STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056487	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rio Hondo Subacute & Nursing Center	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure a pest-free environment for one of two resident rooms (Resident 3's room) sampled for pest infestation. Specifically, the facility failed to prevent and promptly address a fly infestation in Resident 3's room. This failure had the potential to compromise Resident 3's health, safety, and quality of life and posed a risk for infection.During a review of the facility's policy and procedure (P&P) title Pest Control dated May 2008, the P&P indicated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents and garbage and trash are not permitted to accumulate and are removed from the facility daily. During a review of Resident 3's admission Record, the record indicated Resident 3 was initially admitted to the facility on [DATE] with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs) and generalized muscle weakness. During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool) dated 9/25/2025, the MDS indicated Resident 3 was cognitively intact (able to think clearly, remember things, and make everyday decisions without help), had impairments in both of his legs, and uses a wheelchair. The MDS also indicated that Resident 3 was dependent on staff for sitting to lying, lying to sitting on the side of the bed, transferring from bed to chair/wheelchair and back, toileting, and bathing. During a review of Resident 3's Care Plan dated 10/8/2025, the Care Plan indicated Resident 3 was at risk for pest issues and environmental and infection concerns related to hoarding and excessive personal items. The care plan further indicated interventions for staff to explain the importance of deep cleaning his room, offer alternative storage, and encourage Resident 3 to avoid hoarding food at bedside. The care plan did not include pest control treatments in or around Resident 3's room. During a review of the facility's monthly pest control service report dated 11/25/2025 at 8:45 pm, the service report indicated the interior kitchen of the facility was treated using a liquid residual spray and no live insects were witnessed during the treatment. The report also indicated the exterior perimeter of the property was treated, including window frames, door frames, dumpster areas, and all cracks and crevices using a liquid residual pesticide. The report also indicated the service checked and rebaited the exterior stations for rodent control. The report further indicated the facility was treated monthly for general crawling insects and rodents, but not flying insects. During an observation on 12/1/2025 at 12:52 pm in Resident 3's room, Resident 3 was observed sitting in his wheelchair with a tray of half-eaten food on his bedside table in front of him. Multiple small, black-colored pests (a general term for insects that infests food products) were observed flying and crawling on Resident 3's food tray and around Resident 3's room. Multiple food containers and eating utensils with a foul-smelling odor, and a basin containing a urinal with a strong urine odor, were observed on top of Resident 3's bedside drawer next to the resident's bed. Multiple insects were observed crawling and flying around the bedside table landing on Resident 3's urinal and utensils. During an interview on 12/3/2025 at 1:05 pm with Resident 3, Resident 3 stated there had been flies in his room for a while and they don't go away. During an interview with Certified Nursing Assistant (CNA) 2 on 12/1/2025 at 1:17 pm, CNA 2 stated the facility's staff was aware that Resident 3 had flies in his room. CNA 2 further stated that she had informed the charge (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056487	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rio Hondo Subacute & Nursing Center	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse and supervisor multiple times about Resident 3's room having flies but was not sure if anything had been done about the flies. During an interview with the Director of Nursing (DON) on 12/1/2025 at 4:49 pm, the DON stated he was not aware that Resident 3 had flies in his room. The DON further stated that Resident 3 had a known hoarding behavior and preferred for his room to be cleaned in a particular way, however no other interventions aside from educating Resident 3 on cleanliness was completed to prevent pests in the room.