

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555903	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2024
NAME OF PROVIDER OR SUPPLIER  The Gardens of El Monte		STREET ADDRESS, CITY, STATE, ZIP CODE  5044 Buffington Rd El Monte, CA 91732	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>37198</p> <p>Based on observation, interview, and record review, the facility failed to implement an effective pest control program by not preventing fruit flies (very small flies which eat fruit and rotting plants) from being inside the conference room and the resident's room for one of four sampled residents (Resident 2).</p> <p>This deficient practice had the potential to create unsanitary conditions for Resident 2, staff, and visitors.</p> <p>Findings:</p> <p>During an observation on 4/8/2024 at 1:05 pm, in the presence of Resident 2, one fruit fly was flying in front of Resident 2's face. Resident 2 saw the fruit fly and tried to avoid the fruit fly by moving away from it.</p> <p>During another observation on 4/8/2024 at 3:49 pm, in the presence of the Business Office Manager (BOM), one fruit fly was flying in the facility's conference room.</p> <p>During an interview on 4/8/2024 at 2:43 pm, with the Maintenance Supervisor (MS), the MS stated the facility doors have to be kept closed to prevent pests like bugs and flies from coming into the facility.</p> <p>During an interview on 4/8/2024 at 4:20 pm, with the Director of Nursing (DON), the DON stated , the facility needed to call the pest control company when there were fruit flies. The DON stated the importance of not having pests in the facility was for infection control. The DON further stated staff had to encourage the residents to throw out bad food and that the facility had to continue to have pest control services.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Pest Control, revised in 10/2017, the P&amp;P indicated it is the policy of the facility that pests will be managed utilizing a pest management company. The facility will contract for the pest management company to provide routine service and be available if the facility needs additional services.</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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