STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055989	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor	610 North Garfield Avenue Monterey Park, CA 91754

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 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of two sampled resident (Resident 1 and 2) received services in accordance with the facility's capabilities and available resources when the facility admitted and retained the residents requiring peritoneal dialysis (PD, a type of dialysis [a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed] that uses the lining of the abdomen {peritoneum} as a natural filter to remove waste, toxins, and extra water from the body]) services without having an established peritoneal dialysis program and the necessary services to safely provide PD care as approved by the State Agency. These deficient practices had the potential for the residents to experience complications related to PD such as infections (peritonitis, catheter exit-site infections), mechanical issues (hernias, dialysate leaks, catheter blockage), and metabolic changes like weight gain or high blood sugar that can lead to hospitalization. Findings: 1.During a review of review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 2/8/2026 and readmitted on [DATE] with diagnoses that included end stage renal disease (ESRD, a condition that the kidneys [an organ that filters waste, excess fluids, and toxins from the blood to create urine] no longer function well enough to meet a body's needs) and infection (the invasion and multiplication of microorganisms in body, causing tissue damage and disease) and inflammatory reaction (body's defense mechanism against harmful stimuli) due to PD. During a review of Resident 1's History and Physical (H&P), dated 3/23/2026, indicated Resident 1 had the capacity to understand and make decisions, and was receiving PD for ESRD. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 4/22/2026, indicated Resident 1's had no cognitive impairment (ability to understand and make decisions). The MDS indicated Resident 1 required partial/moderate assistance with eating, oral hygiene, and substantial/maximal assistance with toileting hygiene, shower/bathe self and chair/bed-to-chair transfer. The MDS indicated that Resident 1 received PD since admission. During a review of Resident 1's Order Recap Report, order date 2/21/2026, indicated Resident 1 was to received PD using Dianeal with 1.5% Dextrose (a dialysis solution used for PD) 2000 milliliters (mL, unit of weight) per hour. The order began 2/21/2026 and ended 3/4/2026. During a review of Resident 1's Order Recap Report, order date 3/4/2026, indicated Resident 1 was to receive PD using 1.5% Dextrose Solution (a dialysis solution used for PD). The treatment was prescribed for 10.5 hours with five cycles with a fill volume of 2000 mL, starting at 7 PM each evening. The PD treatment began 3/4/2026 and ended 4/3/2026. During a review of Resident 1's Physician Order Summary (POS), dated 4/26/2026, indicated Resident 1 was to receive PD using Extraneal (a dialysis solution used for PD), The treatment was prescribed for 10.5 hours with five cycles of 2000 mL fills and a final 1500 mL fill, starting at 7 PM each evening. The PD treatment began on 4/17/2026. During a review of Resident 1's SNF (Skilled Nursing Facility) PD Patient Treatment Log, dated February 2026 to March 2026 indicated that Resident 1 received daily PD treatments from 2/21/2026 to 3/29/2026. During a review of Resident 1's Medication Administration Record (MAR) for April 2026 indicated that Resident 1 received PD treatments from 04/1/2026 to 04/4/2026 and 4/17/2026 to 4/26/2026. 2. During a (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of the Resident 2's AR, the facility admitted Resident 2 on 2/24/2026 with diagnoses on ESRD and dependence on renal dialysis. During a review of Resident 2's H&P, dated 2/27/2026, indicated that Resident 2 had the capacity to understand and make decisions and was receiving PD for ESRD. During a review of Resident 2's MDS, dated [DATE], indicated that Resident 2's cognitive skills was intact. The MDS indicated that Resident 2's received PD upon admission to the facility. During a review of Resident 2's POS, dated 4/2/2026, indicated Resident 2 was to receive PD using 2.5% Dextrose solution (a dialysis solution used for PD). The treatment was prescribed for 9.5 hours with five cycles and a fill volume of 2700mL, starting at 7 PM each evening. The PD treatment started 4/2/2026. During a review of Resident 2's MAR for February, March, and April 2026 showed that the resident received PD treatments from 2/25/2026 - 2/28/2026, 3/1/2026 - 3/14/2026, and 4/16/2026 - 3/31/2026. During a review of Resident 2's SNF - PD Patient Treatment Log, indicated Resident 1 received daily PD treatments from 3/4/2026 to 4/25/2026. During a telephone interview on 4/30/2026 at 2:13 PM with Family Member (FM) 1, FM 1 stated the facility admitted Resident 2 and the nurses provided PD treatment for the resident everyday in the facility. FM 1 stated he and Resident 2 did not know the facility did not have the license and could not provide PD treatment in the facility as the state regulation when Resident 2 was admitted to the facility. During a telephone interview on 4/30/2026 at 2:14 PM with FM 2, FM 2 stated the facility admitted Resident 1 and the nurses provided PD treatment for the residents everyday in the facility. FM 2 stated Resident 1 agreed to stay in the facility because she was told that the facility was able to provide PD treatment. During a telephone interview on 5/1/2026 at 11: 49 AM with Resident 1, Resident 1 stated she agreed to be admitted into the facility because the facility could provide PD treatment and she did not know the facility did not have a license and was not allowed to provide PD for the residents in the facility. During a review of the Facility Assessment, it indicated PD services were not included in the services to be provided by the facility. During a remote meeting conducted on 4/28/2026 at 11:30 AM with the facility Administrator (ADM), in the presence of the CDPH Program Managers (PMs) and Supervisors, the ADM stated that there were two residents currently residing at the facility who were receiving PD treatment and services. The ADM also stated that the facility's nursing staff assisted these residents with initiating and disconnecting their PD treatments in the facility. During the same interview on 4/28/2026 at 11:35 AM with the ADM, CDPH PM, and Supervisors, the ADM stated that it happened several years ago when he noticed that residents discharged from the hospital had PD or HD. The ADM stated that he believed offering PD was a nice service to offer to help the overall healthcare ecoˆcare system. The ADM also stated that he spoke with [Clinic 1], his legal counsel, and his consultants regarding offering PD in the facility. The ADM further stated that it was his understanding that PD [did not] require the same level of requirements as HD. During the same interview on 4/28/2026 at 11:40 AM with the ADM, CDPH PM, and Supervisors, the ADM stated that he was aware of the All Facilities Letter (AFL, an official notice from CDPH sent to all healthcare facilities such as clinics, hospitals, and skilled nursing homes) that indicated the facility needed to notify CDPH prior to the start of PD services in the facility. The ADM stated that, according to the regulatory reference ESRD obligation and Title 22 (California Code of Regulations aimed at protecting the health, safety, and wellˆbeing of residents in licensed care facilities; regulations that act as the baseline licensing requirements for health facilities), PD was not specifically identified under optional services. During the same interview on 4/28/2026 at 11:50 AM with the ADM, CDPH PM, and Supervisors, the ADM stated that the facility's nursing staff received training from Clinic 1. The ADM also stated that the facility has all the [dialysis] solutions and equipment to perform the procedure on hand. During an interview on 5/1/2026 at 12:08 PM with the Director of Nursing (DON), the DON stated the facility should not have admitted Resident 1 and Resident 2 into the facility. The DON stated admitting these two PD residents and providing PD service to them could put them at risk for infection and other complications. During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, dated 12/19/2022, the P&P indicated The facility will evaluate and determine the level of (continued on next page)

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F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs. During a review of the facility's policy and procedure (P&P) titled, Facility Assessment Tool, dated 2/18/2026, indicated services and care the facility offered based on the resident's needs did not include peritoneal dialysis. During a review of the California Department of Public Health (CDPH) All Facility Letter (AFL) titled Updated Guidance for the Provision of Home Dialysis Services in a SNF (Skilled Nursing Facility), revised on 3/8/2021, the AFL indicated that the Centers of Medicare and Medicaid Services (CMS) requires the dialysis facility to notify CDPH of any arrange between CNS and SNF by submitting FORM CMS 3427 End Stage Renal Application and Survey and Certification (PDF) to CDPH. During a review of the same CDPH AFL titled Updated Guidance for the Provision of Home Dialysis Services in a SNF, revised on 3/8/2021, the AFL indicated that SNFs seeking to provide peritoneal or hemodialysis services must apply for approval of the optional services. The AFL indicated any SNF seeking to initiate the provision of dialysis services in a SNF must submit a change of application to CDPH's Centralized Application Branch (CAB) to request state approval to add the service to the facility's license.

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a safe and appropriate discharge for two of 2 sampled residents (Resident 1 and 2) who required peritoneal dialysis (PD, a type of dialysis [a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed] that uses the lining of the abdomen [peritoneum] as a natural filter to remove waste, toxins, and extra water from the body]) service. The facility admitted Residents 1 and provided PD services to the residents without obtaining license and reporting to the State Agencies since 2/2026. The facility initiated Resident 1 and 2 to discharge to the hospital on 4/29/2026 which was not the choice of the residents. The deficient practice resulted in Resident 1 and 2 being transferred to the hospital with was not their feeling displaced and reported feeling disappointed that affected their psychological wellbeing. Findings: 1.During a review of review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 2/8/2026 and readmitted on [DATE] with diagnoses that included end stage renal disease (ESRD, a condition that the kidneys [an organ that filters waste, excess fluids, and toxins from the blood to create urine] no longer function well enough to meet a body's needs) and infection (the invasion and multiplication of microorganisms in body, causing tissue damage and disease) and inflammatory reaction (body's defense mechanism against harmful stimuli) due to PD. During a review of Resident 1's History and Physical (H&P), dated 3/23/2026, indicated Resident 1 had the capacity to understand and make decisions, and was receiving PD for ESRD. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 4/22/2026, indicated Resident 1's had no cognitive impairment (ability to understand and make decisions). The MDS indicated Resident 1 required PD. The MDS indicated Resident 1 required partial/moderate assistance with eating, oral hygiene, and substantial/maximal assistance. During a review of Resident 1's Interdisciplinary Care Conference (IDT), dated 4/29/2026, timed at 12:43 PM, the IDT indicated the facility informed Resident 1 that the facility was unable to provide PD and unable to safely meet the resident's clinical needs at this level of care. The IDT indicated after reviewing all available options, the resident decided to transfer to a GACH capable of providing PD and continued rehabilitation services. During a review of Resident 1's Order, dated 4/29/2026, the order indicated the physician ordered to transfer the resident to General Acute Care Hospital (GACH). During a review of Resident 1's Progress Notes (PN), dated 4/29/2026 timed at 4:12 PM, the PN indicated Resident 1 was transferred to GACH. During a review of Resident 1's Notice of Transfer/Discharge, dated 4/29/2026, the notice indicated the transfer, or discharge is necessary for the resident's welfare and needs could not be met in the facility. 2. During a review of Resident 2's AR, the facility admitted Resident 2 on 2/24/2026 with diagnoses on ESRD and dependence on renal dialysis. During a review of Resident 2's H&P, dated 2/27/2026, indicated that Resident 2 had the capacity to understand and make decisions and was receiving PD for ESRD. During a review of Resident 2's MDS, dated [DATE], indicated that Resident 2's cognitive skills was intact. The MDS indicated that Resident 2's received PD upon admission to the facility. During a review of Resident 2's Interdisciplinary Care Conference (IDT), dated 4/29/2026 timed at 12:37 PM, the IDT indicated the facility informed Resident 2 that the facility was unable to provide PD and unable to safely meet the resident's clinical needs at this level of care. The IDT indicated after reviewing all available options, the resident and the responsible party decided to transfer to a GACH capable of providing PD and continued rehabilitation services. During a review of Resident 2's Order, dated 4/29/2026, the order indicated the physician ordered to transfer the resident to General Acute Care Hospital (GACH) for dialysis covered needed. During a review of Resident 2's Progress Notes (PN), dated 4/29/2026 timed at 4:23 PM, the PN indicated Resident 2 was transferred to GACH. During a review of Resident 2's Notice of Transfer/Discharge, dated 4/29/2026, the notice indicated the (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	transfer or discharge is necessary for the resident's welfare and needs could not be met in the facility. During a telephone interview on 4/30/2026 at 2:13 PM with Family Member (FM) 1, FM 1 stated on 4/28/2026, the facility staff informed him that the facility could not provide PD for Resident 2 in the facility anymore and the resident needed to go somewhere else. FM 1 stated the facility did not spend time looking for another place for Resident 2. FM 1 stated Resident 2 was transferred to a GACH's emergency room (ER) on 4/29/2026 afternoon and the ER staff was surprised because they did not understand why the facility would send a resident who was fine to an ER. FM 1 stated Resident 2 was admitted into the GACH late at night on 4/29/2026 and he did not receive his daily PD on 4/29/2026. FM 1 stated Resident 2 and him wanted to continue to stay in the facility and did not want to be transferred to a hospital, but they did not have a choice. During a telephone interview on 4/30/2026 at 2:15 PM with FM 2, FM 2 stated she felt Resident 1 was kicked out by the facility. FM 2 stated Resident 1 was transferred to a GACH on 4/29/2026 afternoon, but the GACH could not do PD for her yesterday and the GACH was planning to send the resident to a different GACH. FM 2 stated Resident 1 relied on the facility to find a right place for her to continue PD treatment and rehabilitation service. FM 2 stated Resident 1 wanted to stay in the facility because they were providing PD treatment and rehab services for her. FM 2 stated Resident 1 was currently in a bad situation and did not know what she could do. During a telephone interview on 5/1/2026 at 9:55 AM with the Administrator (ADM), the ADM stated after the facility staff realized the facility did not obtain the license to provide PD services in the facility during the recent recertification survey, the IDT conducted meetings to discuss discharge options with Resident 1 and 2 and their responsible parties, later, the facility transferred the two PD residents to a GACH on 4/29/2026. The AMD stated he did not have control over the admission process and treatment plan in the GACH after the residents were transferred. During a telephone interview on 5/1/2026 at 11:49 PM with Resident 1, Resident 1 stated the facility staff informed her that the facility was not licensed to provide PD treatment for the residents in the facility a couple days ago, so she had to move to a different place. Resident 1 stated the facility offered four options and she decided to be transferred to the hospital because she had no other choice. Resident 1 stated at the hospital where she is currently staying, she could not sleep well because the nurses in the hospital were not competent at providing PD treatment, so she had to stay up at night to watch the nurses. Resident 1 stated she only received limited rehabilitation services in the hospital which hindered her from regaining her mobility and strength to go back home. Resident 1 further stated transferring to a hospital from the facility was not her preferred choice and she did not want to stay in the hospital. During an interview on 5/1/2026 at 12:08 PM with the Director of Nursing (DON), the DON stated the facility admitted and had retained Resident 1 and 2, who required PD service in the facility, since 2/2026, but the facility could not provide the PD service for these two residents due to lack of license to provide PD service. The DON stated as a result, the facility had to discharge them, even though it was not the residents' choice to be discharged from the facility. During a review of the facility's policy and procedure (P&P) titled, Transfer and Discharge, dated 12/19/2026, the P&P indicated The facility will evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs and Once admitted , the resident has the right to remain at the facility, except in limited circumstances. During a review of the facility's policy and procedure (P&P) titled, Facility Assessment Tool, dated 2/18/2026, indicated services and care the facility offered based on the resident's needs did not include peritoneal dialysis. During a review of the California Department of Public Health (CDPH) All Facility Letter (AFL) titled Updated Guidance for the Provision of Home Dialysis Services in a SNF (Skilled Nursing Facility), revised on 3/8/2021, the AFL indicated that the Centers of Medicare and Medicaid Services (CMS) requires the dialysis facility to notify CDPH of any arrange between CNS and SNF by submitting FORM CMS 3427 End Stage Renal Application and Survey and Certification (PDF) to CDPH. During a review of the same CDPH AFL titled Updated Guidance for the Provision of Home Dialysis Services in a SNF, revised on 3/8/2021, the AFL indicated that SNFs seeking to (continued on next page)

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	provide peritoneal or hemodialysis services must apply for approval of the optional services. The AFL indicated any SNF seeking to initiate the provision of dialysis services in a SNF must submit a change of application to CDPH's Centralized Application Branch (CAB) to request state approval to add the service to the facility's license.