STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555715	A. Building B. Wing	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on interview and record review, the facility failed to develop a comprehensive, resident-centered care plan, with interventions, after the two episodes of choking (when airway is blocked by a foreign object, such as food, preventing oxygen from reaching the lungs, leading to a life-threatening situation) on 1/6/2025 and 1/15/2025 for one of five residents (Resident 2). The facility failed to provide interventions for staff to implement at dinner time for Resident 2 ' s safety. These failures left Resident 2 unsupervised during dinnertime and had potentially caused Resident 2 to aspirate (when food, liquid, or other substances entered the airway and the lungs) on 3/5/2025 and other complications such as, choking, loss of consciousness (state of being awake and aware of one ' s surroundings), apnea (not breathing) and death. Findings: During a review of Resident 2 ' s Admission Record, the Admission Record indicated, Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a change in how the brain works due to an underlying condition), dysphagia (difficulty swallowing), and Parkinson ' s Disease (a progressive disease of the nervous system marked by a tremor, muscular rigidity, and slow, imprecise movements). During a review of Resident 2 ' s Quarterly Minimum Data Set ([MDS], a resident assessment tool), dated 10/30/2024, the MDS indicated Resident 2 had moderate (average in amount) cognitive (the ability to think and reason) impairment. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) for Activities of Daily Living (ADL) such as eating, performing oral hygiene, and toileting hygiene. The MDS indicated Resident 2 had coughing or choking during meals or when swallowing medications. During a review of Resident 2 ' s History and Physical (H&P), dated 12/10/2024, the H&P indicated Resident 2 did not have the capacity to make healthcare and financial decisions. During a review of Resident 2 ' s physician ' s order dated 12/14/2024, the order indicated CCHO (Controlled Carbohydrate Diet) NSOT (No Salt on Tray) Puree (blended or processed food into smooth, pudding-like consistency) and honey thick liquids (thick consistency). (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Colonial Gardens Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. Rosemead Blvd. Pico Rivera, CA 90660	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2 ' s physician ' s order dated 12/18/2024, the order indicated Resident 2 was on Restorative Nursing Assistant ([RNA] a certified nursing assistant [CNA] with training in rehabilitation techniques, assisting patients in regaining or maintaining their functional abilities and independence) feeding program seven (7) days a week, for breakfast and lunch due to dysphagia. During a review of Resident 2 ' s COC dated 1/6/2025 at 1:59 p.m., the COC indicated a CNA banged (hit hard) on door (unspecified room). The COC indicated a nurse (unidentified) at the Nurse ' s station 2 responded and observed CNA perform Heimlich maneuver (a first aid procedure used to dislodge a foreign object from someone ' s airway when choking) on Resident 2. The notes indicated Resident 2 coughed and cleared the obstruction from the throat. The COC indicated Resident 2 had accepted chips from another resident. The COC indicated the physician (MD) ordered five (5) small meal portions and Resident 2 will be referred to a Speech Therapist (ST). During a review of Resident 2 ' s COC, dated, 1/15/2025 at 2:04 p.m., the COC indicated Resident 2 choked during mealtime due to eating fast. The COC indicated Heimlich maneuver was performed, and Resident 2 coughed up food. During a review of Resident 2 ' s care plan titled, Dysphagia (difficulty swallowing), risk for choking, aspiration or pneumonia (an infection/inflammation in the lungs), revised 2/4/2025, the goal indicated Resident 2 will not have episodes of choking or aspiration. The interventions indicated staff will assist Resident 2 with meals as needed, give small portions and small sips at a time, instruct Resident 2 to eat slowly, monitor signs and symptoms of aspiration, and notify MD for signs and symptoms of dysphagia, RNA program for meals, sit resident upright during meals and 30 minutes after meals to decrease risk of aspiration/ choking and swallow evaluation when needed. During a review of the paramedics (medical emergency personnel) narrative report dated 3/5/2025 at 5:36 p. m., the report indicated Resident 2 was in supine (lying on the back with the face facing up) position, apneic (not breathing), unresponsive, and pulseless. The report indicated the facility staff (unidentified) attempted to clear Resident 2 ' s airway but was unsuccessful and Resident 2 became unresponsive. The report indicated the staff attempted to suction (procedure to clear the airway of secretions, blood, or other materials) Resident 2 with no success. The report indicated a general acute care hospital (GACH) base was consulted due to Resident 2 ' s nature of death as resident had choked on food prior to cardiac arrest (heart stopped beating). The report indicated at 5:57 p.m., Resident 2 had a single palpable (touchable) pulse and became pulseless. Resident 2 was pronounced dead on 3/5/2025 at 6:00 p.m. During an interview on 3/7/2025 at 3:07 p.m. with the Director of Nursing (DON), the DON stated that Resident 2 was on RNA feeding program twice a day, during breakfast and lunch to provide guidance and observe the resident while eating, for safety. During a concurrent interview and record review on 3/10/2025 at 12:00 p.m. with the DON, Resident 2 ' s care plan titled Choking incident due to taking other items, dated 1/6/2025 and care plan titled Choking incident due to eating fast, dated 1/15/2025 were reviewed. The DON stated both care plans dated 1/6/2025 and 1/15/2025 were not completed. The DON stated both care plans had no goals and interventions to prevent Resident 2 from choking again. The DON stated, when problems were identified, care plans must be initiated right away, and interventions formulated and revised to address the problems. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/11/2025 at 10:10 a.m. with the Medical Doctor (MD) 1, the MD 1 stated Resident 2 had behaviors where Resident 2 had grabbed food when supervision was not provided. MD 1 stated Resident 2 ' s RNA feeding for two times a day was an unusual order. MD 1 stated the RNA feeding program order should have been for three meals a day due to Resident 2 ' s risk for choking. During a review of facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 12/2016, the P&P indicated, the care plan interventions are derived from thorough analysis of the gathered information as part of the comprehensive assessment. The P&P indicated care planning should include the assessment of the resident ' s needs and should incorporate the identified problem areas. The P&P indicated interventions should be developed to address the underlying source of the problem area. The P&P indicated, the interdisciplinary team must review and update the care plan when there has been a significant change in the resident ' s condition and when the desired outcome is not met. During a review of facility ' s P&P titled, Restorative Dining Program, undated, the P&P indicated, the program will be conducted for three meals a day, seven days a week or to meet the resident ' s needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER: Colonial Gardens Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 7246 S. Rosemead Blvd. Pico Rivera, CA 90660	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on interview and record review, the facility failed to reassess the respiratory status on one of five residents ' (Resident 2), who had an oxygen saturation of 86% ([O2 sat] amount of oxygen in the blood- normal range 95 per cent (%)-100%) on 3/5/2025 at 5:28 p.m. As a result of this failure, Resident 2 ' s respiratory status worsened and potentially contributed to the resident ' s loss of consciousness (pass out), apnea (not breathing) and death. Findings: During a review of Resident 2 ' s Admission Record, the Admission Record indicated, Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a change in how the brain works due to an underlying condition), dysphagia (difficulty swallowing), Parkinson ' s Disease (a progressive disease of the nervous system marked by a tremor, muscular rigidity, and slow, imprecise movements) and Acute Respiratory Failure ([ARF], when the lungs cannot release enough oxygen into the blood). During a review of Resident 2 ' s Quarterly Minimum Data Set ([MDS], a resident assessment tool), dated 10/30/2024, the MDS indicated Resident 2 had moderate (average in amount) cognitive (the ability to think and reason) impairment. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) for Activities of Daily Living (ADL) such as eating, performing oral hygiene, and toileting hygiene. During a review of Resident 2 ' s History and Physical (H&P), dated 12/10/2024, the H&P indicated Resident 2 did not have the capacity to make healthcare and financial decisions. During a review of Resident 2 ' s COC dated, 3/5/2025 at 6:12 p.m., the COC indicated at 5:28 p.m., a CNA called an LVN because Resident 2 had a seizure for approximately 1 to 2 minutes. The COC indicated Resident 2 ' s heart rate was 102 beats per minute (normal 60-100 beats per minute), blood pressure was 86/42 millimeters of mercury ([mmHg]- unit of measurement. Normal blood pressure is 120/80 mmHg), oxygen saturation of 86% on room air ([O2 sat], a measurement of how much oxygen is in the blood- normal is [92-100%]). The COC indicated oxygen was administered (number of liters not specified). The COC indicated Resident 2 was transferred to bed, head of bed (HOB) was placed at 30 degrees, and Resident 2 ' s head was turned to the side for airway clearance. The COC indicated at around 5:30 p.m., Resident 2 became unresponsive (unable to react or respond to stimuli such as touch, sound, pain, verbal commands), had aspirated and turned blue (indicating a lack of oxygen and serious medical emergency like cardiac or respiratory arrest, requiring immediate medical attention) and 911(medical emergency personnel) was called. The COC indicated at 5:35 p.m., 911 arrived and took over care. Resident 2 was pronounced dead at 6:00 p. m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the paramedics (medical emergency personnel) narrative report dated 3/5/2025 at 5:36 p. m., the report indicated Resident 2 was in supine (lying on the back with the face facing up) position, apneic (not breathing), unresponsive, and pulseless. The report indicated the facility staff (unidentified) attempted to clear Resident 2 ' s airway but was unsuccessful and Resident 2 became unresponsive. The report indicated the staff attempted to suction (procedure to clear the airway of secretions, blood, or other materials) Resident 2 with no success. The report indicated a general acute care hospital (GACH) base was consulted due to Resident 2 ' s nature of death as resident had choked on food prior to cardiac arrest (heart stopped beating). The report indicated at 5:57 p.m., Resident 2 had a single palpable (touchable) pulse and became pulseless. Resident 2 was pronounced dead on 3/5/2025 at 6:00 p.m. During a concurrent interview and record review on 3/10/2025 at 12:35 p.m. with the Director of Nursing (DON), Resident 2 ' s COC dated 3/5/2025 was reviewed. The DON stated the COC did not indicate how much oxygen was administered to Resident 2 and did not indicate if Resident 2 ' s O2 sat was reassessed after the oxygen was administered. The DON stated that the O2 sat should have been checked after the oxygen was administered to determine if the O2 sat had improved. The DON stated the COC indicated Resident 2 was suctioned, but did not indicate what were suctioned out of the resident ' s mouth. The DON stated the COC did not indicate a complete assessment was done or vital signs (measurements that indicate basic bodily functions and overall health) were rechecked after Resident 2 was suctioned. The DON stated it was not documented; it did not happen. During an interview on 3/11/2025 at 11:24 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 2 ' s vital signs should have been rechecked after oxygen was administered to know if the oxygen was effective and if Resident 2 had a patent (free of blockage) airway. RN 1 stated the staff suctioned food particles out of Resident 2 ' s mouth while Resident 2 was unresponsive. During an interview on 3/11/2025 at 1:02 p.m. with LVN 4, LVN 4 stated the oxygen tank from the crash cart (emergency supply cart) for Resident 2 ' s use while in the hallway had no air coming out. LVN 4 stated Resident 2 received the oxygen when he was already back in his room. LVN 4 could not confirm how many liters of oxygen was administered to Resident 2. During a review of facility ' s policy and procedure (P&P) titled, Change in a Resident ' s Condition or Status, dated 6/2020, the P&P indicated, if a significant change in a resident ' s physical or mental condition occurs, a comprehensive assessment of the resident ' s condition will be conducted. During a review of facility ' s P&P titled, Safety and Supervision of Residents, dated 7/2017, the P&P indicated the facility should ensure the interventions were implemented and evaluate the effectiveness of intervention.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Colonial Gardens Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. Rosemead Blvd. Pico Rivera, CA 90660	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on interview and record review, the facility failed to provide adequate supervision to one of five residents (Resident 2), after the two choking (when airway is blocked by a foreign object, such as food, preventing oxygen from reaching the lungs, leading to a life-threatening situation) incidents on 1/6/2025 and 1/15/2025. This failure left Resident 2 unsupervised while eating dinner on 3/5/2025, and had potentially caused Resident 2 to aspirate (when food, liquid, or other substances entered the airway and the lungs) and caused other complications such as, choking, loss of consciousness (state of being awake and aware of one ' s surroundings), apnea (not breathing) and death. Findings: During a review of Resident 2 ' s Admission Record, the Admission Record indicated, Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a change in how the brain works due to an underlying condition), dysphagia (difficulty swallowing), Parkinson ' s Disease (a progressive disease of the nervous system marked by a tremor, muscular rigidity, and slow, imprecise movements), and Acute Respiratory Failure ([ARF], when the lungs cannot release enough oxygen into the blood). During a review of Resident 2 ' s Quarterly Minimum Data Set ([MDS], a resident assessment tool), dated 10/30/2024, the MDS indicated Resident 2 had moderate (average in amount) cognitive (the ability to think and reason) impairment. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) for Activities of Daily Living (ADL) such as eating, performing oral hygiene, and toileting hygiene. The MDS indicated Resident 2 had coughing or choking during meals or when swallowing medications. During a review of Resident 2 ' s History and Physical (H&P), dated 12/10/2024, the H&P indicated Resident 2 did not have the capacity to make healthcare and financial decisions. During a review of Resident 2 ' s physician ' s order dated 12/14/2024, the order indicated CCHO (Controlled Carbohydrate Diet) NSOT (No Salt on Tray) Puree (blended or processed food into smooth, pudding-like consistency) and honey thick liquids (thick consistency). During a review of Resident 2 ' s physician ' s order dated 12/18/2024, the order indicated Resident 2 was on Restorative Nursing Assistant ([RNA] a certified nursing assistant [CNA] with training in rehabilitation techniques, assisting patients in regaining or maintaining their functional abilities and independence) feeding program seven (7) days a week, for breakfast and lunch due to dysphagia. During a review of the facility ' s meal time schedule, the schedule indicated supper (dinner) is served at two (2) seatings, 4:30 p.m. and 5 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555715	A. Building B. Wing	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2 ' s COC dated 1/6/2025 at 1:59 p.m., the COC indicated a CNA banged (hit hard) on door (unspecified room). The COC indicated a nurse (unidentified) at the Nurse ' s station 2 responded and observed CNA perform Heimlich maneuver (a first aid procedure used to dislodge a foreign object from someone ' s airway when choking) on Resident 2. The notes indicated Resident 2 coughed and cleared the obstruction from the throat. The COC indicated Resident 2 had accepted chips from another resident. The COC indicated the physician (MD) ordered five (5) small meal portions and Resident 2 will be referred to a Speech Therapist (ST). During a review of Resident 2 ' s COC, dated, 1/15/2025 at 2:04 p.m., the COC indicated Resident 2 choked during mealtime due to eating fast. The COC indicated Heimlich maneuver was performed, and Resident 2 coughed up food. During a review of Resident 2 ' s care plan titled, Dysphagia (difficulty swallowing), risk for choking, aspiration or pneumonia (an infection/inflammation in the lungs), dated 2/4/2025, the goal indicated Resident 2 will not have episodes of choking or aspiration. The interventions indicated staff will assist Resident 2 with meals as needed, give small portions and small sips at a time, instruct Resident 2 to eat slowly, monitor signs and symptoms of aspiration, and notify MD for signs and symptoms of dysphagia, RNA program for meals, sit resident upright during meals and 30 minutes after meals to decrease risk of aspiration/ choking and swallow evaluation when needed. During a review of Resident 2 ' s COC dated, 3/5/2025 at 6:12 p.m., the COC indicated at 5:28 p.m., Resident 2 had a seizure for approximately 1 to 2 minutes. Resident 2 had a blood pressure (BP) of 86/42 millimeters of mercury ([mmHg]- unit of measurement. Normal BP is 120/80 mmHg), oxygen saturation ([O2 sat], a measurement of how much oxygen is in the blood- normal is [92-100%]) of 86%. The COC indicated at around 5:30 p.m., Resident 2 became unresponsive (unable to react or respond to stimuli such as touch, sound, pain, verbal commands), had aspirated and turned blue (indicating a lack of oxygen and serious medical emergency like cardiac or respiratory arrest, requiring immediate medical attention) and 911(medical emergency personnel) was called. During a review of the paramedics ' narrative report dated 3/5/2025 at 5:36 p.m., the report indicated prior to the paramedics ' arrival on 3/5/2025, at 5:36 p.m., Resident 2 called the facility staff and stated he was choking. The report indicated the facility staff (unidentified) attempted to clear Resident 2 ' s airway but was unsuccessful and Resident 2 became unresponsive. The report indicated the staff attempted to suction (procedure to clear the airway of secretions, blood, or other materials) Resident 2 with no success. The report indicated a general acute care hospital base was consulted due to Resident 2 ' s nature of death as resident had choked on food prior to cardiac arrest (heart stopped beating). The report indicated at 5:57 p.m. , Resident 2 became pulseless and was pronounced dead on 3/5/2025 at 6:00 p.m. During an interview on 3/7/2025 at 3:07 p.m. with the Director of Nursing (DON), the DON stated that Resident 2 was on RNA feeding program twice a day, during breakfast and lunch to provide guidance and observe the resident while eating, for safety. During an interview on 3/7/2025 at 4:13 p.m. with CNA 3, CNA 3 stated Resident 2 was observed feeding himself in the dining room on 3/5/2025 (time not specified) around dinner time. CNA 3 stated the facility served dinner in 2 seatings, at 4:30 p.m. and at 5 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Colonial Gardens Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. Rosemead Blvd. Pico Rivera, CA 90660	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/10/2025 at 3:36 p.m. with Speech Language Pathologist ([SLP] a healthcare professional who diagnose and treat swallowing disorders) 1, the SLP 1 stated Resident 2 ' s RNA feeding program should have been for all three meals (breakfast, lunch and dinner) as choking could occur during all meals. The SLP 1 stated Resident 2 needed to be monitored during meals due to his impulsive (acting without planning or consideration of result) behavior. During an interview on 3/10/2025 at 3:53 p.m. with LVN 3, LVN 3 stated on 3/5/2025 between 4:30 p.m. and 5:00 p.m., in the dining room, Resident 2 was observed feeding himself. LVN 3 stated Resident 2 was later observed in the hallway sitting in a wheelchair with food particles and mucous coming out of his mouth. LVN 3 stated Resident 2 was not responsive when suctioned. During an interview on 3/11/2025 at 10:10 a.m. with the Medical Doctor (MD) 1, the MD 1 stated Resident 2 had behaviors where Resident 2 had grabbed food when supervision was not provided. MD 1 stated Resident 2 ' s RNA feeding for two times a day was an unusual order. MD 1 stated the RNA feeding program order should have been for three meals a day due to Resident 2 ' s risk for choking. During a review of facility ' s P&P titled, Safety and Supervision of Residents, dated 7/2017, the P&P indicated resident safety and supervision and assistance to prevent accidents are facility-wide priorities. The P&P indicated the IDT will analyze information obtained from observations to identify specific accident hazards or risks for individual residents. The P&P indicated the care team will target interventions to reduce individual risks related to hazards in the environment including adequate supervision and assistive devices. The P&P indicated, the facility should monitor the effectiveness of interventions by evaluating the effectiveness, modifying or replacing interventions as needed. During a review of facility ' s P&P titled, Restorative Dining Program, undated, the P&P indicated, the program will be conducted for three meals a day, seven days a week or to meet the resident ' s needs. The P&P also indicated, The RNA will provide cueing and assistance in the use of adaptive feeding techniques and equipment as instructed by the Occupational Therapist ([OT], a healthcare provider who helps improve the ability to perform daily tasks) or Speech Therapist.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778 Based on interview and record review, the facility failed to ensure one of five residents (Resident 1), who was admitted to the facility with Carbapenem-Resistant Enterobacterales ([CRE], a group of bacteria resistant to carbapenem [an antibiotic]), was placed on contact precautions (measures that are intended to prevent transmission of infectious agent which are spread by direct or indirect contact with the resident or the resident's environment). This failure had the potential to spread the organisms to other residents and staff and can potentially cause infections. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of Parkinson ' s disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) without dyskinesia (uncontrolled, involuntary muscle movement) without mention of fluctuations. During a review of Resident 1 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 2/26/2025, the MDS indicated Resident 1 had moderate (average in amount) cognitive impairment (problems with a person ' s ability to think, learn, remember, use judgment, and make decisions). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) to perform Activities of Daily Living (ADL)s such as eating and performing personal hygiene. During a review of Resident 1 ' s physician ' s (MD) order, dated 2/24/2025, the MD orders indicated to place Resident 1 on contact isolation for CRE. During an interview on 3/7/2025 at 9:10 a.m. with Licensed Vocational Nurse (LVN) 4, LVN 4 stated Resident 1 was admitted from a General Acute Care Hospital (GACH) on 2/22/2025 and was not on contact precaution for CRE. LVN 4 stated the facility was not aware Resident 1 had a history of CRE until 2/25/2025. LVN 4 stated when a resident has CRE, the resident should be placed on contact precautions. During an interview on 3/7/2025 at 12:52 p.m. with LVN 1, LVN 1 stated contact isolation signs notify staff what kind of personal protective equipment ([PPE] protection equipment that includes face shields, gloves, goggles and glasses, gowns, head covers, masks, respirators, and shoe cover to protect against the transmission of germs through contact and droplet routes) is needed to be put on prior to entering a resident ' s room. LVN 1 stated the PPEs should also be taken off prior to leaving a resident ' s room. During a concurrent interview and record review on 3/10/2025 at 2:39 p.m. with LVN 5, Resident 1 ' s GACH records, dated 2/10/2025, were reviewed. Resident 1 ' s GACH records indicated Resident 1 had Carbapenem-resistant bacterial infection, on 9/13/2024. LVN 5 stated Resident 1 ' s GACH records indicating Resident 1 ' s history of CRE were not reviewed by LVN 5 on 2/24/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Colonial Gardens Nursing Home	7246 S. Rosemead Blvd. Pico Rivera, CA 90660

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/11/2025 at 3:15 p.m. with the Director of Nursing (DON), the DON stated that they oversaw inquiry of residents. DON stated when reviewing new admission inquiries, it should include reviewing resident medications, diagnosis, behaviors, to ensure resident ' s admission is appropriate for the facility. The DON stated Resident 1 ' s GACH records arrived with Resident 1 during admission on 2/22/2025. The DON stated admitting staff should have reviewed all the documents that came with Resident 1 to ensure that any special accommodations that needed to be addressed, were addressed right away. The DON stated, Resident 1 who had CRE on admission was not placed on contact isolation for two days. The DON stated Resident 1 should have been on contact isolation since admission to prevent the spread of infection and so staff would have had the proper PPE when caring for the resident. During a review of facility ' s P&P titled, Infection Prevention and Control Program, dated 12/2023, the P&P indicated, prevention of infection included steps such as implementing appropriate enhanced barrier and transmission-based precautions when necessary. During a review of facility ' s P&P titled, Standard Precautions, Enhanced Barrier Precautions, and Transmission Based Precautions, dated 8/7/2024, the P&P stated, contact precautions required that gowns and gloves are worn for all contact with body fluids as well as contact with environmental surfaces in the patient ' s/resident ' s room. Private