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	12/11/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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
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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observations, interview and record review the facility failed to implement the care plan of one of three sampled residents (Resident 3) to ensure placement of bolster pillows (a long firm and raised pillows placed on the edges of the bed) on the mattress while in bed to prevent the resident from recurrent fall. Resident 3 had a history of unwitnessed falls from bed on 8/17/2025 and 9/22/2025. As a result of this deficient practice Resident 3 had the potential for recurrent falls that could result in pain, major injuries and a decline in residents' wellbeing. Findings: During a review of the facility's P&P titled Fall Management, dated 5/26/2021, the facility's P&P indicated that residents who were determined to be at risk for falls will receive the appropriate interventions to reduce risk and minimize injury and the residents who experienced falls will receive the appropriate care and investigation of the case. During a review of the facility's P&P titled Care Plan Comprehensive, dated 8/25/2021, the facility's P&P indicated the facility will identify problem areas, their causes, and develop interventions that required careful data gathering, proper sequencing of events, and systematic clinical decision-making. During a review of Resident 3's admission Record (AR), the facility admitted Resident 3 on 1/30/2016 and readmitted Resident 3 on 9/9/2025 with diagnoses that included Parkinson's Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) without dyskinesia (uncontrolled, involuntary muscle movements ranging from shakes, tics and tremors to full-body movements) and contractures (a stiffening/shortening at any joint, that reduces the joint's range of motion) of the bilateral hands and ankles. During a review of Resident 3's Minimum Data Set (MDS, a resident assessment tool), dated 8/17/2025, the MDS indicated Resident 3 had cognitive (a person's mental process) skills for daily decision making were moderately impaired (decisions poor; cues/supervision required). The MDS indicated Resident 3's was dependent (the helper does all the effort) on staff for all activities of daily living (ADLs, activities such as bathing, dressing, and toileting a person performs daily) and was dependent on staff for functional mobility such as repositioning left and right in bed and transferring from bed to chair. During a review of Resident 3's Change of Condition (CoC) evaluation, dated 8/17/2025, at indicated on 8/17/2025 at around 4:10 PM Resident 3 was found face down on the floor mat next to her bed and complained of right wrist acute pain 9/10 (pain scale 0-no pain and 10-severe pain). During a review of Resident 3's INTERACT Transfer Form, dated 8/17/2025, indicated Resident 3 was transferred to the General Acute Care Hospital (GACH) 1 for the facility's inability to complete x-rays (images of the bone structures in the body) due to Resident 3's tremors (involuntary shaking or trembling movements in one or more parts of the body). During a review of Resident 3's Radiology Reports from GACH 1, dated 8/17/2025, the reports indicated there was no fracture (broken bone) or dislocation (displacement of bones in the joint) in Resident 3's right shoulder and right upper arm and no brain bleeding. During a review of Nursing Documentation Evaluation indicated on 8/29/2025 at 10:29 PM, Resident 3 readmitted to the facility from GACH alert and oriented without complain of pain, distress or discomfort. During a review of Resident 3's Nursing Documentation Evaluation document, dated 8/29/2025, the document indicated Resident 3 was at risk for fall due to a history of falls within the last 6 months, poor safety judgement, impaired balance, and unsteady gait. During a review of Resident 3's CoC evaluation, dated 9/22/2025, timed at 2:50PM, the CoC indicated Resident 3 reported she had fallen. The report indicated a CNA witnessed Resident 3 on the floor after an unwitnessed fall. The COC indicated Resident 3 had no complaints of pain after the fall, Xray was done and sustained no injury. During a review of Resident 3's care plan revised on 9/23/2025, the care plan indicated Resident 3 was at risk for falls and will have no falls injuries by the target date of 10/14/2025 and the interventions, revised included to place a floor mat on the left side of the bed, to ensure the bolster was attached to Resident 3's mattress to ensure Resident 3 was placed in the center of the bed when repositioning, and to monitor Resident 3's for non-stop movement of her upper body and intervene promptly. During a review of Resident 3's care plan, revised on 9/23/2025, the care plan indicated Resident 3 was at risk for recurrent fall because Resident 3 was found on the floor to the left side of the bed lying on her back on 9/22/2025. The care plan indicated Resident 3 had Parkinson Disease, intermittently and uncontrollable movement of her upper body, and episodes of scratching. The care plan's interventions included keeping a floor mat on the left side of the bed, moving the right side of the bed against the wall, and keeping the bed in the lowest position. During an interview on 10/2/2025 at 1:15 PM with Family Member (FM) 1, FM 1 stated Resident 3 had fallen off the bed in August and September of 2025. FM 1 stated, Resident 3 had Parkinson's disease and has bad tremors. During an observation on 10/2/2025 at 4:30 PM in Resident 3's room