STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 950000007	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madera Post Acute Center	**11900 RAMONA BOULEVARD , EL MONTE, California, 91732**

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C0000	Initial Comments The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint Number: 2635342 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the complaint number: 2635342 (Refer to C6225).	C0000	The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations, and is intended to serve as a credible allegation of our intent to correct the practices identified as deficient. The Plan of correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, the facility is submitting this document in order to comply with its obligations as a provider participating in Medicare/Medicaid program(s).	
C6225	General Maintenance CFR(s): T22 DIV5 CH3 ART6-72639(b) (a) The facility, including the grounds, shall be maintained in a clean and sanitary condition and in good repair at all times to ensure safety and well-being of patients, staff and visitors. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the floor (locate at the hallway from entrance to nurse station 1, in front of rehab service room and patio) not cracked for Resident 4, Resident 5 and Resident 6. This deficient practice had the potential to result in residents being tripped by the cracked floor and causing residents' falls. Findings: During a review of Resident 4's Admission Record (AR), the AR indicated the facility originally admitted Resident 4 on 9/26/2025, and readmitted on 10/1/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of	C6225	C6225 General Maintenance How corrective action will be accomplished for those residents found to have been affected by the identified practice. Immediate Corrective action(s) for resident(s) found to have been affected by the deficient practice: - On 10/09/25, the Maintenance Supervisor (MS) repaired the crack on the hallway floor near Station 1 and the Rehabilitation Room to eliminate any potential safety hazard for residents. How the facility will identify other residents having the potential to be affected by the same identified practice and what corrective action will be taken. - On 10/21/25, the Safety Committee conducted a comprehensive walk through of the facility to identify any additional cracks or floor hazards throughout all resident and common areas. - No other residents were found to be affected by this deficient practice. What measures will be put into place or what systemic changes will the facility make to ensure that the identified practice does not recur. - On 10/21/25 and 10/22/25 , the Director of Staff Development (DSD) and Maintenance Supervisor (MS) provided in-service training to all staff regarding the use and importance of the Maintenance Log for timely reporting and follow-up on facility repairs. - Beginning 10/22/25, the Maintenance Supervisor will conduct floor inspections 2–3 times per week for three months to monitor for cracks or hazards and ensure prompt corrective action is taken as needed.	10/23/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Renee Gr	Administrator	10/23/25

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C6225	Continued from page 1 cartilage), abnormalities of gait and mobility. During a review of resident 4's History and Physical (H&P), dated 9/27/2025, the H&P indicated Resident 4 had the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 10/7/2025, the MDS indicated the resident had moderately impaired cognitive (ability to remember things, solve problems, or make decisions) skills for daily decision making. The MDS indicated the resident required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, walk 10 feet, and walk 50 feet with two turns. The MDS indicated the resident required supervision or touching assistance (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 intermittently) with personal hygiene. During a review of Resident 4's Care Plan (CP) dated 9/27/2025, the CP indicated that the facility should maintain a clear pathway and free of obstacles for the resident to prevent falls. The CP indicated that Resident 4 needed a safe environment including floors were free from spills and/or clutters. During a review of Resident 5's AR, the AR indicated the facility admitted Resident 5 on 11/30/2022 with diagnoses including COPD, congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of resident 5's H&P, dated 10/25/2024, the H&P indicated Resident 5 had the capacity to understand and make decisions. During a review of Resident 5's MDS, dated 9/2/2025, the MDS indicated the resident had intact cognitive skills for daily decision making. The MDS indicated the resident required supervision or touching assistance with walking 10 feet, walking 50 feet with two turns, and walking 150 feet. The MDS indicated the resident required setup or clean up assistance (Helper sets up	C6225	How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system. - The Maintenance Supervisor (MS) will be reporting the results of the monitoring to the QA committee and safety committee monthly x 3 months for review and recommendations and ensure substantial compliance is sustained. - Any deficient practices will be corrected immediately and discussed during QA committee meetings to identify root cause and action plan to prevent any further deficient practices.	

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C6225	Continued from page 2 or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating, shower/bath self, personal hygiene, lower body dressing and putting on/taking off footwear. During a review of Resident 5's CP, dated 6/5/2024, the CP indicated Resident 5 was at risk for falls related to gait balance problems, and Resident 5 needed a clutter free environment. During a review of Resident 6's AR, the AR indicated the facility originally admitted Resident 6 on 10/08/2016, readmitted on 11/30/2022 with diagnoses history of cerebral infarction (as a result of disrupted blood flow to the brain due to problems with the blood vessels), hypertension (high blood pressure), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and rheumatoid arthritis (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility). During a review of Resident 6's H&P, dated 1/1/2025, the H&P indicated Resident 6 had the capacity to understand and make decisions. During a review of Resident 6's MDS, dated 8/6/2025, the MDS indicated the resident had intact cognitive skills for daily decision making. The MDS indicated the resident required substantial/ maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene and shower/bathe self. The MDS indicated the resident required partial/moderate assistance with upper and lower body dressing. During a review of Resident 6's CP, dated 5/25/2023, revision on 11/22/2024, the CP indicated Resident 6 was at risk for falls relating to incontinence, paralysis, and psychoactive drug use. The CP indicated that the facility should educate resident/caregiver about safety reminders. During an observation on 10/9/2025 at 9:29 AM at the hallway, which is from the entrance to nurse station 1, in front of the rehab service room and next to the patio, the floor is cracked. During a concurrent observation and interview on 10/9/2025 at 10:21 AM at the hallway next to the cracked floor, Resident 4 was ambulating in the hallway and passing across the cracked floor. Resident 4 stated that the cracked floor is unsafe due to it could cause	C6225		

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C6225	Continued from page 3 resident fall. During an observation on 10/9/2025 at 11:12 AM at the hallway next to the cracked floor, Resident 5 was walking across the cracked floor using a roller walker. During an observation on 10/9/2025 at 12:49 PM at the hallway next to the cracked floor, Resident 6 was sitting in a wheelchair and pushing the wheelchair across the cracked floor by self. During an interview on 10/9/2025 at 1:48 PM with Resident 5, Resident 5 stated that the cracked floor in the facility is unsafe for residents to prevent fall when walking through it. Resident 5 stated that it is important to place a sign on the cracked floor to prevent resident step on it before fixing. During an interview on 10/9/2025 at 1:52 PM with Resident 6, Resident 6 stated that the cracked floor is unsafe for resident who use wheelchair, and it could cause fall. During an interview on 10/9/2025 at 12:20 PM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated staff should report to maintenance and write down on the maintenance log to request a check and repair when notice the cracked floor. LVN 1 stated it was important to repair the floor to remove the safety hazard and prevent resident fall. During a concurrent interview and record review on 10/9/2025 at 12:38 PM with the Maintenance Director (MD), the facility's Maintenance Log for July, August, September, and October 2025 for four nurse stations were reviewed. The MD stated there was no report about the cracked floor at the hallway in front of the patio and the rehab service room. The MD stated it is important to find and fix the cracked floor in a timely manner. The MD stated he should have placed a warning sign on top of the cracked floor to avoid resident step on it and prevent falling before the floor is fixed. During an interview on 10/9/2025 at 12:57 PM with the administrator, the administrator stated the facility should keep the floor in good maintained condition because the cracked floor was a safety issue for residents and could lead to resident falls. The administrator stated that the facility should put a sign to remind residents and staff to avoid hitting the cracked floor and get injury. During a review of the facility's policy and procedure (P&P) titled, "Maintenance Policy," reviewed on 1/2025,	C6225		

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C6225	Continued from page 4 the P&P indicated, the facility need ensure the building, equipment, and overall environment remain safe, clean, and functional for residents, staff, and visitors. The P&P indicated, the facility should maintenance of flooring, lighting and common areas to prevent falls and injuries according to preventive maintenance program.	C6225		