STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555088	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fidelity Health Care	11210 Lower Azusa Rd. El Monte, CA 91731

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents' (Resident 4's) environment was safe, clean, comfortable and homelike when there was clutter around Resident 4's bed which blocked the way to the resident's bed.This deficient practice placed Resident 4 at risk for falls and injuries from excessive clutter surrounding Resident 4's bed and had the potential for Resident 4 receiving delayed emergency care while in bed.During a review of Resident 4's admission Record (AR), the AR indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of both hips and the right knee, type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), weakness, and other lack of coordination (balance or motor control issues).During a review of Resident 4's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 7/18/2025, the H&P indicated, Resident 4 was self-responsible and had the capacity to understand and make decisions.During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 5/18/2026, the MDS indicated Resident 4 had intact cognition (mental process of thinking and understanding which affects the ability to make daily decisions). The MDS indicated Resident 4 required partial/moderate assistance (helper lifts, holds, supports trunk or limbs, but provides less than half the effort to complete the activity) with oral hygiene, toileting hygiene, lower body dressing, putting on/taking off footwear, personal hygiene, and transfers. The MDS indicated Resident 4 required substantial/maximal assistance (helper provides more than half the effort to complete the activity) with showering/bathing self.During a review of Resident 4's Care Plan (CP) titled, Non-compliance, dated 7/18/2025, the CP indicated Resident 4 was non-complaint with safety measures as evidenced by Resident 4 having many personal items around Resident 4's bed. The CP interventions included involving the resident and significant others in care to gain resident's cooperation, discussing with resident and significant others the risk and consequences of non-compliance, and offering any alternative of care and or treatment that is not in conflict with the resident's plan of care.During a review of Resident 4's Interdisciplinary Team Conference Record (ITCR), dated 5/8/2026, the ITCR indicated the meeting was conducted due to Resident 4's refusal for staff (in general) to touch and clean up Resident 4's belongings. The ITCR indicated, Social Services Director (SSD) and the housekeeping supervisor went to Resident 4's room and asked Resident 4 if housekeeping could clean Resident 4's room and also remove items that the resident no longer needed but Resident 4 said, No, don't touch my belongings even after the SSD explained the risks and benefits of cleaning Resident 4's room. The SSD explained to Resident 4 in case of an emergency paramedics would not be able to move freely in Resident 4's room due to the clutter around Resident 4's bed but Resident 4 continued to refuse staff (in general) to clean up items around the bed. Resident 4's Family Member (FM) 1 was aware that Resident 4 kept a lot of personal items around the bed.During an observation on 6/29/2026 at 3:12 p.m. in Resident 4's room, there was clutter surrounding Resident 4's bed. The multiple items around the bed and adjacent to the bed included:1. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On the right side of the bed on the floor was a tissue box, broken light lamp, small, beige waste can, paper/mail under the bed;2. Against the right side of the wall, pathway to bed partially blocked;3. [NAME] 4-plug extension cord underneath right side of bed with multiple cords plugged into it and papers/mail nearby;4. On the left side of the bed: bedside table with multiple food items stacked on top of the table; perishable items: milk, food sauces, Miracle Whip plastic jar. sliced lemon in small plastic container.During a concurrent observation and interview with Certified Nursing Assistant 4 (CNA 4) on 6/29/26 at 3:30 p.m. inside Resident 4's room, CNA 4 stated Resident 4's side of the room has always been cluttered because Resident 4 did not want anyone to touch Resident 4's personal items. CNA 4 stated it was very difficult to get past all the stuff on the floor to get to the right side of Resident 4's bed. CNA 4 stated all the items on the floor were a tripping hazard and unsafe for staff (in general) and Resident 4. CNA 4 stated if there were an emergency and staff and or paramedics had to come to provide help to Resident 4, then there would be a delay in giving care because all the stuff around Resident 4's bed would have to be moved out of the way first.During a concurrent observation and interview with Resident 4 on 6/29/26 at 4:30 p.m., Resident 4 stated Resident 4 asked the facility staff to help Resident 4 clean up Resident 4's room because Resident 4 had trouble standing up for long periods of time. Resident 4 stated, Staff said they would (help), but they never came to help me.During a review of the facility's current Policy & Procedure (P&P) titled, Homelike Environment Policy, revised April 2018, the P&P indicated, Policy: The purpose of this policy is to establish guidelines for maintaining a homelike environment within the nursing home to promote residents' comfort, dignity, and overall well-being. The P&P further indicated, Policy Statement: The nursing home is committed to fostering a homelike atmosphere by ensuring: A welcoming, clean, and aesthetically pleasing environment. Physical Environment Enhancements: The facility will maintain clean, well-lit, and temperature-controlled common areas.During a review of the facility's current Policy & Procedure (P&P) titled, Maintenance Policy, reviewed April 2016, the P&P indicated, Purpose: To ensure the nursing home environment is safe, clean, functional, and well-maintained in accordance with health, safety, and regulatory standards. This policy outlines procedures for preventative, routine, and emergency maintenance. Scope: This policy applies to all physical structures, systems, equipment, and grounds of the facility, and it is relevant to all staff, contractors, and maintenance personnel. The P&P further indicated, Objectives: Maintain a safe and comfortable environment for residents, staff, and visitors. Prevent breakdowns and hazardous conditions through regular inspections and preventative maintenance. Ensure timely response to repair and maintenance requests. Comply with local, state, and federal building codes and healthcare regulations.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary resident room and bathroom for three of four sampled residents (Resident 2, Resident 3, and Resident 4) who shared a room and a bathroom.This deficient practice had the potential for Resident 2, Resident 3 and Resident 4 to be exposed to dirt, mold, and drywall dust, which can cause health and breathing problems.a. During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was initially admitted to the facility on [DATE] and then readmitted on [DATE] with diagnoses that included chronic pulmonary embolism (occurs when blood clots in the lungs do not dissolve, turn into scar tissue, and restrict blood flow to the lungs), and dementia (a progressive state of decline in mental abilities).During a review of Resident 2's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 11/24/2025, the H&P indicated Resident 2 did not have the capacity to understand and make medical decisions.During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 6/25/2026, the MDS indicated Resident 2 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort to complete the activity) with most activities of daily living (ADLs-activities such as bathing, dressing and toileting a person performs daily).b. During a review of Resident 3's (AR), the AR indicated Resident 3 was initially admitted to the facility on [DATE] and then readmitted on [DATE] with diagnoses that included gastro-esophageal reflux disease without esophagitis (a chronic digestive condition where stomach acid repeatedly flows back into the esophagus) and dementia. During a review of Resident 3's H&P, dated 1/31/2026, the H&P indicated Resident 3 was able to make needs known, but could not make medical decisions.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had severely impaired cognition for daily decision making. The MDS indicated Resident 3 required substantial/maximal assistance with most ADLs.c. During a review of Resident 4's (AR), the AR indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of both hips and the right knee, type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), weakness, and other lack of coordination (balance or motor control issues).During a review of Resident 4's H&P, dated 7/18/2025, the H&P indicated Resident 4 was self-responsible and had the capacity to understand and make decisions.During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 5/18/2026, the MDS indicated Resident 4 had intact cognition (mental process of thinking and understanding which affects the ability to make daily decisions). The MDS indicated Resident 4 required partial/moderate assistance (helper lifts, holds, supports trunk or limbs, but provides less than half the effort to complete the activity) with oral hygiene, toileting hygiene, lower body dressing, putting on/taking off footwear, personal hygiene, and transfers. The MDS indicated Resident 4 required substantial/maximal assistance (helper provides more than half the effort to complete the activity) with showering/bathing self.During an observation on 6/29/26 at 3:12 pm inside the residents' room and bathroom, the following were observed:1. There were dark colored splattered marks on the ceiling at the head of Resident 3's bed;2. There were 2 large, circular, unpainted drywall spots on the adjacent (next to or adjoining) wall to Resident 3's bed;3. Behind the headboard of Resident 3's bed was a wood board with scraped, dented and unpainted areas;4. In the corner of the room, before the bathroom door, on the ceiling were multiple dark splattered marks covering a span of 2 feet by 3 feet and the adjacent wall near the ceiling also had the same dark color splattered markings.5. Bathroom: Unplastered wall areas, unknown dark substance splattered on inside bathroom door, 1-inch by 4-inch rectangular hole on bathroom door, and door frame were (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	chipped, dented, and dirty.6. Bathroom: On the floor at the bottom of the toilet, the caulking had scattered areas of dark black substance that looked like mold.During a concurrent observation and interview with Housekeeper 1 (HK 1) on 6/29/2026 at 3:20 p.m. inside Resident 2's, Resident 3's, and Resident 4's bathroom, HK 1 stated the bathroom needed repairs and did not have a good appearance for the residents that used the bathroom.During a concurrent observation and interview with Certified Nursing Assistant 4 (CNA 4) on 6/29/26 at 3:30 p.m. inside Resident 2's, Resident 3's, and Resident 4's bathroom, CNA 4 stated the bathroom was dirty, and housekeeping and maintenance were responsible for maintaining the bathroom in good condition. CNA 4 stated housekeeping or maintenance were notified for cleaning or repairs. CNA 4 stated there is no maintenance logbook; CNA 4 informed CNA 4's supervisor about the condition of the bathroom as needed. CNA 4 stated CNA 4 had not reported anything about the bathroom.During a concurrent observation and interview with Registered Nurse Supervisor 2 (RN 2) on 6/29/26 at 3:50 p.m. inside Resident 2's, Resident 3's, and Resident 4's bathroom, RN 2 stated the bathroom was not clean and posed a health risk to the residents who used it.During a concurrent observation and interview with Resident 4 on 6/29/26 at 4:30 p.m., Resident 4 stated, I've been at the facility for seven years, the room has always been the same, never painted. The facility started painting in the front of the building and painted the hallways near my room, but they have not painted in my room at all. They make everything look nice outside except the residents' rooms. The bathroom is disgusting and I don't like to use it if I don't have to. Resident 4 stated, The spots on the ceiling in the corner of the (my) room were from when a resident threw coffee from a cup onto the ceiling some time ago, but it hasn't been cleaned.During a review of the facility's current Policy & Procedure (P&P) titled, Maintenance Policy, reviewed April 2016, the P&P indicated, Purpose: To ensure the nursing home environment is safe, clean, functional, and well-maintained in accordance with health, safety, and regulatory standards. This policy outlines procedures for preventative, routine, and emergency maintenance. Scope: This policy applies to all physical structures, systems, equipment, and grounds of the facility, and it is relevant to all staff, contractors, and maintenance personnel. The P&P further indicated, Objectives: Maintain a safe and comfortable environment for residents, staff, and visitors. Prevent breakdowns and hazardous conditions through regular inspections and preventative maintenance. Ensure timely response to repair and maintenance requests. Comply with local, state, and federal building codes and healthcare regulations.