STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055817	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monte Vista Healthcare Center	802 Buena Vista Street Duarte, CA 91010

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a comprehensive care plan (CP, a person-centered plan that outlines a resident's specific health needs, goals, and tailored interventions required to achieve their highest level of physical, mental, and psychosocial well-being) for two of three sampled residents (Residents 1 and Resident 2), as evidenced by: 1.Resident 1's vaccine (a type of medicine that helps the body to fight a disease before getting it, so illness is prevented or stays mild) refusal was not addressed in the care plan. 2. Resident 2's influenza (a highly contagious respiratory illness caused by influenza viruses that infect the nose, throat, and the lungs) status was not addressed in the care plan. This failure had the potential to result in unmet individualized medical needs for Resident 1 and Resident 2 and had the potential to affect the residents' physical and psychosocial well-being.Findings:a.During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 7/7/2025 with a readmission date of 1/30/2026 with diagnoses including sepsis (the body's extreme and dangerous reaction to an infection) and urinary tract infection (an infection that affects any part of the urinary system including the kidneys, ureters, bladder, and urethra). During a review of Resident 1's History and Physical Examination (H&P), dated 2/1/2026, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 2/4/2026, the MDS indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making were moderately impaired (makes poor decisions requiring cues or supervision). The MDS indicated Resident 1 required supervision or touching assistance with lower body dressing, showering, and toileting hygiene, and was independent with eating, oral hygiene, upper body dressing, and personal hygiene. During a review of Resident 1's vaccine consent forms, dated 2/3/2026, the consent forms indicated Resident 1 declined the Covid-19 (an infectious disease caused by the SARS-Cov-2 virus), Respiratory Syncytial Virus (RSV, a respiratory virus that infects the lungs), influenza, and pneumococcal (an infectious disease caused by the bacteria Streptococcus pneumoniae) vaccines. b.During a review of Resident 2's AR, the AR indicated the facility originally admitted Resident 2 on 8/21/2023 and was readmitted on [DATE] with diagnoses including unspecified fracture of right femur (a broken bone on the right thigh), subsequent encounter for closed fracture with routine healing (a follow up visit indicating the break is healing normally) and hemiplegia and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (a medical condition where blood flow to the brain is disrupted, causing brain tissue damage) affecting left non-dominant side (the side of the body that is used less). During a review of Resident 2's H&P, dated 4/17/2024, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decision making were severely impaired (never/rarely makes decisions). The MDS indicated Resident 2 was dependent on toileting, showering, and dressing, required substantial to maximal assistance with oral and personal hygiene, and required partial to moderate assistance with eating. During an interview on 3/4/2026 at 11:22 AM with the (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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Infection Prevention Nurse (IP), the IP stated the IP was informed on 2/28/2026 that Resident 2 had tested positive for influenza. Additionally, the IP stated it was the facility's policy to input a care plan if a resident (in general) declined vaccine administration upon admission to the facility. During a concurrent interview and record review on 3/4/2026 at 3:15 PM with the IP, Resident 1's and Resident 2's CP were reviewed. The IP stated that Resident 1 did not have a care plan in place addressing Resident 1's refusal of the vaccines. The IP stated that Resident 2 did not have a care plan in place addressing Resident 2's diagnosis of influenza. The IP stated it was important to have individualized CP in place for Residents 1 and Resident 2 to ensure the residents' needs were met. During an interview on 3/4/2026 at 4 PM with the Director of Nursing (DON), the DON stated it was important to have individualized CP in place for Residents 1 and Resident 2. The DON stated that an individualized CP would ensure the facility was addressing the current medical conditions of Residents 1 and Resident 2. During a review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022, the P&P's Policy Statement indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The P&P's Policy Interpretation and Implementation indicated, The comprehensive, person-centered care plan: includes measurable objectives and timeframes; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including; services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; reflects currently recognized standards of practice for problem areas and conditions.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to follow its Policy and Procedure (P&P) titled, Influenza Vaccine for one of three sampled employees (Licensed Vocational Nurse [LVN] 1) when the facility did not obtain LVN 1's influenza vaccine (an annual vaccine designed to protect against infection from influenza [a highly contagious respiratory illness caused by influenza viruses that infects the nose, throat, and the lungs] viruses) administration record to ensure tracking and documentation of employee influenza vaccination. This failure resulted in LVN 1's employee file being incomplete and had the potential for influenza transmission to vulnerable residents (in general), causing harm, and an inability to track vaccination records.Findings:During an interview on 3/4/2026 at 11:02 AM with LVN 1, LVN 1 stated LVN 1 received the influenza vaccine in August of 2025 but had not provided proof of vaccination to the facility. During a concurrent interview and record review on 3/4/2026 at 2:45 PM with the Director of Staffing Development (DSD), LVN 1's Personnel Action Form (PAF, a form used to process newly hired employees) dated 12/3/2025 and Employee file were reviewed. The DSD stated the PAF indicated that LVN 1 was hired on 12/3/2025. The DSD stated there was no record of LVN 1's influenza vaccination in LVN 1's employee file. The DSD stated it was the policy of the facility to obtain a copy of employees' (in general) influenza documentation and place in the employees' (in general) file. The DSD stated it was important to have LVN 1's influenza vaccination information on file to ensure LVN 1 had protection against influenza. During an interview on 3/4/2026 at 4 PM with the Director of Nursing (DON), the DON stated it was important to have LVN 1's influenza vaccine documentation on file because it would indicate whether LVN 1 had received the influenza vaccine. The DON stated it was important to have LVN 1's influenza vaccine documentation for the safety of the residents (in general). During a review of the facility's Policy and Procedure (P&P) titled, Influenza Vaccine, revised March 2022, the P&P's Policy Statement indicated, All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. The P&P's Policy Interpretation and Implementation indicated, Employees hired or residents admitted between October 1st and March 31st shall be offered the vaccine within five working days of the employee's job assignment or the resident's admission to the facility. For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record. The infection preventionist will maintain surveillance data on influenza vaccine coverage and reported rates of influenza among residents and staff. Residents and staff may obtain their influenza vaccines from their personal physicians. Documentation of previous vaccination should be provided to the facility.