

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Alhambra Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 415 South Garfield Alhambra, CA 91801	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two (2) of two sampled residents (Resident 23 and 59) were treated with respect and dignity in accordance with the facility policy by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 23's clothes were clean and free of food particles. 2. Resident 59 was called by preferred name. <p>This deficient practice has the potential to affect the residents' self-worth and self-esteem.</p> <p>Findings:</p> <p>1. During a review of Resident 23's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following diagnoses of dementia (a progressive state of decline in mental abilities) and anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>During a review of Resident 23's Minimum Data Set (MDS - a resident assessment tool), dated 4/22/2025, the MDS indicated the resident was severely impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident required supervision/ touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene but required set up or clean up assistance (helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating.</p> <p>During an observation on 6/23/2025 at 9:09 AM in Resident 23's room, Resident 23 was observed with brown and yellow food particles on her gown and bed linen.</p> <p>During an interview on 6/23/2025 at 1:40 PM, Certified Nursing Assistant 1 (CNA 1) stated Resident 23 was not cleaned up after her meal. CNA 1 also stated that when picking up the resident's tray, staff are also to ensure the residents are clean from food particles because it is the resident's right and dignity.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/25/2025 at 10:16 AM, Director of Nursing (DON) stated Resident 23 should not have food particles left on her gown and bed linen because that is the resident's dignity.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Accommodation of Needs, revised 1/1/2012, the P&P indicated residents individual needs are accounted for in the facility's provision of a clean comfortable bed. The P&P also indicated the facility environment is designed to assist the resident in achieving independent functioning and maintaining the resident's dignity and well-being.</p> <p>2. During a review of Resident 59's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnoses of spinal stenosis (a condition where the spaces within your spine narrow, potentially compressing the spinal cord and nerves) and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).</p> <p>During a review of Resident 59's MDS, dated [DATE], the MDS indicated the resident was moderately impaired in cognitive skills for daily decision making. The MDS also indicated the resident required set up or clean up assistance with toileting hygiene, shower/bathe self, and personal hygiene but is independent (resident completes the activity themselves with no assistance from the helper) in eating, oral hygiene, upper body dressing, lower body dressing, and putting on/taking off footwear.</p> <p>During an observation on 6/23/2025 at 11:01 AM, Receptionist (RC) was observed calling Resident 59 grandma.</p> <p>During an interview on 6/24/2025 at 1:28 PM in Resident 59's room, Resident 59 stated she does not like being called grandma, but the staff calls her anything they want. Resident 59 also stated she likes to be called Miss.</p> <p>During an interview on 6/25/2025 at 10:25 AM, RC stated I did, and I should not have called Resident 59 grandma because it is the resident's dignity.</p> <p>During an interview on 6/26/2025 at 11:45 AM, DON stated RC should not have called Resident 59 grandma because the facility staff would have to refer the resident by her name due to the resident's dignity.</p> <p>During a review of the facility's P&P titled Quality of Life Resident Rights, revised 3/2017, the P&P indicated the facility staff to always speak respectfully to residents, including addressing the resident by his or her name of choice.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to accommodate the needs for one (1) of 21 sampled residents by failing to ensure Resident 17's Low Air Loss (LAL, operates using a blower based pump that is designed to circulate a constant flow of air through the mattress, commonly used to heal pressure ulcers[wound that occurs as a result of prolonged pressure on a specific area of the body]) mattress was at comfort level per physician's order.</p> <p>This deficient practice has the potential for skin issues and complications of immobility.</p> <p>Findings:</p> <p>During a review of Resident 17's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnosis of scoliosis (a condition where the spine curves sideways, resembling an S or C shape, rather than a straight line), deformity of chest and rib, and muscle weakness.</p> <p>During a review of Resident 17's Physicians Order, dated 2/16/2024, the Physicians Order indicated LAL Mattress for skin/wound management may adjust per resident's comfort settings.</p> <p>During a review of Resident 17's Minimum Data Set (MDS - a resident assessment tool), dated 5/16/2025, the MDS indicated the resident was moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated that the resident was dependent (helper does all of the effort. Residents do none of the effort to complete the activity. The assistance of two or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear but required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with upper body dressing, roll left and right, sit to lying, and lying to sitting on side of bed.</p> <p>During a review of Resident 17's Physician Order, dated 5/17/2025, the Physician Order indicated LAL Mattress for skin management and settings as per resident's comfortability.</p> <p>During an observation and interview on 6/23/2025 11:49 AM, Resident 17 was observed in bed stating the mattress needs more air. Resident 17's LAL mattress was observed with very little air and the metal part of the bed can be felt with minor pressure.</p> <p>During an interview on 6/25/2025 at 7:55 AM, Certified Nursing Assistant 2 (CNA 2) stated Resident 17 has been complaining about the bed for two (2) to three (3) months and stating it needs more air or there is not enough air.</p> <p>During an interview on 6/25/2025 at 3:30 PM, Licensed Vocational Nurse 2 (LVN 2) stated the mattress should be at comfort level because it is the resident's right, dignity and home like environment.</p> <p>During the same interview on 6/25/2025 at 3:30 PM, Resident 17's Responsible Party (RP) stated she observed the mattress being hard and needed more air on 6/23/2025 and 6/24/2025. RP also stated Resident 59 had complained about the bed being uncomfortable.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/2025 at 1:10 PM, the Director of Nursing (DON) stated the LAL mattress needed to be set at the resident's comfort level because the facility needs to ensure Resident 17 was comfortable, and in accordance with the physician's order, and that it is the resident's right.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Mattresses, revised 1/1/2012, the P&P indicated to provide a mattress to promote comfort to the bedridden resident and help prevent decubiti (pressure ulcer/injury) and other complications of immobility.</p> <p>During a review of the facility's P&P titled, Accommodation of Needs Resident Rights, revised 1/1/2012, the P&P indicated residents individual needs are accounted for in the facility's provision of a clean comfortable bed with an adequate mattress.</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a safe, sanitary, and homelike environment for one of 21 sampled residents (Resident 61), as indicated the facility's policy and procedure (P&P).</p> <p>This failure resulted in an unclean environment and accident hazard for Resident 61, other residents, and facility staff.</p> <p>Findings:</p> <p>During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility on [DATE] with diagnoses that included gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dementia (a progressive state of decline in mental abilities), and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 61's Minimum Data Set (MDS - a resident assessment tool), dated 5/15/2025, the MDS indicated Resident 61 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 61 was dependent (helper does all effort needed to complete activity) with toileting hygiene and lower body dressing and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with oral and personal hygiene, eating and bathing/showering. The MDS also indicated Resident 61 received 51% or more of his nutrition through a feeding tube.</p> <p>During a review of Resident 61's Order Listing Report, dated 6/11/2025, the Order Listing Report indicated Glucerna (enteral feeding [nutrition taken through the mouth or through a tube that goes directly to the stomach or small intestine] formula) 1.2 at 75 milliliters (ml, unit of volume) per hour (hr) via pump for 20 hours = 1500 ml/24 hr via percutaneous endoscopic gastrostomy (PEG, feeding tube inserted through the abdominal wall directly into the stomach, allowing for the delivery of nutrition, fluids, and medications when a person cannot eat or drink adequately by mouth) tube.</p> <p>During a concurrent observation at Resident 61's bedside and interview on 6/24/2025 at 8:38 AM with Licensed Vocational Nurse 3 (LVN 3) and Certified Nurse Assistant 3 (CNA 3), Glucerna was observed spilled and puddled into Resident 61's fitted bed sheet, bed sheet, bedrail padding and onto the floor. CNA 3 stated Resident 61's milk has spilled into the bed and on the floor. LVN 3 stated Resident 61's Glucerna had leaked and spilled onto Resident 61's bedding, bedrail pad and the floor. LVN 3 stated housekeeping should have been called to clean up the floor and replace/clean the bedrail padding. LVN 3 also stated staff should have identified and stopped the GT from leaking and cleaned Resident 61's and his bedding. CNA 3 and LVN 3 stated this left Resident 61's environment not clean or sanitary.</p> <p>During an interview on 6/25/2025 at 1:39 PM with the Director of Nursing (DON), the DON stated Glucerna leaking and spilling onto Resident 61's sheets, bedside rails and floor is unacceptable. The DON stated Resident 61 should not be left in a dirty/unclean environment but should have been provided with a sanitary and homelike environment. The DON also stated that any staff can help to have the environment and bedside padding cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Resident Rooms and Environment, revised 1/1/2012, the P&P indicated facility is to provide residents with a safe, clean, comfortable and homelike environment and that staff are to pay close attention to cleanliness and order.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 61), was provided Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting performed daily) care. On 6/24/2025, Resident 61 was observed in bed with brown residue on right inner thigh and brown smear on the outside and top of the incontinent brief (a disposable diaper used for adults).</p> <p>This failure had the potential for Resident 61 to experience skin breakdown and/or discomfort.</p> <p>Findings:</p> <p>During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility on [DATE] with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness one side of the body), dementia (a progressive state of decline in mental abilities) and Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements).</p> <p>During a review of Resident 61's Resident Needs Assistance . Care Plan (a document that outlines the facility's plan to provide personalized care to a resident based on the resident's needs), initiated 2/9/2025, the Care Plan indicated Resident 61 is not able to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement, wash, rinse or dry self and needs total assistance to complete the task.</p> <p>During a review of Resident 61's Minimum Data Set (MDS - a resident assessment tool), dated 5/15/2025, the MDS indicated Resident 61 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 61 was dependent (helper does all effort needed to complete activity) with toileting hygiene and lower body dressing and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with oral and personal hygiene, eating and bathing/showering. The MDS also indicated Resident 61 was always incontinent (inability to control) with voiding (urinating) and bowel movements.</p> <p>During a concurrent observation and interview on 6/24/2025 at 8:34 AM with Certified Nurse Assistant 3 (CNA 3) and Licensed Vocational Nurse 3 (LVN 3) at Resident 61's bedside, Resident 61 was observed in bed with brown residue on right inner thigh and brown smear on the outside and top of the incontinent brief. CNA 3 stated the brown smear on the outside of the brief is stool/ feces and should not be there. LVN 3 stated that brown residue on Resident 61's inner thigh is dried stool, and it should not be there. CNA 3 stated staff are to clean the residents well, check to make sure resident is left clean. CNA 3 also stated the poop on the front of Resident 61's brief or thigh means that staff did not fully check and/or clean Resident 61. LVN 3 stated it is important to make sure residents are fully clean and kept clean to prevent skin breakdown.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/2025 at 1:39 PM with the Director of Nursing (DON), the DON stated it is important for staff to ensure residents are always clean and properly cared for to maintain the resident's dignity and to ensure that their care is being well- provided. The DON also stated per facility protocol, residents are to be left clean, presentable and odor free and in an overall presence that is clean and neat. The DON also stated if dependent residents are not being provided the proper assistance to maintain hygiene, they can develop potential skin problems and skin issues.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Perineal Care, revised 1/1/2012, the P&P indicated the purpose of the policy is to maintain cleanliness of the genital area, to reduce odor, and to prevent infection or skin breakdown [of residents].</p> <p>During a review of the facility's P&P titled, Incontinence Care, effective 2/20/2025, the P&P indicated residents who are incontinent of urine, feces or both will be kept clean, dry and comfortable and that incontinence care will be provided as needed.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement proper gastrostomy tube (GT - a tube that is surgically inserted into the resident's stomach to allow access for food, fluids, and medications) practices and procedures for two of three sampled residents (Residents 61 and 69) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 69's head of bed was elevated at least 30 degrees while receiving enteral feeding (a method of providing nutrition directly to the gastrointestinal tract when a person cannot eat by mouth) in accordance with the facility's policy and physician's order. 2. The GT feeding was connected to Resident 61, allowing all feeding to be given as prescribed by the physician <p>These deficient practices placed Resident 69 at risk for aspiration (accidental inhalation of foreign material [like food, liquid, or stomach contents] into the airways and lungs) and had the potential to place Resident 61 to receive an incorrect total feeding amount received in a day that can lead to malnutrition (lack of proper nutrition in the body).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 69's admission Record, the admission Record indicated Resident 69 was initially admitted to the facility on [DATE], with the diagnoses including but not limited to hemiplegia (a condition caused by brain damage or spinal cord injury that leads to paralysis [loss of motor function in one or more muscles] on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (a stroke, damage to tissue in the brain due to loss of oxygen to the area) affecting left non-dominant side, acute respiratory failure (an inability to maintain adequate oxygenation for tissues or adequate removal of carbon dioxide from tissues) with hypoxia (lack of oxygen in the tissues to sustain bodily function), and dementia (progressive brain disorder that slowly destroys memory and thinking skills). <p>During a record review of Resident 69's Physician Order Summary Report, dated 4/25/2025, the order indicated every shift Glucerna 1.2 (a meal replacement or supplement made specifically for individuals with diabetes) at 60 cubic centimeter/hour (cc/hr, measurement of volume flow rate) using Feeding Pump (a medical device designed to deliver enteral nutrition directly into gastrointestinal tract) via GT for 20 hours to provide 1200 cc/1440 kilocalorie (kcal, equal to one calorie) until complete volume infused. Start pump at 2 PM.</p> <p>During a record review of Resident 69 Minimum Data Set (MDS, a resident assessment and tool), dated 5/12/2025, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were severely impaired. The MDS indicated Resident 69 required substantial/maximal assistance (helper does more than half the effort) for sitting to lying, sitting to standing, and chair-bed-to-chair transferring. The MDS indicated Resident 61 had a feeding tube.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review of Resident 69's Care Plan, revised on 5/20/2025, the care plan indicated Resident 69 required a GT related to dysphagia (difficulty swallowing). The care plan interventions for staff were to keep the head of the bed elevated to 45 degrees during and thirty minutes after tube feeding and listen to lung sounds every shift and as needed.</p> <p>During a record review of Resident 69's Physician Order Summary Report, dated 7/17/2024, the order indicated every shift elevate head of bed 30 - 45 degrees during feedings.</p> <p>During an observation on 6/23/2025 at 9:38 AM in Resident 69's room, Resident 69 was lying awake on his back in bed. Resident 69's head of bed was elevated around 20 degrees while the Glucerna enteral feeding was infusing at 60 cc/hr.</p> <p>During a concurrent observation and interview on 6/25/2025 of Resident 69's bed position on 6/23/2025 with the Director of Nursing (DON), the DON stated Resident 69's head of bed was less than a 30-degree angle. During review of Resident 69's care plan revised on 5/20/2025 with the DON, the DON stated Resident 69's care plan indicated Resident 69 should be positioned at 45 degrees during enteral feedings. The DON stated the head of bed of residents receiving enteral feedings should be positioned at 35-45 degrees. The DON stated residents could aspirate when the head of the bed was not elevated to at least 35 degrees. The DON stated pneumonia (lung inflammation caused by bacterial or viral infection) and hospitalization could result when residents aspirated the enteral feedings.</p> <p>During a record review of the facility's policy and procedure titled, Enteral Feedings, revised 8/24/2023, the policy indicated the head of bed should be elevated 30 degrees during enteral feedings.</p> <p>2. During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility on [DATE] with diagnoses that included gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dementia (a progressive state of decline in mental abilities) and dysphagia.</p> <p>During a review of Resident 61's MDS, dated [DATE], the MDS indicated Resident 61 had moderately impaired cognitive skills for daily decision making. The MDS indicated Resident 61 was dependent (helper does all effort needed to complete activity) with toileting hygiene and lower body dressing and substantial/maximal assistance with oral and personal hygiene, eating and bathing/showering. The MDS also indicated Resident 61 received 51% or more of his nutrition through a feeding tube (GT).</p> <p>During a review of Resident 61's Order Listing Report, dated 6/26/2025, the Order Listing Report indicated Enteral Feed Order:</p> <p>a.</p> <p>Every shift check for placement and patency, revised 6/3/2025.</p> <p>b.</p> <p>Every shift continuous water via GT- administer 30 milliliters (mL - a measurement of volume) /hour x 20 hours to provide 600 cc, revised 6/3/2025.</p> <p>(continued on next page)</p>		

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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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c.</p> <p>Every shift Glucerna 1.2 at 75 ml/ hour (hr) via pump x 20 hours = 1500 ml/24h via GT, revised 6/11/2025.</p> <p>During an interview on 6/24/2025 at 8:38 AM with Licensed Vocational Nurse (LVN) 3 at Resident 61's bedside, Resident 61 was observed with Glucerna that leaked into Resident 61's bed, creating a pool of the Glucerna feeding next to Resident 61 and spilling onto floor. LVN 3 stated the GT feeding had leaked out of the GT tubing and/or GT and should not be leaking. LVN 3 stated staff are to check to make sure all tubing is connected to Resident 61 to ensure the resident is getting the nutrition the resident needed and not spilling on the floor or bed.</p> <p>During an interview on 6/25/2025 at 1:39 PM with the DON, the DON stated nurses are to make sure the GT feeding is properly connected and running as ordered per the facility's policy because if the GT Feeding is leaking, that means the resident is not receiving the full prescribed amount of GT feeding and is at risk of preventable weight loss.</p> <p>During a review of the facility's policy and procedure (P&P) titled Enteral Feeding- Closed, revised 1/1/2012, the P&P indicated enteral feeding will be administered via pump as ordered by the Attending Physician. The P&P also indicated the procedure to review order, check resident for tube placement and to connect container and tubing.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. During a review of Resident 61's admission Record, the admission Record indicated Resident 61 was admitted to the facility on [DATE] with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness one side of the body), dementia (a progressive state of decline in mental abilities), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 61's Order Listing Report, revised 3/26/2025, the Order Listing Report indicated an order to swab/suction every shift as appropriate.</p> <p>During a review of Resident 61's MDS, dated [DATE], the MDS indicated Resident 61 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 61 was dependent (helper does all effort needed to complete activity) with toileting hygiene and lower body dressing and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with oral and personal hygiene, eating and bathing/showering.</p> <p>During a review of review of Resident 61's Medication Administration Record (MAR), dated 5/31/2025, the MAR indicated an order to suction as needed for excessive secretion for seven (7) days. The MAR also indicated suction was only administered to Resident 61 on 6/3/2025.</p> <p>During a concurrent observation at Resident 61's bedside on 6/24/2025 at 8:54 AM and interview with LVN 3, the following suction equipment was observed:</p> <p>a.</p> <p>A suction yaunker in open packaging, dated 5/31/2025</p> <p>b.</p> <p>Suction tubing dated 5/31/2025</p> <p>c.</p> <p>A collection canister dated 5/31/2025 with white sections/ fluid seen inside.</p> <p>LVN 3 stated all of Resident 61's suction equipment should have been discarded and changed. LVN stated it was important to discard and change the equipment per policy because bacteria (harmful microorganisms) can build up and cause contamination (the introduction of harmful or undesirable substances or microorganisms) with the equipment, leading to the worsening of Resident 61's respiratory infection and the spread of bacteria.</p> <p>During a concurrent interview and record review on 6/25/2025 at 1:39 PM with the DON, the facility's policy and procedure (P&P) titled, Cleaning & Disinfection of Resident Care Equipment, revised 1/1/2012, the P&P indicated:</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a.</p> <p>Semi-critical items consist of items that come in contact with mucous membranes or non-intact skin (e.g. respiratory therapy equipment).</p> <p>b.</p> <p>Single resident-use items are cleaned/disinfected between uses by a single resident and disposed of afterwards.</p> <p>c.</p> <p>Single-use items are disposed of after a single use.</p> <p>d.</p> <p>Semi-critical items are sterilized/disinfected in a processing location and stored appropriately until use.</p> <p>The DON stated suction equipment including Resident 61's yaunker, suction tubing and collection canister are considered single use items, according to the facility's protocol and is discarded after each use. The DON stated Resident 61's collection canister should not have been at the bedside for more than 24 hours after use and should have been discarded and replaced, along with the yaunker and tubing. The DON stated it is important to ensure suction equipment is discarded and changed per policy for single use items to prevent infections and/or the spread of infections to other residents.</p> <p>During an interview on 6/26/2025 at 11:53 AM with the infection Preventionist Nurse (IPN), the IPN stated it is important for suction equipment to be changed because bacteria (harmful microorganisms) can grow in the equipment and then transferred back to the residents' mouth during suctioning and negatively affect the residents by becoming sick or sepsis (a life-threatening blood infection).</p> <p>Based on observation, interview, and record review, the facility failed to ensure two (2) of three (3) sampled residents (Residents 76 and 61) received respiratory care in accordance with the facility's policy by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 76 had a physician's order for the use of oxygen therapy. <p>This deficient practice had the potential for Resident 76 to receive the incorrect amount of oxygen which could lead to shortness of breath (SOB), worsening conditions, and hospitalization.</p> <ol style="list-style-type: none"> 2. The suction equipment including yankauer (a curved tube with a large opening, used for suctioning fluids and debris from a resident's airway [mouth and/or throat], suction tubing and collection canister (a temporary container used to collect secretions or fluids removed from the body such as saliva) was discarded and replaced. <p>This deficient practice had the potential to cause preventable respiratory infections to Resident 61.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Findings:</p> <p>1. During a review of Resident 76's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included type 2 Diabetes (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood), cerebral infarction (loss of blood flow to a part of the brain) and dependence on oxygen.</p> <p>During a review of Resident 76's Minimum Data Set (MDS, a care assessment and screening tool) dated 4/18/2025, the MDS indicated the resident was assessed to have severely impaired cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and was dependent (helper does all effort) when showering, lower body dressing, putting on footwear and personal hygiene. The MDS also indicated Resident 76 was assessed to require substantial/maximal assistance (helper does more than half the effort) for eating, oral hygiene, toileting hygiene, and upper body dressing. The MDS also indicated Resident 76 required oxygen therapy.</p> <p>During an observation on 6/23/2025 at 9:43 AM, Resident 76 was observed in his room receiving oxygen at two (2) liters per minute (LPM, dose measurement for delivery of oxygen).</p> <p>During a concurrent record review and interview on 6/23/2025 at 10 AM with Licensed Vocational Nurse 1 (LVN 1), Resident 76's Order Summary Report (OSR) was reviewed. The OSR indicated that Resident 76 did not have an order to receive oxygen therapy. LVN 1 stated that Resident 76 is receiving oxygen but does not have a doctor's order to receive oxygen. LVN 1 stated that the resident may have respiratory distress (difficulty breathing), and SOB if they receive too much oxygen. LVN 1 stated this may cause the resident to be sent to the hospital.</p> <p>During a concurrent interview and record review on 6/25/2025 at 9:53 AM with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Oxygen Therapy, dated 11/2017, was reviewed. The P&P indicated:</p> <p>1.</p> <p>The purpose of the policy is to ensure the safe administration of oxygen in the facility.</p> <p>2.</p> <p>Administer oxygen per physician orders.</p> <p>The DON stated that the P&P indicated that it is necessary to have a physician's order to administer oxygen. The DON stated that if a resident gets oxygen without an order they may receive too much oxygen and their condition may worsen. The DON stated that this may lead to hospitalization.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the fluid restriction (a dietary change that limits the amount of liquid a person can consume in a day) as indicated on the physician order for one (1) of two (2) sampled residents (Resident 12), who was receiving dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney/s have failed) treatment.</p> <p>This deficient practice has the potential for fluid overload (a condition where there is too much fluid in the body which could result in swelling, particularly in the ankles and legs, and shortness of breath and health complications) for Resident 12.</p> <p>Findings:</p> <p>During a review of Resident 12's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following diagnoses of end stage renal disease (irreversible kidney failure) and generalized edema (swollen throughout the body due to fluid accumulation in the tissues).</p> <p>During a review of Resident 12's Minimum Data Set (MDS - a resident assessment tool), dated 5/19/2025, the MDS indicated the resident was moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 12 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with eating, oral hygiene, and upper body dressing but requires substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk and provides more than half the effort) with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 12 required dialysis.</p> <p>During a review of Resident 12's Physician Orders, dated 5/12/2025, the Physician Order indicated:</p> <ol style="list-style-type: none"> Fluid restriction 1000 cubic centimeters (cc - unit of measure; 1,000cc = 1 liter [l - unit of measure]) per day; 7AM to 3PM shift 580cc Fluid restriction 1000 cc/day; 3PM to 11PM shift 320cc Fluid restriction 1000 cc/day; 11PM to 7AM shift 100cc <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 12's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), dated 6/2025, the MAR indicated fluid restriction 1000cc per day 7AM to 3PM shift total = 580cc, 3PM to 11PM shift total = 320cc and 11PM to 7AM shift total = 100cc. The MAR also indicated:</p> <ol style="list-style-type: none"> 1. On 6/11/2025, Resident 12 received 1000cc of fluid on 7AM to 3PM shift, 320cc on 3PM to 11PM shift, and 100cc on 11PM to 7AM shift with total of 1420cc. 2. On 6/12/2025, Resident 12 received 1000cc of fluid on 7AM to 3PM shift, 320cc on 3PM to 11PM shift, and 100cc on 11PM to 7AM shift with a total of 1420cc. 3. On 6/18/2025, Resident 12 received 1000cc of fluid on 7AM to 3PM shift, 320cc on 3PM to 11PM shift and 100cc on 11PM to 7AM shift with total of 1420cc. 4. On 6/23/2025, Resident 2 received 1000cc of fluid on 7AM to 3PM shift, 320cc on 3PM to 11PM shift and 100cc on 11PM to 7AM shift with a total of 1420cc. <p>During a review of Resident 12's Care Plan with focus Malnutrition and Dehydration, revised 6/24/2025, the Care Plan indicated the resident was on fluid restriction 1000cc per 24hrs. The Care Plan also indicated a goal to maintain adequate nutritional status.</p> <p>During an interview on 6/26/2025 at 8:43 AM, Licensed Vocational Nurse 2 (LVN 2) stated Resident 12 is a dialysis resident and the resident is on fluid restriction. LVN 2 also stated Resident 12 would receive 1000cc for 7AM to 3PM shift.</p> <p>During a concurrent record review of Resident 12's MAR, dated 6/2025, and interview with LVN 2 on 6/26/2025 at 8:53 AM, LVN 2 stated Resident 12 is not to receive more than 1000cc of fluid per day because the resident can have a fluid overload and the physician's order is not being followed.</p> <p>During a concurrent record review of Resident 12's MAR, dated 6/2025, and interview with the Director of Nursing (DON) on 6/26/2025 at 10:25 AM, the DON stated Resident 12 is not to receive more than 1000cc of fluid per day because the resident can get fluid overload, and we are not following the physician's order.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Fluid Restrictions, 4/21/2022, the P&P indicated the licensed nurse will initiate strict intake measurement per the attending physician order.</p> <p>During a review of the facility's P&P titled, Dialysis Management, dated 3/27/2024, the P&P indicated diet and fluid restrictions will be followed as ordered.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to administer a scheduled medication on time for one (1) of 21 sampled residents (Resident 35) per physician's order, in accordance with the facility's Medication Administration policy and procedure (P&P).</p> <p>This deficient practice had the potential to cause Resident 35's medical condition to worsen.</p> <p>Findings:</p> <p>During a review of Resident 35's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included paraplegia (paralysis of the legs and lower body) and dizziness (a sensation of unsteadiness, lightheadedness, or spinning).</p> <p>During a review of Resident 35's Minimum Data Set (MDS, resident assessment tool) dated 4/16/2025, the MDS indicated the resident was assessed to have intact cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making and was assessed to require substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, lower body dressing and putting on/taking off footwear. The MDS also indicated Resident 35 required supervision (helper provides verbal cues or touching assistance) for showering. The MDS indicated Resident 35 required set up or clean up assistance (helper sets up or cleans up) for upper body dressing. The MDS indicated Resident 35 was independent (resident completes the activity by self) for eating, oral hygiene and personal hygiene.</p> <p>During a review of Resident 35's Order Summary Report (OSR) dated 5/14/2025, the OSR indicated Resident 35 was ordered Meclizine (medication for dizziness) three (3) times a day for dizziness.</p> <p>During a concurrent observation and interview on 6/23/2025 at 9:38 AM with Licensed Vocational Nurse (LVN) 1, LVN 1 was observed administering the medication Meclizine to Resident 35 in Resident 35's room. LVN 1 stated, The resident (Resident 35) received Meclizine at 9:40 AM but it was due at 8 AM. The policy is to give meds within an hour of due time. It was given late. If the residents are given meds (medications) late they may get an extra dose, and their symptoms might not be relieved on time.</p> <p>During a review of Resident 35's Medication Administration Audit Report (MAAR) dated 6/23/2025, the MAAR indicated Resident 35 was scheduled to receive Meclizine on 6/23/2025 at 8 AM but did not receive it until 9:40 AM as observed.</p> <p>During a concurrent interview and record review on 6/25/2025 at 9:49 AM with the Director of Nursing (DON) the facility's P&P titled, Medication Administration, dated 1/1/2012 was reviewed. The P&P indicated:</p> <p>1.</p> <p>The purpose of the policy is to ensure the accurate administration of medications for residents in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.</p> <p>Medications may be administered 1 hour before or after the scheduled medication administration time.</p> <p>3.</p> <p>Nursing staff will keep in mind the seven rights of medication when administering medication. One of the medication rights is right time.</p> <p>The DON stated that the P&P indicates that it's important to give residents their medication on time so that their medical condition can be treated properly. DON stated that if residents do not receive their medication on time their medical condition may worsen.</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review of the facility menu, the facility failed to ensure one (1) of two sampled residents (Resident 17) was provided with a therapeutic (food that does not require much chewing and are soft on the mouth) diet (dysphagia [difficulty swallowing] mechanical soft diet) as ordered by the physician.</p> <p>This deficient practice had the potential for Resident 17 not to receive proper nutrition and experience weight loss.</p> <p>Findings:</p> <p>During a review of Resident 17's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnoses of protein-calorie malnutrition (serious condition that occurs when a resident's diet does not contain the right amount of nutrients) and hyperlipidemia (high cholesterol).</p> <p>During a review of Resident 17's Minimum Data Set (MDS - a resident assessment tool), dated 5/16/2025, the MDS indicated the resident was moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 17 was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing, and putting on and taking off footwear. The MDS also indicated Resident 17 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with oral hygiene and personal hygiene. Resident 17 required setup or clean-up assistance (Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating. The MDS indicated Resident 17 was on a mechanically altered diet (require change in texture of food or liquids) and a therapeutic diet.</p> <p>During a review of Resident 17's Speech Therapy (ST) Evaluation, dated 1/19/2025, indicated a diet of a standard portion diet of carbohydrate controlled with mechanical soft texture and regular/thin consistency.</p> <p>During a review of Resident 17's Physician's Order, dated 5/2/2025, the Physician's Order indicated a carbohydrate-controlled diet. Large portion diet, dysphagia mechanical soft texture, regular/thin consistency. No fish and No cheese.</p> <p>During a review of Resident 17's Care Plan with focus on Risk for Malnutrition and Dehydration (condition that occurs when the loss of body fluids, mostly water, exceeds the amount that is taken in), revised 5/2/2025, the Care Plan indicated the resident will achieve adequate nutritional intake. The Care Plan also indicated the Registered Dietitian to evaluate and make diet change recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/23/2025 at 11:49 AM in Resident 17's room, Resident 17 stated, The food is bland, and it is like baby food.</p> <p>During an observation on 6/23/2025 at 12:20 PM, Resident 17's tray was observed a pureed (blended food to the consistency of a soft creamy paste) diet.</p> <p>During an interview on 6/25/2025 at 7:55 AM, Certified Nursing Assistant 2 (CNA 2) stated Resident 17 has been complaining about her food a week ago. CNA 2 also stated the resident would complain about the food being too soft.</p> <p>During an interview on 6/25/2025 at 8:37 AM, CNA 2 stated she started complaining about the food 6 months ago but complained more about it a week ago.</p> <p>During a concurrent observation and interview on 6/25/2025 at 8:45 AM in Resident 17's room with CNA 2, Resident 17's tray was observed with pureed food. CNA 2 stated the plate had pureed food and it did not have any ground or cut up food.</p> <p>During an interview on 6/25/2025 at 9:01 AM, the Director of Dietary Services (DDS) stated Resident 17 complained about her food texture a week and a half ago. DDS also stated they did not do anything because that is the way her food should be.</p> <p>During a concurrent record review of Resident 17's Physician Orders, dated 5/2/2025, observation, and interview on 6/25/2025 at 9:27 AM, the DDS stated Resident 17's tray did not match the resident's physician's order. DDS also stated dysphagia mechanical diet should have cut up pieces of food such as noodles, but Resident 17 was receiving pureed food.</p> <p>During a concurrent observation, interview with the Director of Nursing (DON), record review of Resident 17's ST evaluation, dated 1/19/2025 and physician's order, on 6/25/2025 at 10:05 AM, the DON stated the resident diet should be in accordance with the ST evaluation and the physician's order to ensure proper nutrition and help prevent weight loss for Resident 17.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Dietary Profile and Resident Preference Interview, revised 4/21/2022, the P&P indicated the dietary department will provide residents with meals consistent with their preferences and physician order.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to dispose of expired vegetables stored in the facility kitchen's refrigerator during a kitchen observation conducted on 6/23/2025.</p> <p>This deficient practice had the potential to cause food-borne illnesses.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 6/23/2025 at 8:10 AM with Dietary Aide (DA) 2, the following foods were found in the kitchen's refrigerator: lettuce with expiration date 6/21/2025, cilantro with expiration date 6/19/2025, parsley with expiration date 6/19/2025 and cucumbers with expiration date 6/22/2025. DA 2 stated that the vegetables are expired and residents can get sick if they eat expired food.</p> <p>During a concurrent interview and record review on 6/25/2025 at 9:16 AM with Registered Dietitian (RD) the facility's policy and procedure (P&P) titled, Food Storage and Handling dated 6/4/2024 was reviewed. The P&P indicated that fresh vegetables should be checked and sorted for ripeness and should be labeled and dated. RD stated that the labels on the vegetables found in the kitchen's refrigerator indicate that they are expired and should have been thrown away. RD stated that the vegetables were not checked before the expiration date. RD stated that it is important to properly label foods to ensure that expired foods are not used. RD stated that residents can get sick if they eat expired foods.</p>

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NAME OF PROVIDER OR SUPPLIER Alhambra Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 415 South Garfield Alhambra, CA 91801	
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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement its policy by not checking the food brought in by family members for one (1) of two (2) sampled residents (Resident 73).</p> <p>This deficient practice has the potential for Resident 73 to choke (severe difficulty in breathing because of a constricted or obstructed throat or a lack of air) and aspirate (when food, liquid, or other material enters a resident's airway and eventually the lungs by accident) on food which can lead to death.</p> <p>Findings:</p> <p>During a review of Resident 73's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following diagnoses of dysphagia (difficulty swallowing), hyperlipidemia (abnormally high concentration of fats or lipids [fat particles] in the blood), and adult failure to thrive(a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity).</p> <p>During a review of Resident 73's Physician Order, dated 4/4/2025, the Physician order indicated a fortified (enriched with added nutrients) diet, dysphagia mechanical soft texture, regular/thin consistency.</p> <p>During a review of Resident 73's Minimum Data Set (MDS - a resident assessment tool), dated 4/10/2025, the MDS indicated the resident was severely impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 73 was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS also indicated Resident 73 required supervision/touching assistance (Helper provides verbal cues and/or touching/ steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with eating, oral hygiene, and personal hygiene. The MDS indicated Resident 73 was on a mechanically altered diet (a modified diet for individuals with swallowing difficulties which involves food that are soft, moist, and easy to chew and swallow).</p> <p>During a review of Resident 73's Care Plan with focus on Risk of Weight loss and Dehydration (condition that occurs when the loss of body fluids, mostly water, exceeds the amount that is taken in), revised 4/15/2025, the Care Plan indicated to provide and serve diet as ordered.</p> <p>During a review of Resident 73's Care Plan with focus on Swallowing Problem Related to Dysphagia Oropharyngeal (the middle portion of the throat, located behind the mouth and above the soft palate) phase, the Care Plan indicated diet to be followed as prescribed.</p> <p>During an observation on 6/23/2025 at 12:40 PM, Resident 73's Family (Family 1) was observed with Licensed Vocational Nurse 2 (LVN 2) outside Resident 73's room. Resident 73's tray was observed as pureed (food that has been blended or processed into a smooth, thick consistency, often resembling a pudding or baby food) diet.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/23/2025 at 12:45 PM in Resident 73's room, Family 1 was observed feeding Resident 73 a regular diet of wonton soup and kiwi.</p> <p>During an interview on 6/24/2025 at 3:10 PM, LVN 2 stated she was supposed to but did not check the food brought in by Family 1. LVN 2 also stated it was important to educate the family on the facility's policy to ensure the diet and texture of the food matched the diet order of the resident to prevent the resident from choking and aspirating on the food.</p> <p>During an interview on 6/25/2025 at 10:09 AM, the Director of Nursing (DON) stated the food brought in by family needs to meet the resident's diet and consistency because it increases the risk for the resident to choke and aspirate on the food. The DON also stated the facility needs to educate the family regarding the diet order and policy.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Food Brought in by Visitors, dated 5/22/2025, the P&P indicated to review the diet order with the resident representative and assist the family/visitors to understand safe food handling practices.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview and record review, the facility failed to dispose of garbage properly in the facility's garbage disposal area during kitchen observation conducted on 6/23/2025.</p> <p>This deficient practice had the potential to attract pests and spread disease.</p> <p>Findings:</p> <p>During an observation on 6/23/2025 at 8:26 AM, the facility's trash was observed with trash bins overflowing with trash, trash bins with lids that were not completely closed, trash bags on the floor, a hamper used as a trash can and uncovered trash cans.</p> <p>During a concurrent interview and observation on 6/23/2025 at 8:31 AM with Dietary Aide (DA) 1, the facility's garbage disposal area was observed. DA 1 stated that trash bags should not be on the floor, trash should be covered, and hampers should not be used as a trash can. DA 1 stated that animals can get into the trash if it's not covered and they may spread disease.</p> <p>During a concurrent interview and record review on 6/25/2025 at 9:12 AM with Dietary Supervisor (DS) the facility's policy and procedure (P&P) titled, Waste Management dated 4/21/2022 was reviewed. The P&P indicated:</p> <ol style="list-style-type: none"> 1. The purpose of the policy is to reduce the risk contamination from regulated waste and maintain appropriate handling and disposable of all waste. 2. Waste containers must closable. 3. Waste must be disposed of in appropriate, non-combustible (burnable) waste containers 4. Waste bags must be disposed of into covered waste bin. <p>DS stated that it is important to dispose of trash in a closable container to keep pests away because trash can attract more pests and they may transmit disease. DS stated that hampers should not be used as trash cans. DS stated that trash should not be on the floor.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. During a review of Resident 38's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnoses of exposure to COVID and bullous pemphigoid (a chronic autoimmune skin disorder characterized by itchy, blistering skin lesions, most commonly affecting older adults).</p> <p>During a review of Resident 38's Minimum Data Set (MDS, resident assessment tool), dated 4/8/2025, the MDS indicated the resident was severely impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 38 was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity) with putting on/taking off footwear The MDS also indicated Resident 38 required substantial/maximal assistance (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with shower/bathe self and lower body dressing. The MDS indicated Resident 38 required partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort) with toileting hygiene.</p> <p>During an observation on 6/23/2025 at 10:26 AM, CNA 1 was observed coming out of Resident 38 's room with a set of gloves on. CNA1 closed the door of Resident 38 before doffing his gloves.</p> <p>During an interview on 6/23/2025 at 10:55 AM, CNA 1 stated he provided peri-care to Resident 38. CNA 1 also stated he should not have used the same gloves to close the resident's room door. CNA 1 stated he should have doffed the gloves and performed hand hygiene prior to exiting the resident's room to prevent the spread of infection.</p> <p>During an interview on 6/25/2025 at 11:21 AM, the IPN stated CNA 1 should have doffed his gloves and performed hand hygiene before exiting Resident 38 's room to prevent the spread of infection. IPN also stated CNA 1 can spread COVID since the facility is currently in an outbreak.</p> <p>During an interview on 6/26/2025 at 1:15 PM, the Director of Nursing (DON) stated it is not acceptable for CNA1 to use dirty gloves to close Resident 38's room door because that can spread infection. The DON also stated CNA1 should have doff gloves and perform hand hygiene before exiting the resident's room.</p> <p>During a review of the facility's P&P titled, Personal Protective Equipment, revised 01/01/2012, the P&P indicated the facility staff are required to wear PPE when performing a task that may involve exposure to body fluids. The P&P also indicated gloves are used only once and are discarded into the appropriate receptacle located in the room in which the procedure is done, and hands are washed before and after removing of gloves.</p> <p>During a review of the facility's P&P titled, Hand Hygiene, revised 9/1/2020, the P&P indicated situations that require hand hygiene are not limited to the following:</p> <ol style="list-style-type: none"> 1. <p>After contact with body fluids</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. After doffing PPE</p> <p>3. Immediately exiting a resident's room</p> <p>Based on observation, interview and record review, the facility failed to maintain infection control (methods used to prevent, control, or stop the spread of infections) and prevention as indicated in the facility's policy by failing to ensure:</p> <p>1. Certified Nurse Assistant 1 (CNA 1) and Family Member 2 (FM 2) wore personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) as indicated while inside of novel respiratory isolation (separation of residents with a suspected or confirmed Coronavirus [COVID-19, a severe infection mainly respiratory disease that could spread from person to person]) infections rooms, Room A and Room B.</p> <p>2. CNA 1 doff (remove an item or clothing) and dispose PPE and perform hand hygiene (cleaning hands to prevent germs) after providing peri-care (cleaning the genitals and anal area) to Resident 38.</p> <p>These failures had the potential to result in an increased risk for the spread of bacteria, viruses and pathogens (harmful microorganisms) to residents, visitors and staff throughout the facility, while increasing the risk of [preventable] infections.</p> <p>Findings:</p> <p>1. During an observation on 6/23/2025 at 8:51 AM on Room A's wall near the doorway, a Novel Respiratory Precautions sign was observed that indicated, on room entry, to clean hands, wear a gown, an N-95 (disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) and face shield or goggles and gloves and then to clean hands when exiting [the room]. CNA 1 was observed entering the room without a face shield.</p> <p>During an interview on 6/23/2025 at 8:56 AM with CNA 1, CNA 1 stated Room A is an isolation room that requires the PPE of a face shield. CNA 1 stated he should have worn one while inside of the room. CNA 1 also stated according to the policy, he needs to wear all required PPE including the face shield and apply it before entering the residents' rooms to prevent spreading a virus.</p> <p>During an observation on 6/23/2025 at 12:08 PM outside of Room B, FM 2 was observed putting on PPE with Licensed Vocational Nurse 2 (LVN 2) for novel respiratory precautions. FM 2 was observed with an N-95 mask upside down and the metallic strip under the chin instead of the nose. FM 2 then entered Room B.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 6/23/2025 at 12:24 PM with LVN 2, the N95 Particulate Respirator Wearing Instructions and Fit Check (undated) was reviewed. The wearing instructions indicated to wear the mask with the metallic strip facing up, adjust metallic strip over the bridge of the nose and to press down until there is a close fit. The Fit check indicated to tighten the metallic strip over the as needed until a tight seal is achieved to ensure a proper fit. LVN 2 stated that FM 2 was wearing the N-95 incorrectly and the metallic strip should have been on the nose instead of the chin area to make sure it was a tight fit. LVN 2 also stated if the fit for the N95 is not proper or tight, COVID-19 could spread to other visitors, residents and/or staff.</p> <p>During an interview on 6/26/2025 at 11:53 AM with the Infection Preventionist Nurse (IPN), the IPN stated per facility protocol, novel respiratory precautions require anyone entering the room to wear an N-95, face shield, gown and gloves and to put them on before entering the room. IPN stated the N-95 is to be worn correctly with the metal strip across the nose to ensure it seals and works correctly. IPN also stated wearing all of the necessary PPE and wearing it correctly is important to prevent exposure and spreading of the virus to others, possibly causing a widespread outbreak Covid-19.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Management of COVID-19, revised 10/11/2022, the P&P indicated the standard and transmission-based precautions (TBP) will be implemented for patients suspected or confirmed to have COVID-19, facility will follow local/county public health and state regulations when applicable, and for confirmed or undiagnosed respiratory infections in residents, staff follows isolation precautions of facemask, gloves, isolation gown and eye protection to prevent the development and transmission of COVID-19.</p> <p>During a review of the facility's P&P titled, Resident Isolation- Categories of Transmission - Based Precautions, revised 1/1/2012, the P&P indicated transmission-based precautions are used when caring for residents who are documented or suspected of having communicable diseases or infections that can be transmitted to others, whenever measures more stringent than standard precautions are needed to prevent or control the spread of infection.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its protocol for Antibiotic (medication used to kill bacteria and to treat infections) Stewardship Program by failing to complete the Surveillance Data Collection form prior to the administration of antibiotic therapy for three (3) of 3 sampled residents (Residents 34, 35, and 88).</p> <p>This deficient practice had the potential for Residents 34, 35, and 88 to be prescribed inappropriate antibiotics and increased the risk for developing antibiotic-resistant organisms (bacteria that are not controlled or killed by antibiotics) and suffer adverse side effects from unnecessary or inappropriate antibiotic use.</p> <p>Findings:</p> <p>1. During a review of Resident 34's admission Record, the admission Record indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with the following diagnoses of sepsis (a life-threatening blood infection) and contact dermatitis (inflammation of the skin by external agent).</p> <p>During a review of Resident 34's Minimum Data Set (MDS - a resident assessment tool), dated 4/10/2025, the MDS indicated the resident was moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated Resident 34 was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS also indicated Resident 34 required substantial/maximal assistance (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with upper body dressing.</p> <p>During a review of Resident 34's Physician Order, dated 6/18/2025, the Physician Order indicated Cephalexin (antibiotic used to treat bacterial infections) Oral Tablet 500 milligrams (mg - unit of measure). Give 500 mg by mouth every six (6) hours for urinary tract infection (UTI- an infection in the bladder/urinary tract) until 6/25/2025.</p> <p>During an interview on 6/25/2025 at 10:43 AM, the Infection Preventionist Nurse (IPN) stated there was no surveillance data collection form completed for Resident 34's use of Cephalexin. IPN stated there should be a surveillance data collection form completed prior to use of antibiotics to know if the resident really needs the antibiotic and meets the criteria for antibiotic use to prevent antibiotic resistance.</p> <p>2. During a review of Resident 35's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnoses of disorder of immune mechanism (any condition where the body's immune system does not function as it should, leading to illness or disease) and malnutrition (serious condition that occurs when a resident's diet does not contain the right amount of nutrients).</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 35's MDS, dated [DATE], the MDS indicated the resident was independent in cognitive skills for daily decision making. The MDS also indicated Resident 35 required substantial/maximal assistance with toileting hygiene, lower body dressing and putting on/taking off footwear. The MDS also indicated Resident 35 required supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with shower/bathe self.</p> <p>During a review of Resident 35's Physician Orders, dated 6/23/2025, the Physician Orders indicated Sulfamethoxazole-Trimethoprim (combination antibiotic used to treat a variety of bacterial infections) Tablet 800-160 mg. Give 1 tablet by mouth every 12 hours for left buttock ulcer secondary to ruptured abscess for 10 days until finished.</p> <p>During an interview on 6/25/2025 at 10:58 AM, the IPN stated there was no surveillance data collection form completed for Resident 35's use of Sulfamethoxazole-Trimethoprim. IPN stated there should be a surveillance data collection form completed prior to use of antibiotics to know if the resident really needs the antibiotic and meets the criteria for antibiotic use to prevent antibiotic resistance.</p> <p>3. During a review of Resident 88's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with the following diagnoses of methicillin-resistant staphylococcus aureus (MRSA - a bacteria that does not respond to antibiotics) and malnutrition.</p> <p>During a review of Resident 88's MDS, dated [DATE], the MDS indicated the resident was moderately impaired in cognitive skills for daily decision making. The MDS also indicated Resident 88 required partial/moderate assistance (Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with putting on/taking off footwear. The MDS also indicated Resident 88 required supervision or touching assistance with toileting hygiene, shower/bathe self, upper body dressing and lower body dressing.</p> <p>During a review of Resident 88's Physician Orders, dated 6/23/2025, the Physician Orders indicated Cipro (antibiotic to treat a wide variety of bacterial infections) Oral Tablet 500 mg (Ciprofloxacin Hydrochloride). Give 1 tablet by mouth one time a day for UTI for 7 days until finished.</p> <p>During an interview on 6/25/2025 at 11:11 AM, the IPN stated there was no surveillance data collection form completed for Resident 88's use of Cipro. IPN stated there should be a surveillance data collection form completed prior to use of antibiotics to know if the resident really needs the antibiotic and meets the criteria for antibiotic use to prevent antibiotic resistance.</p> <p>During an interview on 6/26/2025 at 10:30 AM, the Director of Nursing (DON) stated the surveillance data collection form needs to be completed to evaluate if the residents meet the criteria for an antibiotic and to prevent multi-drug resistance organisms. The DON also stated it was not acceptable to administer antibiotic/s to the residents without completing the surveillance data collection form.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Antibiotic Stewardship, revised 5/20/2021, the P&P indicated the IPN will collect and analyze infection surveillance data, coordinate data collection and monitor adherence to infection control policies and procedures. The P&P also indicated the IPN is responsible for antibiotic stewardship processes such as surveillance.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Infection Control Surveillance, revised 3/1/2024, the P&P indicated the IPN will review the infection control surveillance form and surveillance data collection form initiated by the licensed nurse and determine if the infection is healthcare-associated infection (HAI) or community-associated infection (CAI). The P&P also indicated the IPN conducts ongoing surveillance for HAIs and epidemiologically significant infections that have substantial impact on potential resident outcome.</p>		

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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 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one (1) of 47 rooms (map diagram labeled rooms [ROOM NUMBERS], separated by a wall in the middle with two [2] beds on 1 side and three [3] beds on the other side with only 1 door for entry and exit) did not have more than four (4) residents in one shared room.</p> <p>This deficient practice had the potential to cause the residents in these rooms not to have enough privacy and had the potential to affect residents' delivery of care.</p> <p>Findings:</p> <p>During a review of the facility's room waiver (a legal document which allowed to give up certain legal rights or claims), dated 6/23/2025, the waiver indicated there was enough space for each resident in the room, nursing and the health and safety of the residents occupying these rooms. The room waiver indicated the two rooms were separated by a brick wall and the entry way to and from rooms [ROOM NUMBERS] was through a common door into the hallway.</p> <p>During an interview with the Administrator (ADM) on 6/23/2025 at 8:44 AM, the ADM stated resident rooms [ROOM NUMBERS] had more than four residents in the combined rooms. The ADM submitted a room waiver for these residents' rooms.</p> <p>During an observation on 6/26/2025 at 8:09 AM, rooms [ROOM NUMBERS] were observed separated by a wall in the middle, with 2 beds on 1 side and 3 beds on the other side with only 1 door for entry and exit, did not meet the requirement to have no more than four residents to a room. The residents in these rooms were able to ambulate freely and/or maneuver in their wheelchair freely. The nursing staff had enough space to provide care for the residents in the room. The rooms had space for beds, bedside tables, nightstands, and other medical equipment.</p> <p>During interviews with residents residing in rooms [ROOM NUMBERS] both individually and collectively from 6/23/2025 to 6/26/2025, the residents did not express any concerns regarding the size of their rooms and stated they had enough space to move around freely.</p> <p>During interviews with nursing staff assigned to rooms [ROOM NUMBERS] from 6/23/2025 to 6/26/2025, the staff stated they were able to work and provide care to the residents in those rooms without issues/difficulty moving around. The staff stated there was enough space for them to provide care for the residents and provide the residents with privacy and dignity.</p> <p>During multiple observations made to rooms [ROOM NUMBERS] from 6/23/2025 to 6/26/2025, the rooms did not adversely affect the residents' health and or safety.</p> <p>The department is recommending approval of the room waiver for rooms [ROOM NUMBERS] as requested by the facility.</p>		