

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Bonita Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1233 West LA Habra Boulevard LA Habra, CA 90631	

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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>48332</p> <p>Based on observation, interview and facility document review, the facility failed to obtain the approval for the room sizes that were not meeting the required square footage. This failure had the potential for not compliance with the requirement.</p> <p>Findings:</p> <p>On 8/29/24 at 0830 hours, a concurrent interview and facility document review was conducted with the Administrator. The Administrator was asked to provide a waiver for the list of rooms with less than the required square footage of 80 square feet per resident.</p> <p>Review of the facility's waiver for room variance dated 1/15/19, showed Rooms 1, 3, 5, 6, 7, 9, 11, 12, 14, 15, 17, 18, 19, 20, 21, and 23 with less than a minimum of 80 square feet per resident in multi-patient rooms were approved for a waiver; however, there was no approved waivers for 2023 and 2024.</p> <p>The Administrator provided the list of rooms not compliant with the required measurements. The Administrator verified the above findings and stated she was not aware of the room variance waiver and did not receive the endorsement from the previous administrator.</p> <p>On 8/29/24 at 0910 hours, an observation of multiple rooms was conducted with the Maintenance Director. The Maintenance Director verified there were 16 rooms not compliant with the required square footage of 80 square feet per resident.</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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