

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/02/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>El Encanto Healthcare Center                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>555 South El Encanto Road<br>City of Industry, CA 91745 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                 |
| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow its Policy and Procedure (P&amp;P) titled Advance Directives (AD, a written instruction, recognized under State law relating to the provision of health care when the individual was incapacitated [lacking the ability to meet essential requirements for physical health, safety, or self-care]), for four of six sampled residents (Residents 13, 39, 58, and 63) when: a. Resident 13's AD Acknowledgement Form (ADAF, part of an advance directive, a legal document that allowed a person to specify their medical care wishes and who should make decisions for them if they could not) was not completed.b. Resident 58's ADAF was not completed.c. Resident 39's AD was not in Resident 39's chart.d. Resident 63's ADAF and Physician/Provider Orders for Life-Sustaining Treatment (POLST, a medical form that stated what treatments a person wanted or did not want at the end of life) were not in Resident 63's chart. These failures had the potential for facility staff to provide medical treatment and services against the will of Residents 13, 39, 58, and 63.</p> <p>Findings:</p> <p>a. During a review of Resident 13's admission Record (AR), the AR indicated the facility admitted Resident 13 on 10/1/2025 with diagnoses including type 2 diabetes mellitus (DM, a disease in which the body's ability to produce or respond to the hormone insulin was impaired, resulting in elevated levels of glucose/sugar in the blood and urine), hypertension (HTN, high blood pressure), and generalized muscle weakness.</p> <p>During a review of Resident 13's History and Physical (H&amp;P), dated 10/3/2025, the H&amp;P indicated Resident 13 was alert (awake, responsive, and aware of their environment) and conversant (could speak, understand language, and engage in meaningful, logical dialogue).</p> <p>During a review of Resident 13's Minimum Data Set (MDS, a resident assessment tool) dated 4/10/2026, the MDS indicated Resident 13 had intact cognition (the ability to think and process information) for daily decision making. The MDS indicated Resident 13 required setup assistance from staff for eating, oral hygiene, and personal hygiene. The MDS indicated Resident 13 required moderate assistance (helper did less than half the effort) from staff for toileting hygiene, showering/ bathing, and bed-to-chair transferring.</p> <p>During an interview and concurrent record review on 7/1/2026 at 2:54 pm with Social Services (continued on next page)</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 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Assistant (SSA), Resident 13's ADAF dated 10/6/2025 was reviewed, SSA stated Resident 13's ADAF was not fully completed. SSA stated Resident 13's ADAF was missing the facility representative's signature and date. The SSA stated the ADAF should be completed when the facility representative met with Resident 13. SSA stated SSA was unsure if Resident 13's incomplete ADAF was valid or not.</p> <p>b. During a review of Resident 58's AR, the AR indicated the facility admitted Resident 58 on 6/26/2026 with diagnoses including difficulty in walking, low back pain, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 58's History and Physical (H&amp;P), dated 6/27/2026, the H&amp;P indicated Resident 58 did not have the capacity to understand and make decisions due to dementia.</p> <p>During an interview and concurrent record review on 7/1/2026 at 2:24 pm with SSA, Resident 58's ADAF dated 6/30/2026 was reviewed, Resident 58's ADAF did not indicate whom the facility discussed the AD policy with. Resident 58's ADAF did not indicate if Resident 58 had completed a POLST. Resident 58's ADAF did not indicate if Resident 58 / Resident 58's family understood that they had the right to formulate an AD and accept or refuse medical or surgical treatment. Resident 58's ADAF did not indicate if Resident 58 / Resident 58's family desired to initiate an AD or POLST at this time or not. The SSA stated Resident 58's ADAF did not indicate if Resident 58 had any AD. The SSA stated staff would not know if Resident 58 had an AD since Resident 58's ADAF was not completed.</p> <p>During an interview on 7/2/2026 at 10:43 am with the facility's Assistant Director of Nursing (ADON), the ADON stated it was important to keep the completed ADAF in resident's chart, so that staff knew what to do in case of an emergency.</p> <p>During a review of Resident 58's MDS dated [DATE], the MDS indicated Resident 58 had moderately impaired cognition for daily decision making. The MDS indicated Resident 58 required setup assistance from staff for eating and oral hygiene. The MDS indicated Resident 58 required moderate assistance from staff for personal hygiene. The MDS indicated Resident 58 required maximal assistance (helper did more than half the effort) from staff with bed-to-chair transferring. The MDS indicated Resident 58 was dependent (helper did all the effort) on staff for toileting hygiene.</p> <p>During a review of the facility's undated P&amp;P titled, Advance Directive, the P&amp;P indicated the facility should record the resident's wishes in the medical record and to follow those wishes to the extent practicable and allowable under state law. The P&amp;P indicated that upon admission, the facility should present to all residents and their representatives with written information about their rights to accept or refuse medical or surgical treatment and their right to formulate an advance directive (if the resident has capacity to do so). The P&amp;P further indicated that the information could be found in the resident rights portion of the admission packet and in the Preferred Intensity of Care and Advance Directive Acknowledgement forms.</p> <p>c. During a review of Resident 39's AR, the AR indicated the facility admitted Resident 39 on 12/15/2023 with diagnoses including history of falling, anxiety disorder (group of mental disorders (continued on next page)</p> |                                                                                                      |                                                 |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>characterized by feelings of anxiety [an unpleasant state of inner turmoil] and fear) and muscle weakness.</p> <p>During a review of Resident 39's MDS dated [DATE], the MDS indicated Resident 39 had moderately impaired cognition for daily decision making. The MDS indicated Resident 39 was dependent (helper does all the effort) on staff for toileting, showering, lower body dressing and personal hygiene.</p> <p>During a concurrent interview on 6/30/2026 at 3:02 pm and record review of Resident 39's POLST with the SSA, Resident 39's POLST indicated Resident 39 executed an AD dated 1/10/2023 that was available and reviewed by the facility. The SSA stated Resident 39's AD was not in the chart and should have been in Resident 39's chart, accessible to staff at all times in case of an emergency. The SSA stated the purpose of the AD was to give instructions to staff about Resident 39's wishes and wants regarding medical management, in case of an emergency.</p> <p>During a review of the undated P&amp;P titled, Advance Directive, the P&amp;P indicated It is the policy of this facility to promote a resident's right to accept or refuse medical or surgical treatment, and the right to formulate and advance directive. Further, the facility's policy is to record the residents' wishes in the medical record and to follow those wishes to the extent practicable and allowable under state law. Upon admission, all residents and their representatives are presented with written information about their rights to accept or refuse medical or surgical treatment and their right to formulate an advanced directive (if the resident has capacity to do so). This information is found in the resident rights portion of the admission packet and in the Preferred Intensity of Care and Advance Directive Acknowledgement forms.</p> <p>d. During a review of Resident 63's AR, the AR indicated the facility admitted Resident 63 on 6/24/2026 with diagnoses including fracture (partial or complete break in the continuity of a bone) of the neck of the left femur (thigh bone), end stage renal disease (ESRD, irreversible kidney failure) and hypertension (HTN, high blood pressure).</p> <p>During a concurrent interview and record review on 6/30/2026 with Licensed Vocational Nurse 2 (LVN 2), Resident 63's chart was reviewed. LVN 2 stated there was no copy of Resident 63's POLST and AD acknowledgement form in Resident 63's chart. LVN 2 stated Resident 63 was admitted to the facility on [DATE] and had been in the facility for six (6) days. LVN 2 stated the POLST and AD acknowledgement form should be filled out upon admission and placed in Resident 63's chart for staff to identify Resident 63's wishes and preferences regarding medical care in the facility and during an emergency.</p> <p>During an interview on 7/2/2026 at 10:46 am with the Assistant Director of Nursing (ADON), the ADON stated a copy of the POLST and AD acknowledgement form should be in the resident's chart upon admission or within forty-eight (48) hours of admission and accessible to staff to address and identify the resident's end-of-life wishes and preferences.</p> <p>During a review of the facility's undated P&amp;P titled, Advance Directive, the P&amp;P indicated, Upon admission, all residents and their representatives are presented with written information about their rights to accept or refuse medical or surgical treatment and their right to formulate an advance (continued on next page)</p> |                                                                                                      |                                                 |

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| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | directive (if the resident has capacity to do so). This information is found in the resident rights portion of the admission packet and in the preferred intensity of care and advance directive acknowledgment forms. The POLST works in concert with and does not replace the advance directive. |                                                                                                      |                                                 |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure non-English speaking (refers to an individual who cannot speak or understand or have difficulty speaking or understanding the English language) residents were provided with a communication board/device in a language that the resident understood for two of two sampled residents (Residents 5 and 41). These failures had the potential to affect Residents 5 and 41's communication with staff resulting in a delay in the provision of care, treatment and services to Residents 5 and 41.</p> <p>Findings:</p> <p>a. During a review of Resident 5's admission Record (AR), the AR indicated the facility admitted Resident 5 on 1/30/2025 with diagnoses including diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 5's Minimum Data Set (MDS, a resident assessment tool) dated 5/28/2026, the MDS indicated Resident 5's preferred language was Mandarin. The MDS indicated Resident 5 needed or wanted an interpreter to communicate with a doctor or healthcare staff. The MDS indicated Resident 5 had severely impaired cognition (ability to understand and process information). The MDS indicated Resident 5 required supervision or touching assistance (helper did provide verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with oral hygiene and partial/moderate assistance (helper did less than half the effort) with toileting and upper body dressing.</p> <p>During a concurrent observation inside Resident 5's room and interview on 6/30/2026 at 10:13 am with Certified Nurse Assistant 2 (CNA 2), Resident 5 was lying in bed and smiled when greeted. CNA 2 stated Resident 5 did not speak nor understand the English language. CNA 2 stated Resident 5 did not have a communication board or book with pictures and descriptions of Resident 5's spoken language (Mandarin) in the room. CNA 2 stated Resident 5 should have a communication board/book in the room to communicate basic needs to help staff better understand and meet Resident 5's needs.</p> <p>During an interview on 7/2/2026 at 10:46 am with the Assistant Director of Nursing (ADON), the ADON stated all non-verbal, but alert and oriented residents and non-English speaking residents should have a communication board/book at bedside to be able to communicate their needs and for staff to be able to address the residents' needs appropriately.</p> <p>During a review of the facility's undated Policy and Procedure (P&amp;P) titled, Communication Boards, the P&amp;P indicated the facility will ensure nonverbal and non-native speaking residents always have communication boards available at bedside to use in their communication with staff and for the staff to use to communicate with residents.</p> <p>b. During a review of Resident 41's AR, the AR indicated the facility admitted Resident 41 on (continued on next page)</p> |                                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/02/2026 |
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| <p>F 0676</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>8/26/2025 with diagnoses including heart failure (condition when the heart is unable to pump sufficiently to maintain blood flow to meet the body's needs) and unspecified dementia (long term and often gradual decrease in the ability to think and remember severe enough to affect a person's daily functioning).</p> <p>During a review of Resident 41's Visit Note (VN) dated 8/26/2025, the VN indicated Resident 41 was Cantonese speaking only and Resident 41's son assisted with translating.</p> <p>During a review of Resident 41's untitled Care Plan (CP) dated 8/27/2025, the CP indicated Resident 41 had impaired cognition and communication as evidenced by short/long term memory problem, impaired decision making, problem understanding others and making self understood, related to aging process. The CP intervention indicated nursing staff to provide communication board to Resident 41 as needed to facilitate understanding.</p> <p>During a review of Resident 41's MDS dated [DATE], the MDS indicated Resident 41's preferred language was Cantonese language. The MDS indicated Resident 41 was dependent (helper does all of the effort) from staff for eating, oral hygiene, toileting, showering, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During an observation on 6/30/2026 at 9:52 am inside Resident 41's room, Resident 41 was talking to Resident Relative 1 (RR 1) in Resident 41's own language.</p> <p>During a concurrent observation and interview on 6/30/2026 at 10:03 am, together with the Assistant Director of Nursing (ADON) inside Resident 41's room, Resident 41 was awake lying in bed, talking using Resident 41's own dialect directly to RR 1 at bedside. There was no communication tool at Resident 41's bedside. The ADON stated the ADON could not understand what Resident 41 stated. The ADON stated there was no communication tool at Resident 41's bedside. The ADON stated a communication tool should be accessible to Resident 41 and staff to use to communicate to Resident 41 to be able to meet Resident 41's needs.</p> <p>During a concurrent observation and interview on 6/30/2026 at 12:50 pm with Certified Nurse Assistant 1 (CNA 1), Resident 41 was speaking in Resident 41's primary language. CNA 1 stated Resident 41 spoke Cantonese language while CNA 1 spoke Mandarin. CNA 1 stated a communication tool should be accessible at Resident 41's bedside to facilitate language translation.</p> <p>During an interview on 7/1/2026 at 8:22 am with the ADON, the ADON stated the ADON used the ADON's personal mobile phone to access a translation when no staff member was available to provide language interpretation. The ADON stated there was no communication tool nor language interpretation hotline available and staff had to contact Resident 41's family members to provide language interpretation.</p> <p>During a concurrent interview on 7/2/2026 at 9:17 am with the MDS Coordinator (MDSC) and record review of Resident 41's MDS dated [DATE], the MDSC stated Resident 41 spoke Cantonese. The MDSC stated Resident 41 required an interpreter to translate information into Cantonese to facilitate Resident 41's understanding.<br/>(continued on next page)</p> |                                                                                                      |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0676<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | During a record review of the facility's undated P&P titled, Communication Boards, the P&P indicated it is the facility's policy to accommodate residents who are nonverbal or who speak a language other than English by providing the said residents with communication boards. Social Service will determine during the initial assessment if a resident requires the need for a communication board. If required, a communication board will be provided in the language of the non-native speaking resident. When it is determined during the social service assessment that resident can communicate by means other than verbal skills the resident will be provided with a communication board. |                                                                                                      |                                                 |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to implement its Policy and Procedure (P&amp;P) on the use of bed rails/siderails (adjustable metal or rigid plastic bars attached to the bed) for three of three sampled residents (Residents 39, 59 and 62) by failing to: a. Follow the Physician Order (PO) to apply bilateral (both sides) 1/2 side rails at head of bed (HOB) for Resident 39. b. Obtain a PO and an informed consent on the use of bedside rails before its application for Resident 59. c. Ensure Resident 62's informed consent for the use of bilateral one-half (1/2) side rails indicated the name of the person giving the consent and the name of the staff verifying the consent. These failures placed Residents 39, 59 and 62 at risk of entrapment (a resident's body or body part becomes caught, trapped or wedged in or around the bedrails, mattress or bedframe) and serious injury from the use of side rails.</p> <p>Findings:</p> <p>a. During a review of Resident 39's admission Record (AR), the AR indicated the facility admitted Resident 39 on 12/15/2023 with diagnoses including history of falling, anxiety disorder (group of mental disorders characterized by feelings of anxiety [an unpleasant state of inner turmoil] and fear) and muscle weakness.</p> <p>During a review of Resident 39's Order Summary Report (OSR) dated 12/15/2023, the OSR indicated an order for staff to apply 1/2 side rails at head of bed (HOB) for mobility and improve function for generalized weakness.</p> <p>During a review of Resident 39's untitled Care Plan (CP) dated 12/18/2023, the CP indicated Resident 39 was on side rail management to assist with mobility and transfer. The CP indicated Resident 39 was at risk for possible entrapment due to use of side rails. The CP intervention indicated for nursing staff to check the resident's side rails periodically for safety/security.</p> <p>During a review of Resident 39's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 5/3/2026, the MDS indicated Resident 39 had moderately impaired cognition (ability to think) for daily decision making. The MDS indicated Resident 39 was dependent (helper does all of the effort) from staff for toileting, showering, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated Resident 39 required maximum assistance (helper does less than half the effort) from staff for oral hygiene and upper body dressing.</p> <p>During an observation on 6/30/2026 at 10 am, inside Resident 39's room, Resident 39 was awake, lying in bed. The right side of Resident 39's bed had a quarter (1/4) side rail up at the HOB and 1/4 side rail up on the foot of the bed. The left side of the bed had 1/4 side rail up at the HOB.</p> <p>During a concurrent observation and interview on 6/30/2026 at 10:04 am together with the Assistant (continued on next page)</p> |                                                                                                      |                                                 |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Director of Nursing (ADON), inside Resident 39's room, Resident 39 was awake lying in bed. The right side of Resident 39's bed had 1/4 side rail up at the HOB and 1/4 side rail up on the foot of the bed. The left side of the bed had 1/4 side rail up at the HOB. The ADON stated Resident 39 could entrap in the side rails if both rails on the right side of the bed were up and became a restraint since it would prevent Resident 39 from getting out of the bed.</p> <p>During a review of the undated facility's Policy and Procedure (P&amp;P) titled, Siderails, the P&amp;P indicated, Side rails are classified as a restraint when they are used to limit a resident's freedom of movement (prevent the resident from leaving his/her bed).</p> <p>b. During a review of Resident 59's AR, the AR indicated the facility admitted Resident 59 on 7/1/2024 and readmitted on [DATE] with diagnoses including profound intellectual disabilities (a person had very serious limitations in learning, understanding, and daily activities) and epilepsy (unusual electrical activity in the brain resulting in seizures [uncontrollable movement]).</p> <p>During a review of Resident 59's History and Physical (H&amp;P) dated 6/18/2026, the H&amp;P indicated Resident 59 did not follow commands.</p> <p>During a review of Resident 59's Physician's admission Orders ([NAME]) dated 6/26/2026, the [NAME] indicated Resident 59 was not capable of giving informed consent and/or able to participate in treatment plan.</p> <p>During a review of Resident 59's Physicians Orders (PO) dated 6/26/2026-6/29/2026, there was no active PO for bedside rails (adjustable metal or rigid plastic bars attached to bed) use.</p> <p>During an observation on 6/30/2026 at 10:08 am inside Resident 59's room, Resident 59 was in bed with 1/4 bedside rails up on both sides of the bed. Resident 59 was calm in bed.</p> <p>During a concurrent interview and record review on 7/1/2026 at 1:55 pm with the MDSC Coordinator (MDSC), Resident 59's medical record (chart) and the undated Consent For Bedside Rail Use were reviewed. The MDSC stated the Consent For Bedside Rail Use for Resident 59 was not completed.</p> <p>During a concurrent interview and record review on 7/1/2026 at 1:55 pm with the MDSC, Resident 59's Physical Restrain Device Assessment (PRDA) dated 6/26/2026 was reviewed. The PRDA indicated Resident 59 was unaware of safety needs. The PRDA indicated Resident 59 had short- and long-term memory impairment. The PRDA indicated Resident 59 was non-verbal (could not talk), unable to make self-understood, and unable to understand others. The PRDA indicated Resident 59 was cooperative/ pleasant. The PRDA indicated Resident 59 required assistance from staff for transferring. The MDSC stated the PRDA indicated there was no restraint currently in use for Resident 59.</p> <p>During a concurrent interview and record review on 7/1/2026 at 1:55 pm with the MDSC, Resident 59's Side Rail Evaluation (SRE) dated 6/26/2026 was reviewed. The SRE indicated Resident 59 could not make needs known. The SRE indicated Resident 59 would not use the call light to ask for help. The SRE indicated Resident 59 was non-ambulatory (not able to walk) and dependent (helper did all (continued on next page)</p> |                                                                                                      |                                                 |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>the effort) on staff with transferring and bed mobility. The MDSC stated the SRE dated 6/26/2026 indicated bedside rail was not considered to be used for Resident 59. The MDSC stated Resident 59 was at risk of entrapment.</p> <p>During a concurrent observation and interview on 7/1/2026 at 2:05 pm with the MDSC inside Resident 59's room, Resident 59 was in bed with 1/4 bedside rails up on both sides of the bed. The MDSC stated Resident 59 should not have bedside rails because the bedside rails consent needed to be completed before installation. The MDSC stated bedside rails could be used as a restraint. The MDSC stated Resident 59 was unable to make decision, and the facility needed to call the Resident 59's responsible party for consent to use the bedside rail. The MDSC stated the risk of side rail use was injury from entrapment.</p> <p>During an interview on 7/2/2026 at 10:43 am, with the facility's Assistant Director of Nursing (ADON), the ADON stated the facility should not install the bedside rails for residents when the assessment indicated no benefit of using the bedside rails.</p> <p>During a review of the facility's undated Policy &amp; Procedure (P&amp;P) titled, Siderails, the P&amp;P indicated the facility should ensure the safe use of side rails as an assistive device, to aid mobility, or to treat medical symptoms. The P&amp;P indicated side rails were classified as a restraint when they were used to limit a resident's freedom of movement (prevent the resident from leaving his/her bed). The P&amp;P indicated side rails were only permissible if they were used to treat a resident's medical symptoms or to assist with mobility and transfer of residents. The P&amp;P further indicated that prior to placing a side rail on the bed, informed consent would be obtained for bedside rail met the definition of a physical restraint even when it could also be used as an enabler.</p> <p>c. During a review of Resident 62's AR, the AR indicated the facility admitted Resident 62 on 6/29/2026 with diagnoses including hypertension (HTN, high blood pressure) and diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control).</p> <p>During a review of Resident 62's Physician Order (PO) dated 6/29/2026, the PO indicated Resident 5 had an order for bilateral one-half (1/2) siderails as enabler to aid in bed mobility.</p> <p>During a review of Resident 62's Consent for Bedside Rail Use (CBRU), dated 6/29/2026, the CBRU indicated bedside rail was ordered for left and right upper 1/2 partial rail for mobility aid to improve functional ability when in bed. The CBRU did not indicate the name of the person giving the consent for the use of bilateral 1/2 siderails and the name of the person verifying the informed consent.</p> <p>During a concurrent interview and record review on 6/30/2026 at 11:24 am with Licensed Vocational Nurse 2 (LVN 2), Resident 62's PO and CBRU, dated 6/29/2026 were reviewed. LVN 2 stated Resident 62 had an order for bilateral 1/2 siderails. LVN 2 stated Resident 62's CBRU did not indicate the name of the person giving the consent and the name of the staff verifying the consent on the use of bilateral 1/2 siderails for Resident 62. LVN 2 stated the CBRU should be accurate and complete for the safety of the residents.</p> <p>During an interview on 7/2/2026 at 10:46 am with the Assistant Director of Nursing (ADON), the ADON (continued on next page)</p> |                                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/02/2026 |
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| F 0700<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>stated a CBRU should be complete and accurately document the name of the person giving the consent and the name of the staff member verifying the consent to ensure the risks and benefits on the use of siderails were explained and understood by the resident or responsible party.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Informed Consent for Use of Psychotherapeutics, Physical Restraints and Medical Devices, revised 3/2005, the P&amp;P indicated, The attending physician determines capacity of the resident to make decisions and give informed consent on his/her admission orders or progress notes. If the resident is determined to not have the capacity to make informed decisions, a surrogate decision-maker is identified. When a new or significantly changed order for a psychotherapeutic, physical restraint or medical device is obtained, the licensed nurse verifies with the physician that informed consent has been obtained. The nurse documents this verification on the order by stating Verified that informed consent obtained.</p> |                                                                                                      |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe food storage and sanitary food storage in one of one facility kitchen by failing to:a. Label a tray with fifteen (15) small, square paper packages (juice box) of cranberry juice and fourteen (14) juice boxes of apple juice inside the kitchen cooler fridge with delivery date and used by (the last date recommended for the product to be used)/best by (when a product will have the best flavor, texture, or quality) date or expiration date (final date set by a manufacturer after which a product should not be used or consumed).b. Discard one (1) big, open plastic container of cranberry juice with date beyond the used by/best by date.These failures had the potential to result in harmful bacteria growth and cross-contamination (transfer of harmful bacteria from one place to another) that would lead to foodborne illness (an illness caused by eating contaminated foods) to the residents (in general).Findings: a. During a concurrent observation inside the facility's kitchen and interview on 6/30/2026 at 8:56 am with the Dietary Supervisor (DS), a tray with 15 small juice boxes of cranberry juice and 14 juice boxes of apple juice inside the kitchen cooler fridge did not have delivery dates and used by/best by dates or expiration dates labeled. The DS stated all food items should be labeled with delivery dates, open dates, used by/best buy dates and expiration dates to make sure food served remained at its best quality and safe for consumption. b. During a concurrent observation inside the facility's kitchen and interview on 6/30/2026 at 9:00 am with the DS, 1 big open plastic container, one-fourth (1/4) filled with cranberry juice had an open date of 6/18/2026 and used by date of 6/21/2026 was in a rack located next to the reach-in fridge. The DS stated food items with dates beyond the used by/best by or expiration dates should be discarded and should not be served to the residents to prevent causing diarrhea and vomiting. During an interview on 7/2/2026 at 10:46 am with the Assistant Director of Nursing (ADON), the ADON stated all food products received and delivered should be labeled with delivery/received date, open date, preparation date, and used by/best by date to make sure all prepared food for the residents were good and safe for consumption to avoid gastrointestinal (GI) problems, and food were not kept for a prolonged period to prevent getting spoiled. During a review of the facility's undated Policy and Procedure (P&amp;P) titled, Food Labeling and Dating Policy, the P&amp;P indicated, Upon delivery, inspect all deliveries immediately upon arrival, verify delivery date matches invoice and check manufacturer dates on all packaged items. Label all bulk items without manufacturer dates with receiving date. Remove any items received on or past expiration dates. Opened packages - label with opening date and discard date. Label all opened containers immediately after opening. Beverages: label with opening date; follow manufacturer guidelines.</p> |                                                                                                      |                                                 |

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| <p>F 0813</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to implement its Policy and Procedure (P&amp;P) titled, Foods Brought by Family/Visitors, by failing to label outside food for two of two sampled residents (Residents 7 and 58). These deficient practices had the potential to result in food-borne illnesses (food poisoning) for Residents 7 and 58 and could lead to serious medical complications and hospitalization. Findings: a. During a review of Resident 7's admission Record (AR), the AR indicated the facility admitted Resident 7 on 9/11/2024 with diagnoses including type 2 diabetes mellitus (DM, a disease in which the body's ability to produce or respond to the hormone insulin was impaired, resulting in elevated levels of glucose/sugar in the blood and urine) and End Stage Renal Disease (ESRD, irreversible kidney failure). During a review of Resident 7's History and Physical (H&amp;P), dated 9/20/2025, the H&amp;P indicated Resident 7 had the capacity to understand and make decisions. During a review of Resident 7's Minimum Data Set (MDS, a resident assessment tool) dated 6/19/2026, the MDS indicated Resident 7 had intact cognition (the ability to think and process information) for daily decision making. The MDS indicated Resident 7 required setup assistance from staff for eating, oral hygiene, personal hygiene, and bed-to-chair transferring. The MDS indicated Resident 7 required supervision from staff for walking. The MDS indicated Resident 7 required maximal assistance (helper did more than half the effort) from staff for toileting hygiene and showering/ bathing. During an observation on 6/30/2026 at 10:30 am, in Resident 7 's room, there was a sealed and unlabeled plastic container of mixed nuts at Resident 7 's bedside. During a concurrent observation and interview on 6/30/2026 at 12:31 pm with Resident 7, in Resident 7 's room, there was a sealed and unlabeled plastic container of mixed nuts at Resident 7 's bedside. Resident 7 stated Resident 7's family brought the nuts two to three weeks ago. During a concurrent observation and interview on 7/1/2026 at 2:14 pm with Certified Nurse Assistant 2 (CNA 2) inside Resident 7 's room, there was a sealed and unlabeled plastic container of mixed nuts at Resident 7 's bedside. CNA 2 stated the mixed nuts container was not labeled with resident's name or received date. CNA 2 stated staff should label the outside food with resident's name and the received date using a marker and/or sticker. CNA 2 stated the staff would know who's the outside food belonged to. CNA 2 stated everyone should make rounds and check if any outside food was at resident's bedside and intervene accordingly. During a concurrent observation and interview on 7/2/2026 at 10:25 am with Licensed Vocational Nurse 4 (LVN 4), in Resident 7's room, there was a sealed and unlabeled plastic container of mixed nuts at Resident 7 's bedside. LVN 4 stated the staff should have labeled the container of mixed nuts at Resident 7's bedside with Resident 7's name and received date. b. During a review of Resident 58's AR, the AR indicated the facility admitted Resident 58 on 6/26/2026 with diagnoses including urinary tract infection (UTI, an infection in the bladder/urinary tract [part of the body that carried urine]) and dementia (a progressive state of decline in mental abilities). During a review of Resident 58's H&amp;P dated 6/27/2026, the H&amp;P indicated Resident 58 did not have the capacity to understand and make decisions due to dementia. During an observation on 6/30/2026 at 9:53 am, in Resident 58 's room, the following unlabeled food items were at Resident 58 's bedside: 1. Two clear containers of cookies. 2. A zip-lock bag with four cookies. 3. A bag of coffee cake. During a concurrent observation and interview on 7/1/2026 at 2:15 pm with CNA 2 inside Resident 58 's room, the following unlabeled food items were at Resident 58 's bedside: 1. Two clear containers of cookies. 2. A zip-lock bag with four cookies. 3. A bag of coffee cake. CNA 2 stated Resident 58's outside foods were not labeled and should. During an interview on 7/2/2026 at 10:43 am with the facility's Assistant Director of Nursing (continued on next page)</p> |                                                                                                      |                                                 |

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| F 0813<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>(ADON), the ADON stated staff should label residents' outside food with the date and time of receiving the food and resident's name. The ADON stated all staff should make rounds and check residents' bedsides for any outside food. The ADON stated when CNAs saw any outside food, the CNA should report to the charge nurse and intervene accordingly. During a review of Resident 58's MDS dated [DATE], the MDS indicated Resident 58 had moderately impaired cognition for daily decision making. The MDS indicated Resident 58 required setup assistance from staff for eating and oral hygiene. The MDS indicated Resident 58 required moderate assistance (helper did less than half the effort) from staff for personal hygiene. The MDS indicated Resident 58 required maximal assistance from staff with bed-to-chair transferring. The MDS indicated Resident 58 was dependent (helper did all the effort) on staff for toileting hygiene. During a review of the facility's P&amp;P titled, Foods Brought by Family/Visitors, dated 6/2023, the P&amp;P indicated the facility should label the food brought by family/visitors that was left with the resident to consume later with the resident's name, the item, and the use by date.</p> |                                                                                                      |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on interview and record review, the facility failed to ensure for one of five sampled residents' (Resident 6) target behavior was monitored for the use of psychotropic medication (medication that alter chemical levels in the brain which impact mood and behavior) as indicated in the facility's policy and procedure (P&amp;P) titled Behavior Management. This deficient practice had the potential to result in the use of unnecessary psychotropic medication that could result in significant adverse (harmful) consequences to Resident 6. Findings: During a review of Resident 6's admission Record (AR), the AR indicated the facility admitted Resident 6 on 12/17/2025 with diagnoses including history of falling, anxiety disorder (group of mental disorders characterized by feelings of impulse disorder (disorder characterized by impulsivity, failure to resist a temptation, an urge or an impulse), and hyperlipidemia (high level of fats in the blood). During a record review of Resident 6's Order Summary Report (OSR), dated 12/17/2025, the OSR indicated for nursing staff to administer Abilify (antipsychotic medication to treat serious mental disorder in which people interpret reality abnormally), oral tablet, 15 milligrams (mg, unit of measurement), one (1) tablet by mouth one time a day for psychosis (severe mental disorder in which thought and emotions are impaired and with reality it lost) manifested by responding to internal stimuli constantly yelling, getting up unassisted for no reason, at risk for fall and striking out at staff. During a record review of Resident 6's Order Summary Report (OSR), dated 12/17/2025, the OSR indicated for nursing staff to administer Abilify (antipsychotic medication to treat serious mental disorder in which people interpret reality abnormally), oral tablet, 15 milligrams (mg, unit of measurement), one (1) tablet by mouth one time a day for psychosis (severe mental disorder in which thought and emotions are impaired and with reality it lost) manifested by responding to internal stimuli constantly yelling, getting up unassisted for no reason, at risk for fall and striking out at staff. The OSR did not indicate an order for staff to monitor Resident 6's responding to internal stimuli by constantly yelling for the use of Ability. During a record review of Resident 6's OSR, dated 12/17/2025, the OSR indicated for nursing staff to administer Trileptal (medication primarily used to prevent and control seizures, also used for mood instability and aggressive behavior) oral tablet, 150 mg, 1 tablet by mouth every 12 hours for impulse control manifested by easily agitated, becoming verbally and physically aggressive. During a review of Resident 6's Care Plan (CP) titled Antipsychotic, dated 12/17/2025, the CP indicated Resident 6 was on Abilify for psychosis manifested by constantly yelling. The CP intervention indicated for nursing staff to monitor and record episodes of behavior in the Medication Administration Record (MAR) and/or nursing notes. During a review of Resident 6's untitled CP dated 12/17/2025, the CP indicated Resident 6 was on Trileptal for pool impulse control manifested by being easily agitated and verbally and physically aggressive. The CP intervention indicated for nursing staff to monitor and record episodes of behavior in the MAR and/or nursing notes. During a concurrent interview on 7/1/2026 at 9:44 am with Licensed Vocational Nurse 1 (LVN 1) and record review of Resident 6's Medication Administration Record (MAR) for the month of 6/2026, LVN 1 stated, Resident 6's targeted behavior of constant yelling for the use of Abilify was not monitored. LVN 1 stated Resident 6's targeted behavior of constant yelling for the use of Abilify needed to be monitored by licensed nurses every shift to determine if the medication was effective or not. During a concurrent interview on 7/1/2026 at 9:50 am with Licensed Vocational Nurse 1 (LVN 1) and record review of Resident 6's MAR for the month of 6/2026, LVN 1 stated, Resident 6's targeted behavior of being verbally and physically aggressive for the use of Trileptal was not monitored in the morning shift of 6/26/2026 and 6/30/2026. LVN 1 stated Resident 6's target (continued on next page)</p> |                                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555395                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/02/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>El Encanto Healthcare Center                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>555 South El Encanto Road<br>City of Industry, CA 91745 |                                                 |
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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | behavior of being verbally and physically aggressive for the use of Trileptal should have been monitored every 12 hours to determine if the medication was effective or not. During a review of the facility's P&P titled, Behavior Management, revised 7/2013, the P&P indicated, Occurrence of behaviors for which psychotropic medications are in use will be entered with hash marks on the medications administration record every shift. |                                                                                                      |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the resident's Minimum Data Set (MDS, a resident assessment tool) reflected an accurate discharge status assessment for one of one sampled resident (Resident 57). This failure resulted in inaccurate reporting to the Centers for Medicare and Medicaid Services (CMS, a federal agency that administers the Medicare program and works with state governments to administer the Medicaid and health insurance portability standards) agency and had the potential for Resident 57 not to receive interventions to address Resident 57's specific care concerns. Findings: During a review of Resident 57's admission Record (AR), the AR indicated the facility admitted Resident 57 on 2/5/2026 with diagnoses including osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control) and atrial fibrillation (Afib, irregular heartbeat). During a review of Resident 57's Physician Order (PO) dated 4/7/2026, the PO indicated Resident 57 had an order to be discharged home on 4/11/2026 with home health (HH) Physical Therapy/Occupational Therapy (PT/OT) for therapeutic exercises, activities of daily living (ADL) training and gait, Registered Nurse (RN) for medication management and overall safety evaluation and Home Health Aide (HHA) for bathing. During a review of Resident 57's Discharge Summary (DS) dated 4/11/2026, the DS indicated Resident 57 was discharged home with family or caregiver and home health. During a review of Resident 57's MDS dated [DATE], the MDS indicated Resident 57 was discharged to home or community. During a concurrent interview and record review on 7/1/2026 at 1:45 pm with MDS coordinator (MDS C), Resident 57's PO dated 4/7/2026, MDS dated [DATE] and DS dated 4/11/2026 were reviewed. The MDS C stated the MDS dated [DATE] was incorrectly coded with Resident 57's discharge destination to home instead of home under care of organized home health service organization. The MDS C stated the MDS should be coded accurately and specific for the services provided for accurate reporting to CMS. The MDS C stated Resident 57 was discharged home with HH PT/OT, RN and HH aide on 4/11/2026. During an interview on 7/2/2026 at 10:46 am with the Assistant Director of Nursing (ADON), the ADON stated the MDS assessment should be coded correctly to reflect the resident's overall current health status and for accurate reporting of information to CMS. During a review of the facility's undated Policy and Procedure (P&amp;P) titled, MDS and Resident Assessment Instrument (RAI) Process, the P&amp;P indicated, It is the policy of the facility to complete a comprehensive assessment that accurately reflects each residents' status. MDS assessment must follow the rules set forth by the Centers for Medicare and Medicaid Services (CMS). These rules dictate how the IDT collects resident information, submit it on time, and fix mistakes as needed, to guarantee quality of care, continuity of medically necessary services and proper payments.</p> |                                                                                                      |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop and implement specific, comprehensive, and individualized person-centered care plan (CP) to meet the resident's needs for one of one sampled resident (Resident 26) to address Resident 42's use of quetiapine fumarate (medication that helps calm a person's thoughts and mood). This failure had the potential to result in Resident 26 not receiving individualized care to maintain the resident's highest practicable physical, mental, and psychosocial well-being. Findings: During a review of Resident 26's admission Record (AR), the AR indicated the facility admitted Resident 26 on 3/25/2026 with diagnoses including dementia (a progressive state of decline in mental abilities) and personal history of other mental and behavioral disorders. During a review of Resident 26's History and Physical (H&amp;P) dated 3/27/2026, the H&amp;P indicated Resident 26 did not have the capacity to understand and make decisions. During a review of Resident 26's Minimum Data Set (MDS, a resident assessment tool) dated 4/1/2026, the MDS indicated Resident 26 had severely impaired cognition (the ability to think and process information). The MDS indicated Resident 26 required maximal assistance (helper did more than half the effort) from staff with eating, oral hygiene, personal hygiene, and bed-to-chair transferring. The MDS indicated Resident 26 was dependent (helper did all the effort) on staff for toileting hygiene. During a review of Resident 26's Physician Orders (PO) dated 5/26/2026, the PO indicated Resident 26 had an active order to receive quetiapine fumarate 25 milligrams (mg-metric unit of measurement) by mouth at bedtime for senile degeneration of brain paranoia (the person's brain had declined over time, causing serious memory and thinking problems). During a concurrent record review and interview with the Licensed Vocational Nurse 4 (LVN 4) on 7/1/2026 at 12:37 pm, Resident 26's entire care plans were reviewed. There was no CP develop for Resident 26's use of quetiapine fumarate. LVN 4 stated there should be a CP to address Resident 26's quetiapine fumarate and a goal for Resident 26 to have fewer behavioral episodes. LVN 4 stated the licensed nurse who received the quetiapine fumarate order from the physician should have developed a CP for Resident 26's quetiapine fumarate use. LVN 4 stated Resident 26 was at risk of developing side effects (unwanted or unexpected reaction) of quetiapine fumarate without the CP to address the resident's behavior or any change of condition. LVN 4 stated the CP should be specific and resident-centered because different residents had different behaviors, so that staff would have the knowledge how to approach the residents in order to meet their needs. LVN 4 stated all the licensed nurses could develop, update, and revise the residents' CP. During an interview with the Assistant Director of Nursing (ADON) on 7/2/2026 at 11:20 am, the ADON stated there should be a specific and resident centered CP for medication use so that staff could monitor the side effects of the medication and know what to do in the event of adverse side effect of the medication on the resident. During a review of the facility's undated Policy and Procedure (P&amp;P) titled, Person-Centered Care Planning, the P&amp;P indicated the facility should develop a comprehensive person-centered CP for each resident that included measurable goals and time-oriented objectives to meet the resident's medical, nursing, and mental and psychosocial needs.</p> |                                                                                                      |                                                 |

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| <p>F 0694</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to implement its Policy and Procedure (P&amp;P) titled, Peripheral Catheter Dressing Change, by failing to label the intravenous (IV-<br/>medicine or fluid that goes straight into a vein) dressing for one of one sampled resident (Resident<br/>58). This deficient practice had the potential to increase the risk of infection for Resident 58 and<br/>could lead to serious medical complications. Findings: During a review of Resident 58's admission<br/>Record (AR), the AR indicated the facility admitted Resident 58 on 6/26/2026 with diagnoses<br/>including urinary tract infection (UTI, an infection in the bladder/urinary tract [part of the body that<br/>carried urine]) and dementia (a progressive state of decline in mental abilities). During a review of<br/>Resident 58's Physician Orders For Infusion Therapy (POFIT) dated 6/26/2026, the POFIT indicated<br/>Resident 58 had an active order to receive IV medication Ertrapenem (medication to treat bacterial<br/>infection) 1 gram (g-metric unit of measurement) every 24 hours for 11 days. The POFIT indicated<br/>staff to restart IV site and dressing every 72 hours and as needed complications. During a review of<br/>Resident 58's History and Physical (H&amp;P) dated 6/27/2026, the H&amp;P indicated Resident 58 did not<br/>have the capacity to understand and make decisions due to dementia. During a review of Resident<br/>58's Minimum Data Set (MDS, a resident assessment tool) dated 7/3/2026, the MDS indicated<br/>Resident 58 had moderately impaired cognition (the ability to think and process information) for daily<br/>decision making. The MDS indicated Resident 58 required setup assistance from staff for eating and<br/>oral hygiene. The MDS indicated Resident 58 required moderate assistance (helper did less than half<br/>the effort) from staff for personal hygiene. The MDS indicated Resident 58 required maximal<br/>assistance (helper did more than half the effort) from staff with bed-to-chair transferring. The MDS<br/>indicated Resident 58 was dependent (helper did all the effort) on staff for toileting hygiene. During an<br/>observation and interview with Resident 58 on 6/30/2026 at 9:52 am, in Resident 58's room, Resident<br/>58's left hand IV dressing had dry blood at the insertion site. There was no date labeled on Resident<br/>58's left hand IV dressing. Resident 58 stated the IV site was painful. During a concurrent interview<br/>and pictures review on 7/2/2026 at 9:19 am with the MDS Coordinator (MDSC), pictures dated<br/>6/30/2026 at 9:52 am were reviewed. The MDSC stated the pictures indicated the resident's left hand<br/>IV dressing had blood at the IV insertion site with the tape coming off. The MDSC stated the MDSC<br/>was unable to read the IV dressing date. The MDSC stated the licensed nurse should put the licensed<br/>nurse's initial and date on the small sticker on the IV dressing, after changing the IV site. The MDSC<br/>stated it was not acceptable for the IV site dressing without a date or the licensed nurse's initial<br/>because staff would not know when the IV site dressing was changed. The MDSC stated the IV site<br/>should be dry, clean, and intact. The MDSC stated the IV label should be legible. The MDSC stated all<br/>staff taking care of Resident 58 should ensure the IV dressing was dry, clean, and intact. The MDSC<br/>stated the certified nursing assistant should report to the licensed nurse for any leaking or drainage<br/>at the resident's IV site dressing. The MDSC stated staff should change the IV dressing when soiled<br/>because of the risk of infection. During an interview on 7/2/2026 at 10:43 am with the facility's<br/>Assistant Director of Nursing (ADON), the ADON stated residents' IV dressing should be dry, clean,<br/>and intact, to prevent bacterial growth. The ADON stated residents' IV dressing should be labeled with<br/>a date and the licensed nurse's initial for infection control. During a review of the facility's P&amp;P titled,<br/>Peripheral Catheter Dressing Change, dated 8/15/2028, the P&amp;P indicated the IV site was a potential<br/>entry site for bacteria that cause infection. The P&amp;P indicated the licensed nurses caring for residents<br/>receiving IV therapy should follow infection control and safety compliance procedure. The P&amp;P further<br/>indicated the licensed nurse should label the IV dressing with date, time, and the nurse's initials.</p> |                                                                                                      |                                                 |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on interview and record review, the facility failed to ensure medication regimen review (MRR) irregularity identified by the facility's Pharmacy Consultant was acted upon for one of five sampled residents (Resident 39) in accordance with facility's policy and procedure California Long Term Care Facility Pharmacy Services and Procedures Manual. This deficient practice had the potential for unnecessary and over medication for Resident 39 that could result in harm due to the missed opportunity for a Gradual Dose Reduction (GDR, slow, supervised tapering of psychotropic [psychiatric medicines that alter chemical levels in the brain which impact mood and behavior] to the lowest effective dose or complete discontinuation). Findings:During a review of Resident 39's admission Record (AR), the AR indicated the facility admitted Resident 39 on 12/15/2023 with diagnoses including history of falling, anxiety disorder (group of mental disorders characterized by feelings of anxiety [an unpleasant state of inner turmoil] and fear), and depression (a feeling of severe sadness or hopelessness).During a review of Resident 39's Order Summary Report (OSR) dated 11/10/2025, the OSR indicated an order for staff to administer Celexa 10 milligram (mg, unit of measurement), one (1) tablet by mouth, 1 time a day every other day for depression manifested by verbalization of sadness with episodes of crying.During a review of Resident 39's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 5/3/2026, the MDS indicated Resident 39 had moderately impaired cognition (ability to think) for daily decision making. The MDS indicated Resident 39 was dependent (helper does all the effort) from staff for toileting, showering, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated, Resident 39 needed maximum assistance (helper does less than half the effort) from staff for oral hygiene and upper body dressing.During a concurrent record review and review on 7/1/2026 at 1:17 pm, with the facility's Assistant Director of Nursing (ADON), the facility's document titled, Consultation Report (CR), dated 5/1/2026, completed by the facility's pharmacist consultant indicated, Resident 39 has received an antidepressant, Celexa 10 mg every other days since 11/2025 and only 1 x since 7/2025. The CR indicated Please consider trial of discontinuing Celexa. The CR indicated that Resident 39's Primary Physician accepted the Pharmacist's recommendation on 5/20/2026 with the following modifications to reach out to Psychiatrist (a medical doctor who specializes in mental health).During a concurrent interview and record review on 7/1/2026 at 1:17 pm, with the ADON, Resident 39's CR dated 5/1/2025 indicated to obtain a Psychiatrist consultation. The ADON stated, the MRR was a monthly recommendation from the pharmacy consultant that licensed nurses should carry out every month and the ADON oversee to make sure the recommendation from the pharmacy consultant was done and addressed. The ADON stated, she missed referring to the pharmacy recommendation for a psychiatrist consultation. The ADON stated, she should have informed the psychiatrist as soon as possible when the ADON received Resident 39's Physician response to the Pharmacist's recommendation. The ADON stated, the Pharmacist's recommendation was not acted upon.During a concurrent interview and record review on 7/1/2026 at 1:21 pm, with the ADON, a facility document titled Psychotropic Medication Review (PMR), the PMR indicated Resident 39 did not have any episodes of verbalization of sadness with episodes of crying from 12/2025 to 2/2026 and 4/2026. The ADON stated Resident 39 had one (1) episode of verbalization of sadness with episodes of crying on 3/2026 and 5/2026. The ADON stated, Celexa should have been discontinued or GDR because Resident 39 did not have any episodes of depression such as verbalization of sadness.During a review of the Policy and Procedure (P&amp;P) titled, California Long Term Care Facility Pharmacy Services and (continued on next page)</p> |                                                                                                      |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0756<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Procedures Manual, revised 6/5/2024, the P&P indicated, Facility should encourage physician/prescriber or other responsible parties receiving the MRR and the director of nursing to act upon the recommendations contained in the MRR. For those issues that require physician/prescriber intervention, facility should encourage physician/prescriber to either accept and act upon the recommendations contained within the MRR or reject all or some of the recommendations contained in the MRR and provide an explanation as to why recommendation was rejected. Facility should alert the Medical Director where MRR's are not addressed by the attending Physician in a timely manner. |                                                                                                      |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment to help prevent the development and transmission of communicable diseases for one of four sampled residents (Resident 59) by failing to initiate and implement Enhanced Barrier Precaution (EBP, a set of infection control practices that used personal protective equipment [PPE, clothing and equipment used to provide protection] to reduce the spread of multi-drug resistant organisms [MDRO, a bacteria that was resistant to antibiotics-medications for bacterial infection]. These failures had the potential to expose Resident 59 and other residents in the facility to infection. Findings: During a review of Resident 59's admission Record (AR), the AR indicated the facility admitted Resident 59 on 7/1/2024 and readmitted on [DATE] with diagnoses including dysphagia (unable to swallow), encounter for attention of gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach), and urinary tract infection (UTI, an infection in the bladder/urinary tract [part of the body that carried urine]). During a review of Resident 59's History and Physical (H&amp;P), dated 6/18/2026, the H&amp;P indicated Resident 59 did not follow command. During a review of Resident 59's Physicians admission Orders ([NAME]) dated 6/26/2026, the [NAME] indicated that Resident 59 was incapable of giving informed consent and/or able to participate in treatment plan. During a review of Resident 59's Physician's Enteral Orders ([NAME]) dated 6/26/2026, the [NAME] indicated Resident 59 had an active order to have enteral feeding with Fibersource HN (a liquid nutrition formula used for enteral feeding) via gastrostomy tube (GT) at 50 cubic centimeter (cc, a small unit used to measure the volume of liquids) per hour over 24 hours due to dysphagia. During a review of Resident 59's Physical Restrain Device Assessment (PRDA) dated 6/26/2026, the PRDA indicated Resident 59 had a GT. The PRDA indicated Resident 59 was unaware of safety needs. The PRDA indicated Resident 59 had short- and long-term memory impairment. The PRDA indicated Resident 59 was non-verbal (could not talk), unable to make self-understood, and unable to understand others. The PRDA indicated Resident 59 required assistance from staff for transferring. During an observation on 6/30/2026 at 10:08 am inside Resident 59's room, Resident 59 was in bed and receiving Fibersource HN via GT. There was no EBP signage nor PPE cart outside Resident 59's room. During an observation on 6/30/2026 at 10:56 am inside Resident 59's room, Resident 59 was in bed and receiving Fibersource HN via GT. There was no EBP signage nor PPE cart outside Resident 59's room. During an interview on 6/30/2026 at 10:58 am with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated residents with GT should be on EBP due to the low immune system. LVN 3 stated residents with GT had open skin with higher risks for infection and needed more protection. LVN 3 stated staff should wear gloves and gowns when providing care to residents with GT for infection control. During a concurrent interview and pictures review on 7/2/2026 at 9:42 am with Infection Preventionist Nurse (IPN), the pictures dated 6/30/2026 at 10:08 am and 10:56 am were reviewed. The IPN stated the pictures indicated no EBP sign outside Resident 59's room. The IPN stated staff should initiate EBP for Resident 59 upon admission and/or within 24 hours of admission after assessments. The IPN stated the facility should place residents with GT on EBP to prevent transmission of infection to other residents, staff, and visitors. The IPN stated there should be EPB sign outside Resident 59's room and a shared PPE cart. The IPN stated it increased risk of infection. During an interview on 7/2/2026 at 11:10 am with the Assistant Director of Nursing (ADON), the ADON stated the ADON did not think the staff put on gowns to provide care to Resident 59 when there was no EBP sign outside Resident 59's room. The ADON stated EBP was to protect residents from staff (continued on next page)</p> |                                                                                                      |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>due to residents being at high risk for getting infection due to the opening on the stomach. The ADON stated the facility should initiate EBP after assessing Resident 59's skin. The ADON stated the facility should put the EBP sign outside the Resident 59's room. The ADON stated it compromised the resident's health when EBP was not initiated and implemented. During a review of the facility's undated Policy &amp; Procedure (P&amp;P) titled, Enhanced Barrier Precaution dated 5/2024, the P&amp;P indicated the facility should use appropriate EBP for the protection of residents, visitors, and health care worker. The P&amp;P indicated EBP were for residents with feeding tubes. The P&amp;P indicated staff should wear gowns and gloves while performing care for EBP residents.</p> |                                                                                                      |                                                 |