STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056127	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Live Oak Rehab Center	537 W Live Oak San Gabriel, CA 91776

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review , the facility failed to accommodate the needs of one (1) of two (2) sampled residents (Resident 2) by failing to ensure the call light (patient-safety device, often a button on a cord, used in hospitals and nursing homes to enable patients to alert staff for assistance, thereby preventing falls and ensuring care) was within reach (arm's length of the resident or less than) of Resident 2 on 5/1/2026.This deficient practice had the potential to delay in the necessary care and services and/or needs not being met for Resident 2.Findings:During a review of Resident 2's Face Sheet (admission Record), the Face Sheet indicated the resident was admitted to the facility on [DATE] with the diagnoses of history of falling, vascular parkinsonism (a form of secondary parkinsonism caused by small strokes or blood vessel damage in the brain), cataract (a common, age-related clouding of the eye's natural lens that obstructs light, causing blurry vision and faded colors), and dementia (a progressive state of decline in mental abilities). During a review of Resident 2's Care Plan with focus at risk for falls, revised 3/9/2026, the Care Plan indicated to keep call light within easy reach and encourage resident to use it to get assistance. During a review of Resident 2's Care Plan with focus Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily)/ self-care deficient, revised 4/13/2026, the Care Plan indicated the following but not limited to:Place call light within easy reach.Assist with turning and repositioning when needed. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 4/14/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the resident is 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 but 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 oral hygiene and personal hygiene. During a concurrent observation and interview on 5/1/2026 at 12:14 PM in Resident 2's room, Resident 2 was observed sitting in her wheelchair positioned near the lower right side of the resident's bed and slightly slouching. The call light was observed on the left upper corner of the bed. Resident 2 stated she was uncomfortable and needed to be repositioned. Resident 2 also stated she could not reach the call light to alert the staff of her need for assistance. During a concurrent observation and interview on 5/1/2026 at 12:26 PM in Resident 2's room, Certified Nursing Assistant 1 (CNA 1) stated Resident 2's call light is not within Resident 2's reach but should be within reach of the resident. CNA 1 also stated the call light should be within reach so Resident 2 would be able to call for assistance when needed. During an interview on 5/1/2026 at 2:46 PM, the Director of Nursing (DON) stated the call light should always be within the reach of the resident so residents can use it in case the resident needs assistance and that facility staff can provide care or assistance to the resident without any delay. During an interview on 5/4/2026 at 2:30 PM, the Policy and Procedure (P&P) titled Resident Call System, dated 9/2022, was reviewed. The DON stated the policy means the call light should be within reach of the resident, when the resident is in the bed, up on the wheelchair (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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the room, or from the toilet and from the floor. During a review of the facility's P&P titled Resident Call System, dated 9/2022, the P&P indicated each resident is provided with a means to call staff directly for assistance form his/her bed, when up on wheelchair while inside their room, form toileting/bathing facilities and from the floor.

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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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that one (1) of two (2) sampled residents (Resident 3) were provided with assistance while eating.This deficient practice had the potential for Resident 3 to experience weight loss and nutrient deficiencies.Findings:During a review of Resident 3's Face Sheet (admission Record), the Face Sheet indicated the resident was originally admitted on [DATE] and was readmitted on [DATE] with diagnoses of dementia (a progressive state of decline in mental abilities), protein-calorie malnutrition (a severe nutritional deficiency resulting from inadequate intake of protein and calories), body mass index (a screening tool calculating body fat based on height and weight) less than normal range, underweight (having a body weight below the range considered healthy for a specific height and age) and adult failure to thrive (unexplained weight loss, decreased appetite, malnutrition, and inactivity). During a review of Resident 3's Care Plan with focus alteration in nutritional status, revised 9/4/2025, the Care Plan indicated the following but not limited to:Set up meal tray, assist and give verbal cues if needed. Allow enough time to eat.Up in chair to dining room at mealtime.Offer substitute for any meals refused or poor intakes.Encourage adequate intakes as tolerated. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 3/3/2026, the MDS indicated the resident was moderately impaired (decisions poor; cues/supervision required) in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated, the resident is 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 oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene but 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. During an observation on 5/1/2026 at 12:30 PM in the hallway, Resident 3 was observed with the resident's lunch tray. Resident 3 was also observed not eating her meal and had no facility staff around and no staff assisting the resident with her (Resident 3) meal. During an observation on 5/1/2026 at 12:49 PM in the hallway, Resident 3 was observed to have no staff around and no staff assisting the resident with her meal. During an observation on 5/1/2026 at 1:06 PM, Licensed Vocational Nurse 1 (LVN 1) was observed telling Resident 3 to eat and continued to care for another resident. During an observation on 5/1/2026 at 1:16 PM in the hallway, Certified Nursing Assistant 4 (CNA 4) was observed taking Resident 3's lunch tray away with only one spoonful consumed. During an interview on 5/1/2026 at 1:20 PM, LVN 1 stated according to Resident 3's MDS, the resident required assistance with eating. LVN 1 also stated Resident 3 did not have assistance while eating on 5/1/2026 during lunchtime but should have assistance while the reisdent is eating. During an interview on 5/1/2026 at 2:46 PM, the Director of Nursing (DON) stated Resident 3 needs someone to supervise, assist the resident during mealtime by guiding the resident's hand to place the spoon in the resident's mouth, and cue the resident while eating. The DON also stated the resident can lose weight if the need to be assisted with meal was not followed. During a review of the facility's Policy and Procedure (P&P) titled Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily), revised 3/2018, the P&P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate assistance with dining (meals and snacks).