

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 04/02/2025
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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</p> <p>Based on observation, interview, and record review, the facility failed to ensure safety was maintained for one of four sampled residents (Resident 3), by not ensuring her call light was maintained within reach.</p> <p>This deficient practice placed Resident 3 at risk for harm and injury related to a fall.</p> <p>Findings:</p> <p>During an observation on 4/2/2025 at 11:51 a.m., at Resident 3 ' s bedside, Resident 3 was observed lying in bed. Resident 3 ' s call light was observed on the floor behind the head of her bed.</p> <p>During a review of Resident 3 ' s Admission Record (a document containing a summary of basic information about the resident), the admission record indicated Resident 3 was admitted on [DATE] and most recently readmitted on [DATE]. Resident 3 ' s admitting diagnoses included unspecified abnormalities of gait (walking pattern) and mobility, generalized muscle weakness, osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) to both hips, history of falling, dementia (a progressive state of decline in mental abilities), lack of coordination, and difficulty in walking.</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS, a resident assessment tool), dated 2/7/2025, the MDS indicated Resident 3 had moderate cognitive impairment (noticeable but not severe difficulties with memory, language, problem-solving, and judgment, impacting daily activities). The MDS indicated Resident 3 required partial to moderate assistance from staff for mobility while in and out of bed.</p> <p>During a review of Resident 3 ' s care plan titled The resident is at risk for falls & injuries, dated 2/12/2025, the care plan interventions indicated staff were to maintain Resident 3 ' s call light within reach.</p> <p>During an interview on 4/2/2025 at 11:58 a.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 3 was at risk for falls. CNA 1 stated interventions to prevent Resident 3 from falling included keeping Resident 3 ' s call light within reach.</p> <p>(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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/2/2025 at 12:00 p.m., at Resident 3 ' s bedside, with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 3 ' s call light was on the floor and not within Resident 3 ' s reach.</p> <p>During an interview on 4/2/2025 at 2:14 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated fall prevention interventions included keeping the resident ' s call light within their reach to allow them to call for assistance if needed. LVN 1 stated not having the call light within reach created the risk for the resident to get up unassisted and experience a fall.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Falls and Fall Risk, Managing, revised 3/2018, the P&P indicated staff were to implement resident-centered fall prevention plans to reduce specific risk factors of falls for each resident at risk for or with a history of falls.</p> <p>During a review of the facility ' s P&P titled Call System, Resident, dated 9/2022, the P&P indicated each facility resident was to be provided with a means to call staff directly for assistance from his/her bed.</p>		