STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555781	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Del Rio	7002 Gage Avenue Bell Gardens, CA 90201

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to: 1). Follow its policy and procedure (P&P) titled, Bed Hold (reserving resident's bed for 7 days while temporarily away from the facility, such as during hospitalization or therapeutic visits) Notice, which indicated to provide written information to the resident and/or the resident representative (RP) regarding bed hold practices both well in advance, and at the time of transfer, hospitalization or therapeutic leave.2). Offer the facility's first available bed to one of three sampled residents (Resident 1), who was hospitalized and ready to return to the facility after the seven (7)-day bed hold period. These failures resulted in violating the resident's right to be permitted to return in the facility's first available bed on 6/17/2026. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (one-sided muscle weakness) following unspecified (unknown) cerebrovascular disease (a condition that affects the blood vessels and blood flow to the brain) affecting left non-dominant side (the side of the body a person uses the least).During a review of Resident 1's History and Physical (H&P), dated 11/4/2025, the H&P indicated Resident 1 had did not have the capacity to understand and make decisions.During a review of the facility's Facility Assessment (a facility-wide assessment used to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies), dated 1/27/2026, the Facility Assessment indicated the facility can provide wound care, containment of infections, and respiratory therapy. The Facility Assessment indicated BiPAP, as a medical supply that facility could order if needed.During a review of Resident 1's Minimum Data Set ([MDS], a resident assessment tool), dated 3/21/2026, the MDS indicated Resident 1 was not assessed for cognitive patterns (the ability to think, learn, use judgement, and make decisions). Resident 1 was dependent (helper does all the effort) on staff to perform Activities of Daily Living (ADLs) such as eating and showering/bathing self. Resident 1 required substantial/maximal assistance (helper does more than half the effort) to perform movements such as rolling left and right and was dependent to change positions from sitting to lying.During a review of Resident 1's Order Summary Report, dated 5/1/2026, the Order Summary Report indicated Resident 1 was transferred out to a General Acute Care Hospital (GACH) and a had a bed hold order for seven days on 4/28/2026.During a review of facility's census, dated 6/17/2026, the census indicated the facility had 16 empty rooms available.During a review of Resident 1's Bed Hold Notification, dated 4/28/2026, the Bed Hold Notification did not include a signature of Resident or Responsible Party to indicate that Resident 1's RP had received the facility's policy regarding the seven-day bed hold and Resident 1's right to hold a vacant space.1. During an interview on 6/26/2026 at 12:16 p.m., with the Administrator (Admin), the Admin stated Resident 1 was returning with Bilevel Positive Airway Pressure ([BIPAP], a non-invasive machine used to assist in breathing) machine, and the facility had the capacity to take care of the residents who used a BIPAP. The Admin stated residents returning past the 7-day bed hold will be reviewed by the Director of Nursing (DON) to ensure the facility can care for the resident. The (continued on next page)

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

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Admin stated the DON reviewed Resident 1's acuity (the severity of a patient's illness or medical condition) that was too high due to routine BIPAP use, continuous oxygen use, and wounds that required isolation.During a concurrent interview and record review on 6/26/2026 at 12:51 p.m., with the Business Office Manager (BOM), the email thread between BOM and GACH Case Manager (CM), dated 6/17/2026, was reviewed. The BOM stated GACH was ready to send Resident 1 back to the facility on 6/17/2026. The BOM stated the DON reviewed the clinicals for Resident 1 and determined Resident 1 could not be readmitted to facility due to high acuity.During a concurrent interview and record review on 6/26/2026 at 3:19 p.m., with Admin, the census, dated 6/17/2026, was reviewed. The Admin stated the facility had an empty isolation room and could care for Resident 1's wounds, BiPAP machine, and could have readmitted back to the facility on 6/17/2026.2. During a concurrent interview and record review on 7/8/2026 at 4:05 p.m., with the DON, facility's P&P titled, Bed Hold Notice, dated 1/2026, and Resident 1's Bed Hold Notification, dated 4/28/2026, were reviewed. DON stated bed hold notices were provided to residents' RP verbally via phone. DON stated Resident 1's Bed Hold Notification Form was not signed by Resident 1 or their RP to confirm that Resident 1 received the facility's bed hold policy. DON stated Resident 1's Bed Hold Notification should have been signed. DON stated Resident 1's RP was not provided with written notice of facility's bed hold policy after Resident 1 was transferred to GACH on 4/28/2026. DON stated staff were not following facility's bed hold policy by not ensuring Resident 1's Bed Hold Notification was signed and by not providing written notice to Resident 1's RP during time of transfer to GACH.During a review of facility's P&P titled, Facility Assessment, dated 1/27/2026, the P&P indicated, This facility conducts and documents a facility-wide assessment to determine what resources are necessary to care for our residents competently during both day-to-day operations (including nights and weekends) and emergencies.During a review of facility's P&P titled, Noninvasive Ventilation (Continuous Positive Airway Pressure [CPAP], a breathing machine designed to increase air pressure, keeping the airway open when the person breathes in), BiPAP, Average Volume-Assured Pressure Support [AVAPS], a setting on breathing machines that gives fixed pressure), Trilogy (a brand of portable ventilator (breathing machine)), dated 2026, the P&P indicated, it is the policy of this facility to provide noninvasive ventilation (assisted breathing without surgical airways or intubation), as per physician's orders and current standards of practice.During a review of facility's P&P titled, Bed Hold Notice, dated 1/2026, the P&P indicated, As part of the admission packet and at the time of transfer to the hospital or therapeutic leave, the facility will provide the resident and/or the resident representative written information that specifies the facility policies regarding bed-hold periods allowing the resident to return to the next available bed and conditions upon which the resident would return to the facility which include the resident requiring services which the facility provides. The P&P also indicated, The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or representative in the resident's file and/or medical record.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Facility Assessment, which indicated, the facility assessment should be reviewed and updated as necessary whenever there is any change that would require a substantial modification to any part of the assessment, when the facility did not have a contracted Respiratory Therapy ([RT], a specialized healthcare where practitioners are trained in pulmonary [relating to the lungs] medicine to work with people suffering from pulmonary disease) in the building. This failure had the potential for the facility not to provide adequate care and services to residents requiring RT services.Findings: During a review of facility's Facility Assessment (a facility-wide assessment used to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies), dated 1/27/2026, the Facility Assessment indicated Respiratory Therapy ([RT], a specialized healthcare field where practitioners are trained in pulmonary (relating to the lungs) medicine to work with people suffering from pulmonary disease). During a concurrent interview and record review on 6/26/2026 at 1:40 p.m., with the Administrator (Admin), the facility's Facility Assessment, dated 1/27/2026, was reviewed. The Admin stated that they did not have an active contract with an RT company. Admin stated it was not appropriate to include RT in the facility's assessment since they did not have an active contracted RT company. The Admin stated the facility assessment should be updated annually and as needed. During a review of facility's P&P titled, Facility Assessment, dated 1/2026, the P&P indicated, the facility assessment should be reviewed and updated as necessary and at least annually, whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.