STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056477	A. Building B. Wing	05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastland Subacute and Rehabilitation Center	3825 Durfee Ave El Monte, CA 91732

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 37198 Based on observation, interview, and record review, the facility failed to ensure the voice messaging system (voicemail) for one of one Director of Social Service (DSS 1) staff was functioning in the facility's social services department (SSD - the staff in this department perform several duties beginning with assisting residents and families by providing information and helping them find placement). This deficient practice had the potential to result in missed information regarding residents or inability for family members to address important resident concerns between DSS 1 and the Case Manager (CM) due to the messaging system's malfunction. Findings: During a concurrent observation and interview on 5/20/2024 at 3:03 pm, in the presence of the Social Services Assistant (SSA) and Receptionist Staff 1 (RS 1), a phone call was placed to the facility to test the phone line. RS 1 received the phone call and transferred it to the DSS's extension. The DSS's phone line kept ringing and after multiple rings, there was a silent pause. There was no voicemail greeting that prompted the caller to leave a voice message. A second phone call was attempted, RS 1 received the phone call and transferred the call to the SSA's extension. After multiple rings, there was a silent pause and there was no voicemail greeting prompting the caller to leave a message. The SSA acknowledged the voicemail for the SSD was not functioning. The SSA stated the SSA had not received any voicemails recently and did not receive any voicemails the week prior. The SSA stated the SSA was not sure who fixed the phone lines when voicemails were not functioning. During an interview on 5/20/2024 at 4:05 pm, with the Maintenance Assistant (MA), the MA stated if there was a problem or complaint regarding the phones, the MA would call the technician from the corporate office to get it fixed. During a review of the facility's policy and procedure (P&P) titled, Resident Rights, revised February 2021, the P&P stated federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident's right to communication with and access to people and services, both inside and outside of the facility.

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