the surrounding genital area to prevent infection, often using mild soap and water) for one of two sampled residents (Resident 3), in accordance with the care plan. This failure had the potential to result in preventable foley catheter complications including discomfort, urine leakage, infection, or decreased quality of life for Resident 3.Findings:During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included urethral discharge (secretion of fluid from the urethra that is not associated with normal urination), dementia (a progressive state of decline in mental abilities) and benign prostatic hyperplasia (a noncancerous enlargement of the prostate gland) with lower urinary tract symptoms. During a review of Resident 3's Order Summary Report, dated 9/22/2025, the order Summary Report indicated F/C size 18 French (Fr- a scale used that measures the external diameter of the foley catheter tube) to bladder sphincter dyssynergia (BSD - a medical condition that causes the bladder muscle and the urinary sphincter to contract at the same time) due to obstructive uropathy (a structural or functional blockage of urine flow in the urinary tract),every shift. During a review of Resident 3's Indwelling Catheter r/t (related to) Obstructive Uropathy Care Plan, revised 1/26/2026, the Care Plan indicated interventions were to provide foley catheter care and change foley/catheter bag per order. During a review of Resident 3's Minimum Data (MDS- a resident assessment tool), dated 4/1/2026, the MDS indicated Resident 3 had severely impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated Resident 1 was dependent (helper does all the effort) with oral, toileting, personal hygiene, dressing and bathing self. The MDS also indicated Resident 3 had an indwelling [urinary] catheter. During a concurrent interview and record review on 4/9/2026 at 1:51 PM with Treatment Nurse 2 (TN 2), Resident 3's electronic medical chart, from 10/1/2025 through 4/8/2026 was reviewed. Resident 3's electronic medical chart did not indicate an order for foley care or that foley care was provided. TN 2 stated there was neither a physician's order for foley care nor any documentation indicating that Resident 3 received foley care from 10/1/2025 through 4/8/2026 in the resident's medical chart. TN 2 further stated foley catheter care should have been provided and documented in the medical record daily by the assigned treatment nurse. TN 2 stated foley care included cleaning the genital area with soap and water, monitoring for any signs of infection, ensuring the foley catheter is clean, straight, not kinked, and secured with a stat lock (a securement tool designed to fix a Foley catheter in place, reducing tube movement, bladder spasms, and urethral trauma), and that the foley bag in not touching the floor. TN 2 further stated Resident 3 should be provided foley care because of an already existing [penile] wound which could become infected. During an interview on 4/9/2026 at 2:51 PM with Treatment Nurse 1 (TN 1), TN 1 stated Resident 3 should have had an order for foley care to ensure that it was being done. TN 1 stated all residents with a foley catheter should be receiving foley catheter care to prevent infection and to check for new skin issues, including breakdown, odors, or (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
	055376	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Drive Health and Rehabilitation Center	400 W. Huntinton Dr. Arcadia, CA 91007

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	signs of infection. TN 1 stated if foley catheter care was provided, it should have been documented. During an interview on 4/9/2026 at 3:13 PM with Registered Nurse 2, RN 2 stated the facility do not have policy specific to foley catheter care. RN 2 further stated foley catheter care should be provided to every resident with a foley catheter to ensure they are receiving the proper treatment and care. RN 2 stated Resident 3 should have been receiving foley catheter care from 10/1/2025 through 4/8/2026 and not receiving foley catheter care puts him at risk for infections and/or worsening of his [penile] wound. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person - Centered Care Plan, revised 3/2022, the P&P indicated a comprehensive person-centered care plan that includes measurable objectives . is developed and implemented for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055376	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Drive Health and Rehabilitation Center	400 W. Huntinton Dr. Arcadia, CA 91007

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 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body) care was provided for one of two sampled residents (Resident 1) as indicated on the physician's order and facility's colostomy policy.This failure had the potential to result in colostomy complications including discomfort, stool leakage or decreased quality of life for Resident 1.Findings:During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included partial intestinal obstruction (a partial blockage of the small or large intestine), colostomy status, and chronic kidney disease (CKD - longstanding disease of the kidneys leading to renal failure).During a review of Resident 1's History & Physical (H&P), dated 8/26/2025, the H&P indicated Resident 1 had a left abdominal colostomy.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 8/29/2026, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS also indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with oral and personal hygiene, substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, lower body dressing and dependent (helper does all the effort) with shower/bathing self.During a review of Resident 1's Physician's Orders, dated 8/27/2025, the Physician's Orders indicated colostomy care and empty colostomy bag as needed.During a review of Resident 1's Treatment Administration Record (TAR), the TAR indicated blank entries for colostomy care and colostomy bag emptying from 11/16/2025 through 12/6/2025. During a review of Resident 1's Colostomy status post (s/p - after) Colon Resection; At Risk for Infection care plan, initiated 9/3/2025, the care plan indicated to change appliance per physician's orders.During a concurrent interview and record review on 4/8/2026 at 11:24 AM with Treatment Nurse 1 (TN 1), Resident 1's electronic medical chart from 11/16/2025 through 12/6/2025 was reviewed. Resident 1's electronic medical chart did not indicate that colostomy care or colostomy bag replacement had been provided. TN 1 stated there was no documentation showing that Resident 1 received colostomy care and/or that Resident 1's colostomy bag had been changed from 11/16/2025 through 12/6/2025. TN 1 stated, per facility protocol, if colostomy care was provided, including changing the colostomy bag, this would be documented on the TAR or a progress note in the resident's electronic medical chart.During an interview on 4/8/2026 at 2:04 PM with TN 1, TN 1 stated it was important to ensure colostomy care was provided to ensure residents were monitored for signs of infection, skin breakdown and/or leakage of the colostomy bag.During an interview on 4/8/2026 at 4:37 PM with Registered Nurse 1 (RN 1), RN 1 stated per facility protocol, colostomy care included checking for signs of infection, cleaning the stoma site and emptying or changing the colostomy bag needs to be documented when done. RN 1 also stated it was important to provide colostomy care to prevent colostomy bag leakage or rupture and infections to the colostomy site.During a review of the facility's Policy & Procedure (P&P) titled, Colostomy/Ileostomy Care, revised 10/2010, the P&P indicated when colostomy care is provided the following should be documented:a. Date and time the colostomy care was providedb. Name and Title of staff who provided the colostomy carec. Any breaks in the resident's skin, signs of infectiond. How the residents tolerated the care providede. If the resident refused the care, the reason(s) why and interventions takenf. The signature and title of the person recording the data