

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 04/16/2025
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure a seven-day bed hold was maintained for two of two sampled residents (Resident 1 and Resident 3) after they were transferred to the General Acute Care Hospital (GACH). <p>This deficient practice resulted in the resident ' s rights being violated by not allowing them to return to their assigned beds in the facility per State and Federal regulations.</p> <p>Findings:</p> <p>A. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included schizophrenia (a mental illness that is characterized by disturbances in thought), hypertension (HTN-high blood pressure), and obesity (condition of having excess body weight).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a resident assessment tool), dated 2/7/2025, the MDS indicated Resident 1 ' s cognition (ability to reason and understand) was severely impaired. Resident 1 needed moderate (helper provides less than half the effort) assistance showering, dressing, and performing personal hygiene.</p> <p>During a review of Resident 1 ' s Bed Hold Informed Consent (document notifying a resident of their right to a seven-day bed hold), the consent indicated Resident 1 was transferred to the GACH on 4/6/2025.</p> <p>During a concurrent interview and record review on 4/16/2025 at 10:40 a.m. with the Business Office Manager (BOM), Resident 1 ' s transfer/admission status was reviewed. Resident 1 ' s admission status indicated he was transferred out to the GACH on 4/6/2025. The BOM stated Resident 1 ' s bed should have been on hold from 4/6/2025 to 4/13/2025. The BOM stated Resident 1 ' s bed was assigned to another resident on 4/7/2025, and the seven-day bed hold was not honored. The BOM stated, Residents have the right to have their bed held because it gives them the opportunity to come back to the facility. The BOM stated, Coming back to a different room would hurt because it ' s your home. The BOM stated, she did not know why Resident 1 ' s bed was not held.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/2025 at 12:47 p.m. with the Social Services Director (SSD), the SSD stated when a resident is transferred to the GACH, the facility will hold their bed for seven days to ensure they have a bed available. The SSD stated, if the resident remains out of the facility greater than seven days, the bed may be given away. The SSD stated if a resident returns to a new room from the GACH they wouldn't feel comfortable. The SSD stated she did not know why Resident 1's bed was given away on 4/7/2025.</p> <p>B. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE]. Resident 3's diagnoses included schizoaffective disorder, hypertension, and Diabetes ([DM]-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 3's History and Physical (H&P), dated 4/8/2025, the H&P indicated Resident 3 was unable to make health decisions.</p> <p>During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognition was severely impaired. Resident 3 needed moderate assistance showering, dressing, and performing personal hygiene.</p> <p>During a review of Resident 3's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 4/3/2025, the SBAR indicated Resident 3 was transferred to the GACH on 4/3/2025.</p> <p>During a concurrent interview and record review on 4/16/2025 at 10:40 a.m. with the BOM, Resident 3's transfer/admission status was reviewed. Resident 3's admission/transfer status indicated he was transferred out to the GACH on 4/3/2025. Resident 3 was placed on bed hold status on 4/3/2025. The BOM stated Resident 3's bed should have been held from 4/3/2025 to 4/10/2024. The BOM stated Resident 3's bed was not available when he was readmitted on [DATE], and Resident 3 was placed in the bed that was on hold for Resident 1. The BOM stated, she did not know what happened to Resident 3's previous bed.</p> <p>During a concurrent interview and record review on 4/16/2024 at 3:04 p.m. with the Director of Nursing (DON), Resident 3's Bed Hold Informed Consent form was reviewed. The DON stated the Bed Hold informed consent was not completed for Resident 3. The DON stated the consent form is signed upon admission and at the time of transfer, so the resident knows their rights concerning the seven-day bed hold. The DON stated if the Bed Hold form is not completed, the responsible party would not be aware. The DON stated the seven-day bed hold is automatic for everyone, and it does not need to be requested. The DON stated it is important to keep the same bed because the resident gets used to the room.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Bed-Holds and Returns dated March 2017, the P&P indicated prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail the rights and limitations of the resident regarding bed holds.</p> <p>During a review of the facility's P&P titled, Resident Rights dated December 2016, the P&P indicated residents have the right to be informed about his or her rights and responsibilities.</p>		