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Form Approved OMB
No. 0938-0391

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 04/22/2026

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to ensure prompt efforts were made to resolve grievances verbalized by one of three sample residents (Resident 1) and keep resident appropriately appraised of progress towards resolution. In addition, the facility failed to issue a written grievance decision to the resident, in accordance with the facility's policy on Grievance/Concern. A complaint received on 4/17/2026 indicated Resident 1 had previously reported to the facility regarding resident's missing belongings from his car that included a speaker, stereo, some clothing, wires, and a few miscellaneous items. This deficient practice increased the risk for negative psychosocial impact on Resident 1's quality of life.Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility readmitted the resident on 12/9/2025 with diagnoses of quadriplegia (paralysis affecting all four limbs and the torso atherosclerosis of native arteries of other extremities (narrowing and hardening of blood vessels due to chronic, progressive buildup of plaque with ulceration open sores caused by tissue breakdown), and chronic pain syndrome (long-term pain persisting beyond 3-6 months. During a review of Resident 1's History and Physical (H&P) Examination dated 1/3/2026, the H&P documented that Resident 1 had the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, an assessment and screen tool) dated 4/1/2026, the MDS documented that Resident 1 had intact cognition (mental action or process of acquiring knowledge and understanding through thought, experience and the senses). During an interview conducted on 4/22/2026 at 10:45 AM, Resident 1 stated that he had spoken with several unidentified facility staff regarding his van and personal belongings, but his concerns regarding [whatever his concerns were], but facility staff did not address his concerns. Resident 1 indicated that he no longer wished to discuss the incident. Resident 1 added that he had spoken with the Ombudsman. The resident declined to continue the interview. During a review of the facility's grievance binder lacked any documented grievances for Resident 1 from 11/2025 through 04/2026. During an interview on 4/22/2026 at 11:42 AM, the Administrator (ADM) 1 stated Resident 1 had a van that was parked in the facility's parking lot. ADM 1 stated that the van was delivered to the facility on an unknown date. ADM 1 stated he did not follow up with Resident 1 regarding the residents' missing items. ADM 1 stated there was no documentation of any resolution. The ADM 1 stated nothing had been done to resolve the residents' grievance and the van was still in the facility's parking lot. During a concurrent observation of Resident 1's van and interview on 4/22/2026 at 11:58 AM, a van was observed with all windows closed, doors locked and no damage to the exterior of the vehicle. The inside of the van was observed, and the steering wheel was in place but damaged, with a few personal miscellaneous items inside. During an interview on 4/22/2026 at 12:05 PM, the Maintenance Supervisor (MS) stated that the van was delivered by an auto-insurance company. MS stated the delivery person left Resident 1's van in the middle of the facility parking lot. During an interview on 4/22/2026 at 12:18 PM, the Social Services Assistant (SSA) stated he spoke with Resident 1 about the van. SSA stated Resident 1 asked how did it (van) get there? SSA stated he told the resident I don't know. SSA stated that there was a lot of stuff. in R1's van, but could not recall what belongings were in the van. SSA stated he did not notice if the steering wheel inside Resident (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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1's van was broken. SSA stated he spoke to ADM 2 about what to do with Resident 1's van and she didn't give me an answer. SSA stated any facility staff can write down a grievance on behalf of a resident. SSA stated grievances are given to social services and then forwarded to whichever department it concerns. SSA stated Resident 1 did not file a grievance about the van. SSA stated a grievance was offered to Resident 1 regarding the van and personal belongings. SSA stated he could not recall if he documented any communication with Resident 1 regarding the van, personal belongings, or offering a grievance. SSA stated a grievance usually has 48-hour resolution. SSA stated it was offered to Resident 1 to tow the van and put it back in a parking spot. SSA stated I don't know if I documented it (communication with Resident 1) anywhere. During an interview on 4/22/2026 at 12:32 PM, ADM 1 stated the purpose of a grievance was to address if a resident has an issue with any services, staff or the facility. ADM 1 stated if there was a grievance in place, it would be found in the grievance binder and should be resolved within 72 hours. During an interview on 4/22/2026 at 12:41 PM, Social Services Director (SSD) stated the purpose of the grievance process was to help a resident if they have a concern, to address their concerns and find a resolution. A review of the facility's policy and procedure (P&P) titled Grievance/Concern dated 8/25/2021 indicated all residents and/or their representatives may voice grievances/concerns and recommendations for changes. The P&P indicated Center leadership will investigate, document, and follow up on all formal concerns and grievances registered by any resident or resident representative. The P&P indicated Social Services personnel will serve as Resident advocates in the grievance/concern process. The P&P indicated the Administrator will serve as the Grievance Officer who is responsible for overseeing the grievance process. The P&P indicated upon receipt of the grievance/concern, the Grievance/Concern Form will be initiated by the staff member receiving the concern and documented on the Grievance/Concern Log.