

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Santa Fe Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 5053 Peck Rd. El Monte, CA 91732	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse for one of three sampled residents (Resident 1) to the California Department of Public Health (the Department), the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) and to the local law enforcement, within two hours, in accordance with the facility's policy and procedure (P&P), titled Abuse Prevention and Prohibition Program, revised 11/28/2022. This failure resulted in a delay in notification to the Department, the Ombudsman, and local law enforcement, and had the potential for Resident 1 to be subjected to abuse while at the facility. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 4/2/2026 with diagnoses which included schizophrenia (a mental illness that is characterized by disturbances in thought), impulse disorder (a repeated failure to resist urges, behaviors, or temptations that cause harm to oneself or others), and hypertension (high blood pressure). During a review of Resident 1's History and Physical (H&P), dated 3/12/2026, the H&P indicated Resident 1 did not have the capacity to understand and make decisions due to schizophrenia. During an interview on 4/7/2026 at 10:32 AM with Certified Nursing Assistant (CNA) 2, CNA 2 stated CNA 2 was assigned to provide care to Resident 1 on 4/4/2026. CNA 2 stated at around 1 pm on 4/4/2026, Resident 1 yelled rape, rape, when CNA 2 walked into Resident 1's room. CNA 2 stated CNA 2 did not report Resident 1's allegation of abuse until around 2:45 PM when CNA 2 told LVN 2 about Resident 1's allegation of abuse against CNA 2. During an interview on 4/7/2026 at 10:51 AM with LVN 2, LVN 2 stated CNA 1 reported to LVN 2 on 4/4/2025 at 3 PM that Resident 1 alleged CNA 2 raped and touched Resident 1. LVN 2 stated LVN 2 did not report the allegation of abuse to the Administrator (ADM). LVN 2 stated LVN 2 reported the allegation of abuse to the DON at 5 PM. LVN 2 stated LVN 2 should have reported right away to the DON. During a concurrent interview and record review on 4/7/2026 at 12:30 PM with the Director of Nursing (DON), Resident 1's COC (Change of Condition)/Interact Assessment Form (SBAR-situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 4/4/2026, was reviewed. The SBAR indicated, on 4/4/2026, Resident 1 made an allegation of physical and sexual abuse by staff (unidentified). The SBAR indicated the RN supervisor (unidentified) reported Resident 1's allegation of abuse to the local law enforcement at 8:30 PM. The SBAR indicated the administrator (ADM) reported Resident 1's allegation of abuse to the Ombudsman at 8:24 PM, and to the Department at 8:25 PM. The DON confirmed the times Resident 1's allegation of abuse was reported to the Department, the Ombudsman, and local law enforcement, was greater than 2 hours. The DON stated the allegation of abuse was not reported to the Department, the Ombudsman, and to the local law enforcement in accordance with the P&P. During a review of the facility's P&P titled, Abuse Prevention and Prohibition Program, revised 11/28/2022, the P&P indicated, The Facility will report allegations of abuse. Immediately, but no later than two hours after forming the suspicion - if the alleged violation involved abuse. to the state survey agency, adult protective services, law enforcement, and the Ombudsman.</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
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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on interview and record review, the facility failed ensure three of six sampled staff (Certified Nursing Assistant [CNA] 1, CNA 2, and Licensed Vocational Nurse [LVN] 1) understood the facility's Policies and Procedures (P&P) on abuse reporting when:1. CNA 1, CNA 2, and LVN 1 did not know who the facility's Abuse Coordinator (a designated staff member responsible for managing and addressing issues related to abuse or neglect within the facility) was.2. CNA 1, CNA 2, and LVN 1 did not know that allegations of abuse must be reported to the California Department of Public Health (the Department), the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), and to the local law enforcement within 2 hours.This failure had the potential for residents (in general) to be subjected to abuse while residing at the facility.During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 4/2/2026 with diagnoses which included schizophrenia (a mental illness that is characterized by disturbances in thought), impulse disorder (a repeated failure to resist urges, behaviors, or temptations that cause harm to oneself or others), and hypertension (high blood pressure).During a review of Resident 1's History and Physical (H&P), dated 3/12/2026, the H&P indicated Resident 1 did not have the capacity to understand and make decisions due to schizophrenia.During an interview on 4/7/2026 at10:10 AM with CNA 1, CNA 1 stated CNA 1 did not know who the facility's Abuse Coordinator was. CNA 1 stated CNA 1 did not know what agencies (Department, law enforcement, and the Ombudsman) allegations of resident abuse needed to be reported to.During an interview on 4/7/2026 at10:20 AM with LVN 1, LVN 1 stated LVN 1 did not know who the facility's Abuse Coordinator was. LVN 1 stated LVN 1 did not know allegations of resident abuse needed to be reported to the Department and to the local law enforcement.During an interview on 4/7/2026 at 10:32 AM with CNA 2, CNA 2 did not know who the facility's Abuse Coordinator was. CNA 2 stated CNA 2 did not know what agencies allegations of resident abuse needed to be reported to.During an interview on 4/7/2026 at 11:52 AM with the Director of Staff Development (DSD), the DSD stated the facility's Abuse Coordinator is the Administrator (ADM). The DSD stated facility staff (in general) should report all allegations of abuse to the ADM. The DSD stated all facility staff (in general) are expected to know who the facility's Abuse Coordinator is. The DSD stated all facility staff (in general) are expected to know what agencies allegations of resident abuse must be reported to within 2 hours.During a review of the facility's policy and procedure (P&P) titled, Abuse Prevention and Prohibition Program, revised 11/28/2022, the P&P indicated, The P&P indicated: .Administrator, or his/her designee, as Abuse Coordinatori. To facilitate reporting, ensure confidentiality, and promote order at the Facility, the Administrator, or his/her designee, of the Facility shall be the individual who reports known or suspected instances of abuse of residents at the Facility to the proper authorities.ii. Facility Staff will report known or suspected instances of abuse to the Administrator, or his/her designee.iii. Facility Staff members shall be notified that the Administrator, or his/her designee, has this responsibility, and that inquiries concerning resident abuse and reporting requirements should be referred to the Administrator, or his/her designee.The P&P indicated, The Facility will report allegations of abuse.Immediately, but no later than two hours after forming the suspicion - if the alleged violation involved abuse. to the state survey agency, adult protective services, law enforcement, and the Ombudsman.</p>		