

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Baldwin Gardens Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  10786 Live Oak Avenue Temple City, CA 91780	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>48905</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled bathrooms (Bathroom Room [BR] 1) had a functioning call light.</p> <p>This failure had the potential to result in residents being unable to notify staff for assistance.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/17/2024 at 12:07 PM with Certified Nursing Assistant 1 (CNA 1) in BR 1, the call light button was observed to not stay on (pushed down) when pressed. CNA 1 stated the call light does not stay on and stated the risk of not having a working call light button was that the staff would not know if the resident would need help in the bathroom.</p> <p>During an interview on 12/17/2024 at 12:15 PM with the Maintenance Worker (MW), the MW stated the call light button was not staying in place when pushed down and stated if the call light does not work then the resident would not be able to call staff for assistance.</p> <p>During an interview on 12/18/2024 at 11:05 AM with the Director of Nursing (DON), the DON stated the call light button in the bathroom should stay on (down) when pushed. The DON stated if the call light was not working in BR 1 staff would not know if residents would need assistance.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Answering the Call Light, revised 10/2010, the P&amp;P indicated staff to report defective call lights to the nurse supervisor promptly.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 555055	If continuation sheet Page 1 of 1