

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/15/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of sexual abuse (non-consensual sexual contact of any type with a resident) for one of three sampled residents (Resident 1) to the California Department of Public Health (the Department), the Ombudsman (an official appointed to investigate individuals' complaints against maladministration), and to the local law enforcement, within two hours, in accordance with the facility's policy and procedure (P&P), titled Abuse Reporting and Prevention, revised 04/2024. This failure resulted in a delay in notification to the Department, the Ombudsman, and local law enforcement, and had the potential for Resident 1 to be subjected to abuse while at the facility. (Cross Reference F610) During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/1/2026 with diagnoses including paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 5/4/2026, the MDS indicated Resident 1 had no impairment in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 required partial/moderate (helper does less than half the effort) assistance from staff for personal hygiene and bathing. The MDS indicated Resident 1 required supervision or touch assist (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity; assistance may be provided throughout the activity or intermediately) from staff for toileting hygiene, dressing, and putting on/taking off footwear. During a review of Resident 2's AR, the AR indicated the facility admitted Resident 2 on 12/19/2025 and readmitted Resident 2 on 6/8/2026 with diagnoses including hemiplegia and hemiparesis (complete paralysis on one side of the body and partial paralysis on one side of the body that can affect the arms, legs, and facial muscles, respectively) following cerebral infarction (also called ischemic stroke, occurs as a result of disrupted blood flow to the brain), schizoaffective disorder (a mental health condition including schizophrenia and mood disorder symptoms), and type 2 diabetes mellitus. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had no impairment in cognitive skills. The MDS indicated Resident 2 required supervision or touch assistance from staff for toileting hygiene, showering, putting on footwear, and bathing. The MDS indicated Resident 2 required set up or clean-up assistance from staff for dressing and personal hygiene. During an interview on 7/15/2026 at 9:10 AM, with the Administrator in Training (AIT), the AIT stated Social Worker (SW 1) at General Acute Care Hospital (GACH) notified the facility's Social Service Director (SSD) on 7/10/2026 that Resident 1 had made an allegation of sexual abuse against a male resident (unidentified) at the facility. During an interview (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555903	Facility ID: 555903 If continuation sheet Page 1 of 4

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 7/15/2026 at 9:30 AM, with the SSD, the SSD stated SW 1 called the SSD on 7/10/2026 and notified the SSD that Resident 1 had alleged Resident 2 had exposed himself and was touching himself sexually in Resident 1's room. The SSD stated that after receiving the notification from SW 1, the SSD asked Resident 1 about the allegation. The SSD stated Resident 1 alleged to the SSD that Resident 2 would come into Resident 1's room nightly at around 11:00 PM. The SSD stated Resident 1 alleged once Resident 2 was inside Resident 1's room, Resident 2 would unzip Resident 2's pants and touch himself sexually. The SSD stated the SSD notified the AIT on 7/10/2026 of Resident 1's allegation of sexual abuse. During a follow-up interview on 7/15/2026 at 11:56 AM, with the AIT, the AIT confirmed Resident 1's allegation against Resident 2 was an allegation of sexual abuse. The AIT stated that the AIT did not report the allegation of sexual abuse to the Department, Ombudsman, and local law enforcement. During a review of the facility's P&P titled, Abuse Reporting and Prevention, revised 04/2024, the P&P indicated, It is the policy of this facility to ensure that alleged violations by anyone in the facility involving .abuse . are reported immediately to the administrator of the facility. The administrator, or his/her designee, will report each alleged abuse to the Ombudsman's office and the Department of Public Health immediately or within 2 hours per Section 1418.91 of the Health and Safety Code.		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate and document the investigation of an allegation of sexual abuse (non-consensual sexual contact of any type with a resident) for one of three sampled residents (Resident 1) in accordance with the facility's policy and procedure (P&P), titled Abuse Reporting and Prevention, revised 04/2024. This failure had the potential for Resident 1 to experience sexual abuse while in the care of the facility. (Cross Reference F609) During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/1/2026 with diagnoses including paranoid schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 5/4/2026, the MDS indicated Resident 1 had no impairment in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 required partial/moderate (helper does less than half the effort) assistance from staff for personal hygiene and bathing. The MDS indicated Resident 1 required supervision or touch assist (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity; assistance may be provided throughout the activity or intermediately) from staff for toileting hygiene, dressing, and putting on/taking off footwear. During a review of the facility's Census List (CL), dated 7/15/2026, the CL indicated Resident 1 resided in Room A from admission date of 5/1/2026 until a room change on 5/20/2026. During a review of Resident 2's AR, the AR indicated the facility admitted Resident 2 on 12/19/2025 and readmitted Resident 2 on 6/8/2026 with diagnoses including hemiplegia and hemiparesis (complete paralysis on one side of the body and partial paralysis on one side of the body that can affect the arms, legs, and facial muscles, respectively) following cerebral infarction (also called ischemic stroke, occurs as a result of disrupted blood flow to the brain), schizoaffective disorder (a mental health condition including schizophrenia and mood disorder symptoms), and type 2 diabetes mellitus. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had no impairment in cognitive skills. The MDS indicated Resident 2 required supervision or touch assistance from staff for toileting hygiene, showering, putting on footwear, and bathing. The MDS indicated Resident 2 required set up or clean-up assistance from staff for dressing and personal hygiene. During an interview on 7/15/2026 at 9:10 AM, with the Administrator in Training (AIT), the AIT stated Social Worker (SW 1) at General Acute Care Hospital (GACH) notified the facility's Social Service Director (SSD) on 7/10/2026 that Resident 1 had made an allegation of sexual abuse against a male resident (unidentified) at the facility. During an interview on 7/15/2026 at 9:30 AM, with the SSD, the SSD stated SW 1 called the SSD on 7/10/2026 and notified the SSD that Resident 1 had alleged Resident 2 had exposed himself and was touching himself sexually in Resident 1's room. The SSD stated that after receiving the notification from SW 1, the SSD asked Resident 1 about the allegation. The SSD stated Resident 1 alleged to the SSD that Resident 2 would come into Resident 1's room nightly at around 11:00 PM. The SSD stated Resident 1 alleged once Resident 2 was inside Resident 1's room, Resident 2 would unzip Resident 2's pants and touch himself sexually. The SSD stated the SSD notified the AIT on 7/10/2026 of Resident 1's allegation of sexual abuse. During an interview on 7/15/2026 at 9:44 AM with Resident 1, Resident 1 stated Resident 1 was admitted to Room A on 5/1/2026. Resident 1 stated that on 5/2/2026, at around 11:00 PM, Resident 2 came into Resident 1's room (Room A) and stood at the foot (continued on next page)		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of Resident 1's bed. Resident 1 stated Resident 2 was touching himself sexually at the foot of Resident 1's bed. Resident 1 stated Resident 2 repeated the same behavior nightly at the same time each night until Resident 2 was moved to room B. During a follow up interview on 7/15/2026 at 11:56 AM with the AIT, the AIT confirmed Resident 1's allegation against Resident 2 was an allegation of sexual abuse. The AIT stated that the AIT and the SSD investigated the allegation of sexual abuse. The AIT stated part of the investigation was to interview residents (in general) in the area where the allegation was supposed to have occurred. the AIT and the SSD interviewed residents (in general) in and around Room B. The AIT stated the AIT, and the SSD did not interview residents in and around Room A. The AIT stated the AIT did not retain an investigation file containing the interviews with residents (in general) or staff (in general) used to investigate the allegation of sexual abuse. During a follow up interview on 7/15/2026 at 12:05 PM with the SSD, the SSD stated that besides Resident 1's interview, the SSD did not document any interviews of residents (in general) or staff (in general) during the investigation of Resident 1's allegation of sexual abuse. During a review of the facility's P&P titled, Abuse Reporting and Prevention, revised 04/2024, the P&P indicated the reporting procedure into allegations of abuse included, . Begin an investigation file labeled Confidential Document. All interviews, reports, notes, and other pertinent documents shall be maintained in the file. The investigation of alleged abuse form is used to document the investigation. Statements from witnesses or employees who were involved or may have been involved should be documented by the employee. If they are not written by the employee, it should be documented, read to the employee and the employee should sign the statement. If the statement is not written in English a staff member may attach a paper with the interpretation in English and should sign the interpretation statement. Social Services or those assigned by the Administrator initiate an investigation which may include an interview of the involved resident(s) and other parties (volunteers, employees, visitors, etc., who have knowledge of the alleged incident) documenting on the interview record by that person. Interview records are kept confidential and maintained in a confidential file in the Administrator's office [.] A designated person completes the investigation form after the investigation is complete [.] The completed confidential file and all other material related to the incident are forwarded in its entirety to the administrator.		