

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 273 E Beverly Boulevard Montebello, CA 90640	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44429</p> <p>Based on interview and record review, the facility failed to maintain complete Inventory of Personal Effects (form used that list the personal belongings that was [NAME] in by the residents in the facility), upon admission and discharge from the facility, of one of three sampled resident's (Resident 1) by failing to ensure Resident 1 have signed the Inventory of Personal Effects.</p> <p>This deficient practice had resulted to inaccurate inventory of Resident 1's belongings and placed the resident potential for theft and loss of property.</p> <p>Findings:</p> <p>During an observation of the facility's parking lot on 5/15/2025 at 7:52 AM, the facility's private parking lot was observed with white/beige colored residue that covered the entire ground of the assigned parking spot of the facility's Business Office Manager (BOM) located at the south end of parking lot.</p> <p>During a review of Resident 1's Admission Record [AR], the AR indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that included a history cerebral vascular accident (CVA - blood flow interruption to the brain) and right dominant side hemiplegia (severe weakness or paralysis [no movement] to one side of the body).</p> <p>During a review of Resident 1's History and Physical Examination (HPE, a comprehensive physician's note regarding the assessment of the Patient's health status) signed by the attending physician on 10/14/2024, the HPE indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 3/4/2025, the MDS indicated the Resident 1's cognition (thought process) was moderately impaired.</p> <p>During a review of Resident 1's Inventory of Personal Effects dated 4/28/2025, the Inventory did not include Resident 1's car and car keys on the list of Resident 1's personal items brought to the facility. The Inventory also did not indicate Resident 1's signature.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2025 at 8:25 AM, the Interim Administrator (IADM) stated that on 5/13/2025 at around 4 PM, the facility Housekeeping Manager (HM) reported there was smoke coming out from inside a car parked at the facility's parking lot. The IADM stated that the HM grabbed a fire extinguisher and sprayed inside of the car. The IADM stated she observed white colored smoke coming from inside the car. The IADM stated that police officers came and assisted by breaking the windows of the car for ventilation. The IADM stated the Fire Department (FD) arrived and extinguished the smoke coming from the car. The IADM stated she did not observe anyone fleeing the parking lot when HM reported the smoke coming from the vehicle. The IADM stated the police had checked the car's license plate and she was informed that the car belonged to a resident residing at the facility (Resident 1). The IADM stated Resident 1's car was towed away by the police on 3/17/2025, because it was under arson (the act of willfully and deliberately setting fire) investigation. The IADM stated that no one had reported to her that there was an abandoned car parked in the facility parking lot. The IADM stated Resident 1 is currently not in the facility and was recently transferred to an acute hospital. The IADM stated she was not sure when Resident 1 would be readmitted back to the facility. The IADM stated the abandoned car posed a fire hazard risk and should have been towed off by facility staff if had been reported to facility management as abandoned by Resident 1.</p> <p>During the same interview and a concurrent record review of Resident 1's Inventory of Personal Effects dated 4/28/2025 on 5/15/2025 at 8:25 AM, the IADM stated that Resident 1's inventory list did not indicate that Resident 1's car was listed on the Inventory and the Inventory had not been signed by Resident 1. The IADM stated that by not following the facility's policy and procedure on having Resident 1 list all his personal belongings and sign the inventory of personal effects form, it was hard to accurately monitor the residents' belongings or to verify or keep track of Resident's 1 personal items brought to the facility.</p> <p>During an interview on 5/15/2025 at 8:52 AM with the HM, the HM stated that on 5/13/2025 at around 4 PM, he observed white smoke from a car parked at the south end of the facility's parking lot. The HM stated he immediately ran back inside the facility to have the front desk call 911 and informed the IADM. The HM stated he got a fire extinguisher from the facility and ran outside to put out the smoke. The HM stated the Fire Department arrived and put out the smoke. The HM stated the police department towed the car because it was under arson investigation.</p> <p>On 5/15/2025, at 10 AM, during a review of Resident 1's Skilled Nursing Facility to Hospital Transform Form dated 5/2/2025, the Form indicated Resident 1 personal belongings were not listed and Resident was transferred to the General Acute Care Hospital (GACH) for shortness of breath. The facility records indicated that as of 5/15/2025, Resident 1 had not been readmitted back from the GACH to the facility.</p> <p>During a phone interview on 5/15/2025 at 1 PM with Registered Nurse (RN) 1, RN 1 stated that he did not remember listing a car and car key for Resident 1 on the resident's Inventory of Personal Effects, but RN 1 signed the Inventory. RN 1 could not recall why Resident 1 did not sign the Inventory on 4/28/2025. RN 1 stated that he would have remembered if Resident 1 had a car to list on the Inventory list because the facility would have to hold on to the car keys and monitor the car in the facility parking lot for theft and vandalism, however RN 1 stated nobody had informed him about Resident 1's car/car keys.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 5/15/2025 at 1:40 PM with the family member (FM 1) of Resident 1, FM 1 stated that Resident 1 had told FM 1 that a friend of Resident 1 had parked the grey car at the facility back in Year 2021 and the same car used to be parked in front of the facility. FM 1 stated he remembered seeing Resident 1's grey car in the front of the facility in the parking spot assigned to the Director of Nursing, approximately two years ago, then the same car was moved at the back of the facility, a year and a half ago. FM 1 stated Resident 1's grey car had been vandalized when the car was moved at the back of the facility parking lot. FM 1 stated Resident 1's car tires were slashed and flattened; the driver's side window had been broken when he visited Resident 1 at the facility. FM 1 stated that he received a phone call from a Police Officer (PO 1) about how someone had started a fire in Resident 1's car on 5/13/2025. FM 1 stated PO 1 had mentioned that a facility staff member had witnessed an unidentified person fleeing from the parking lot on 5/13/2025 when the fire started. FM 1 stated PO 1 stated the police department is currently investigating the car fire for arson. FM 1 stated the car would be towed off from the facility to be examined and investigated. FM 1 stated no one in the facility had called him about Resident 1's car or to sign Resident 1's Inventory of Personal Effects.</p> <p>During a review of the facility's policy and procedure (P&P) titled Resident's Personal Property dated 8/25/2021, indicated the facility will protect the Resident right to retain his/her personal belongings and preserve the resident individuality and dignity. The P&P indicated residents will be encouraged to send valuables home; however, a personal property lock box/area may be made available, and items can be stored in a secured area of the Facility. The P&P indicated all items brought into the Facility will be listed on the Inventory of Personal Effects form and kept in the resident clinical chart. The P&P indicated any additional items brought to the facility after admission must be added to this list and obtain in the following signatures on the Inventory of Personal Effects: Resident or resident representative/date and Employee/date.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44429</p> <p>Based on observation and interview, the facility staff failed to provide a safe and comfortable environment for residents, when one of three sampled residents' (Resident 1) abandoned car was left unattended for an extended period (approximately two years) in a state of disrepair and neglect at the facility parking lot.</p> <p>As a result, Resident 1's abandoned car caught on fire on 5/13/2025 at 4 pm. The facility staff and the Fire Department responded immediately to extinguish the fire. This deficient practice placed 159 residents, facility staff and visitors at risk for injury from burns due to a fire hazard (anything, including actions, materials, or conditions, that can start or contribute to the spread of a fire).</p> <p>Findings:</p> <p>During an observation of the facility's parking lot on 5/15/2025 at 7:52 AM, the facility's private parking lot was observed with white/beige colored residue that covered the entire ground of the assigned parking spot of the facility's Business Office Manager (BOM) located at the south end of parking lot.</p> <p>During a review of Resident 1's Admission Record [AR], the AR indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that included a history cerebral vascular accident (CVA - blood flow interruption to the brain) and right dominant side hemiplegia (severe weakness or paralysis [no movement] to one side of the body).</p> <p>During a review of Resident 1's History and Physical Examination (HPE, a comprehensive physician's note regarding the assessment of the Patient's health status) signed by the attending physician on 10/14/2024, the HPE indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 3/4/2025, the MDS indicated the Resident 1's cognition (thought process) was moderately impaired.</p> <p>During a review of the facility's Maintenance Daily Rounds Log provided by the Maintenance Manager (MM) for dates 5/12/25, 5/13/25, 5/14/25, the log indicated the facility's MM checked the facility's Exterior/Grounds from unobstructed exits/walkways, functionality of the dumpster area, that included being free from trash and debris.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2025 at 8:25 AM with the Interim Administrator (IADM), the IADM stated that on 5/13/2025 at around 4 PM, Housekeeping Manager (HM) had gone outside the main entrance of the facility and reported to her to call 911 because there was smoke coming out from inside a car parked at the facility's parking lot. The IADM stated that the HM grabbed a fire extinguisher and sprayed inside of the car. The IADM stated she observed white colored smoke coming from inside the car. The IADM stated that police officers came and assisted by breaking the windows of the car for ventilation. The IADM stated the Fire Department (FD) arrived and extinguished the smoke coming from the car. The IADM stated she did not observe anyone fleeing the parking lot when HM reported the smoke coming from the vehicle. The IADM stated the police had checked the car's license plate and she was informed that the car belonged to a resident residing at the facility (Resident 1). The IADM stated Resident 1's car was towed away by the police on 3/17/2025, because it was under arson (the act of willfully and deliberately setting fire) investigation. The IADM stated that no one had reported to her that there was an abandoned car parked in the facility parking lot. The IADM stated Resident 1 is currently not in the facility and was recently transferred to an acute hospital. The IADM stated she was not sure when Resident 1 would be readmitted back to the facility. The IADM stated the abandoned car posed a fire hazard risk and should have been towed off by facility staff if had been reported to facility management as abandoned by Resident 1.</p> <p>During a review of Resident 1's Inventory of Personal Effects dated 4/28/2025, the Inventory did not include Resident 1's car and car keys on the list of Resident 1's personal items brought to the facility. The Inventory also did not indicate Resident 1's signature.</p> <p>During an interview on 5/15/2025 at 8:52 AM with the HM, the HM stated that on 5/13/2025 at around 4 PM, he observed white smoke from a car parked at the south end of the facility's parking lot. The HM stated he immediately ran back inside the facility to have the front desk call 911 and informed the IADM. The HM stated he got a fire extinguisher from the facility and ran outside to put out the smoke. The HM stated when he approached the car, he observed white smoke coming from a gray colored car. The HM stated he did not see fire inside the car but that there was a lot of smoke coming from the driver and passenger side of the car. The HM stated the FD arrived and put out the smoke. The HM stated the police department towed the car because it was under arson investigation. The HM stated he did not see anyone around the car when he observed the smoke prior to getting the fire extinguisher.</p> <p>During a concurrent interview and record review on 5/15/2025 at 9:45 AM with the MM, the Maintenance Daily Round for the month of May 2025 was reviewed. The MM stated that he marked on the maintenance daily rounds that the facility exterior grounds were free of trash and debris. The MM stated that he conducts daily rounds around the facility's private parking lot, around the facility premises and on the roof of the facility. The MM stated that he remembered an old grey car parked in the BOM's assigned spot, the car tires were flat and there was a lot of dust/trash in the car. The MM stated the car appeared abandoned. The MM stated he did not realize an abandoned car was considered trash and debris as indicated in the Maintenance Daily Round Log. The MM stated he did not remember reporting to administration and could not recall how long the abandoned car and who owned that car that had been parked at the facility parking lot. The MM stated he should have reported it because the abandoned car was a fire hazard, and it should have been towed off the facility property.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/2025, at 10 AM, during a review of Resident 1's Skilled Nursing Facility to Hospital Transform Form dated 5/2/2025, the Form indicated Resident 1 personal belongings were not listed and Resident was transferred to the General Acute Care Hospital (GACH) for shortness of breath. The facility records indicated that as of 5/15/2025, Resident 1 had not been readmitted back from the GACH to the facility.</p> <p>During an interview on 5/15/2025 at 10:10 AM with the Dietary Supervisor (DS), the DS stated that on 5/12/2025 at around 3:50 PM to 4 PM, the DS smelled smoke while inside the facility's kitchen and inspected the entire kitchen to make sure the smoke was not coming from the kitchen. The DS stated that he went outside the facility to the parking lot to see where the source of the smoke was coming from. The DS stated he saw smoke coming from a grey car parked out at the facility's private parking lot. The DS stated he had seen the same grey car abandoned and parked at the facility parking lot for about one to two years. The DS stated the driver side window of the car was smashed, all 4 tires flat, and the interior of the car were filled with trash. The DS stated he did not report to any facility staff/management that there was an abandoned car in the facility's parking lot. The DS stated the abandoned grey car should have been towed because the car had been vandalized (deliberately destroyed or damaged) and was a fire hazard having been parked at the facility parking lot for years now.</p> <p>During a phone interview on 5/15/2025 at 1:40 PM with the family member (FM 1) of Resident 1, FM 1 stated that Resident 1 had told FM 1 that a friend of Resident 1 had parked the grey car at the facility back in Year 2021 and the same car used to be parked in front of the facility. FM 1 stated he remembered seeing Resident 1's grey car in the front of the facility in the parking spot assigned to the Director of Nursing, approximately two years ago, then the same car was moved at the back of the facility, a year and a half ago. FM 1 stated Resident 1's grey car had been vandalized when the car was moved at the back of the facility parking lot. FM 1 stated Resident 1's car tires were slashed and flattened; the driver's side window had been broken when he visited Resident 1 at the facility. FM 1 stated that he received a phone call from a Police Officer (PO 1) about how someone had started a fire in Resident 1's car on 5/13/2025. FM 1 stated PO 1 had mentioned that a facility staff member had witnessed an unidentified person fleeing from the parking lot on 5/13/2025 when the fire started. FM 1 stated PO 1 stated the police department is currently investigating the car fire for arson. FM 1 stated the car would be towed off from the facility to be examined and investigated.</p> <p>During a phone interview on 5/15/2025 at 2:43 PM with the Social Worker (SW 1), SW 1 stated that there was an abandoned car in the BOM Parking spot. SW 1 stated the car was covered with dust, the driver side window was broken, the car had 4 flat tires and full of debris. SW 1 stated she assumed the facility management was aware that there was an abandoned car in the facility's parking lot, so SW 1 did not do anything about it. SW 1 stated that on 5/2/2025 when HM reported smoke coming the abandoned car she ran to her car because she parked close to the abandoned car. SW 1 stated that she did not see anyone running from the area or away from the parking lot because she was worried that her car would catch fire.</p> <p>(continued on next page)</p>		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During a phone interview on 5/19/2025 at 3:30PM with Police Officer (PO 1), PO 1 stated that when he arrived at the facility parking lot he observed smoke rising from a vehicle at the south end of the parking lot. PO 1 stated he observed to facility staff around the vehicle that had smoke engulfed inside the car. PO 1 stated that one of the staff had used fire extinguishers. PO 1 stated he approached the vehicle he did not observe any fire just a lot of white smoke. PO 1 stated he then broke the other windows to ventilate the car then the fire department (FD) arrived and used a fire hose to put out the remaining smoke in the car. PO 1 stated he then verified the vehicle licensed plate and the car was registered to Resident 1. PO 1 stated he spoke with the ADM, the ADM stated she observed a male suspect wearing a grey sweater with a hoodie covering his face fleeing the parking lot and running away from the facility. PO 1 stated the incident was deemed as arson per the FD and then the vehicle was towed to the police station for further investigation. PO 1 stated that the abandoned car was a fire hazard to the facility and should have been towed away immediately.</p> <p>During a review of the facility's policy and procedure titled Maintenance Service revised 12/2009, indicated Maintenance service shall be provided to all areas of the building, group and grounds. The policy indicated the Maintenance Department is responsible for always maintaining the building and grounds in a safe and operable manner. The policy indicated functions of maintenance personnel include but are not limited to maintaining the building in good repair and free from hazards and maintaining the grounds, sidewalks, parking lots, etc., in good order.</p>		