

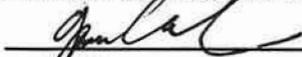
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONROVIA GARDENS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 W. DUARTE RD.</b> <b>MONROVIA, CA 91016</b>	
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Complaint Number: CA00945947  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Three deficiencies were issued for the complaint number: CA00945947 (Refer to F584, F688, and F842).  One Class B Citation was issued for the complaint number: CA00945947 (Refer to Health and Safety Code 1424).	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss	F 584	<b>F584</b> <b>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b>  Resident 2 was referred to the facility's rehabilitation department for a reassessment of their need for durable medical equipment (DME). If deemed necessary, an appointment with an external rehabilitation provider will be coordinated per resident preference.  <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b> All residents have the potential to be affected by this deficient practice.  On March 18, 2025, the Director of Nursing (DON) or designee conducted a review of all	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

3/20/25

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.

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F 584	<p>Continued From page 1 or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect one of three sampled residents' (Resident 2's) property from loss, according to the facility's policy and procedure (P&amp;P) titled, "Personal Property," when facility staff did not inventory Resident 2's durable medical equipment (DME- reusable medical devices, equipment, or supplies prescribed by a healthcare provider to assist with the treatment, monitoring, or management of a medical condition or disability) of a right hand resting splint (RHRS) in Resident 2's Resident Clothing and Possession (RCP) form on 1/21/2025, and the RHRS was not lost in the facility.</p>	F 584	<p>residents with splints in the facility to ensure that the durable medical equipment (DME) was accurately accounted for and easily locatable.</p> <p>No additional findings were noted.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</b></p> <p>From March 17 to March 21, the Director of Nursing (DON) or designee conducted an in-service training for licensed nursing staff on the importance of accurately inventorying resident durable medical equipment (DME) and ensuring its proper placement. This training aims to meet resident needs effectively and eliminate barriers to care.</p> <p>Additionally, the Medical Records department or designee will audit admissions and readmissions to verify proper inventory logging of applicable DME. Any negative findings will be reported to the DON for further review</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b></p> <p>The DON/designee will provide any negative findings to QAPI committee monthly x 3 months for further monitoring and action planning as indicated or until QAA committee determines compliance.</p> <p><b>Date of Compliance: March 21st, 2025</b></p>		

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F 584	<p>Continued From page 2</p> <p>These failures had the potential for Resident 2 to develop further loss of function and contracture (a condition of shortening and hardening of muscles, tendons, or other tissues, often leading to deformity and rigidity of joints) of the right hand.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 10/4/2023 with diagnoses that included conversion disorder with mixed symptom presentation (mental health condition characterized by physical symptoms that cannot be explained by a medical or neurological condition), dysarthria (speech disorder characterized by difficulty in articulating words and producing clear speech due to weakness or poor coordination of the muscles involved in speech production), anarthria (characterized by the complete inability to articulate speech. caused by damage to the brain or nerves that control the muscles involved in speech production, such as the lips, tongue, and vocal cords), and unspecified neuropathy (A condition that involves damage to the peripheral nervous system from injury or disease process).</p> <p>During a review of Resident 2's RCP dated 10/4/2024, the RCP indicated no inventory update was documented when Resident 2 received the RHRS on 1/21/2025.</p> <p>During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool), dated 1/9/2025, the MDS indicated Resident 2 had moderately impaired cognition (ability to think, remember, and reason). The MDS indicated</p>	F 584			

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F 584	<p>Continued From page 3</p> <p>Resident 2 was dependent (helper does ALL the effort. Resident does none of the effort to completely the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting hygiene, lower body dressing, putting on/taking off footwear, and chair/bed-to-chair transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half effort) with showering/bathing self, personal hygiene, and rolling left and right. The MDS indicated the activity was not attempted due to medical condition or safety concerns with sitting to lying, lying to sitting on side of bed, sitting to standing, toilet transfers, and walking 10 feet.</p> <p>During a review of Resident 2's physician orders (PO) dated 1/22/2025, timed at 2:57 pm, the PO indicated Resident 2 to don (put on) and (take) off RHRS at night tolerated by resident, at bedtime.</p> <p>During a review of Resident 2's DME Wear and Care Instructions (DME WCI), undated, the DME WCI indicated, "DO NOT LOSE."</p> <p>During a review of Resident 2's Progress Notes (PN) dated 1/21/2025 to 2/26/2025, the PN indicated no documentation Resident 2's RHRS was lost.</p> <p>During an interview on 2/26/2025 at 11:06 am with Resident 2, Resident 2 stated (unidentified) facility staff lost Resident 2's RHRS the week of 1/21/2025 when Resident 2 received the splint. Resident 2 stated Resident 2 told facility staff (unidentified) Resident 2 needed to wear her RHRS, but facility staff did not listen. Resident 2</p>	F 584			

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F 584	<p>Continued From page 4</p> <p>stated facility staff (unidentified) would not give Resident 2 the RHRS and would not tell Resident 2 where the RHRS was. Resident 2 stated Resident 2 still did not know where the RHRS was at, and that no staff have found it or looked for it.</p> <p>During a telephone interview on 2/26/2025 at 3:52 pm with the Director of Rehabilitation Services (DOR), the DOR stated the DOR was aware Resident 2 had a RHRS for contractures, but was not aware it was missing. The DOR stated Resident 2's RHRS put Resident 2's hand in a resting position to keep the hand in a more open and natural position. The DOR stated without Resident 2's RHRS, Resident 2 could develop further contractures, increased stiffness, discomfort, and pain to the right hand.</p> <p>During a concurrent interview and record on 2/26/2025 at 4:57 pm with Registered Nurse (RN) 2, Resident 2's medication administration record (MAR- a report that serves as a legal record of the medications administered to a resident) for 1/2025 and 2/2025 was reviewed. RN 2 stated RN 3 received the order for Resident 2's RHRS on 1/21/2025 when Resident 2 received the RHRS. RN 2 stated the DOR assisted RN 2 on how to write the order for Resident 2's RHRS. RN 2 stated RN 2 saw Resident 2's RHRS on the evening of 1/22/2025 and that was the last time RN 2 saw it. RN 2 stated starting 2/10/2025, Resident 2's MAR for the RHRS indicated "10", which was "other" and required a PN to indicate why a licensed nurse was documenting "other." RN 2 stated all facility staff were supposed to keep track of Resident 2's RHRS by documenting it in Resident 2's RCP form and document in Resident 2's PN when the RHRS was donned</p>	F 584		

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F 584	Continued From page 5 and doffed (to take off). RN 2 stated if staff could not find Resident 2's RHRS it was their responsibility to report it missing. RN 2 stated Resident 2's RHRS was supposed to help Resident 2 with pain, movement, and help prevent contractures.  During a review of the facility's P&P titled, "Personal Property," revised 8/2022, the P&P indicated resident belongings were treated with respect by facility staff, regardless of perceived value. The P&P indicated residents' personal belongings and clothing are inventoried and documented upon admission and updated as necessary. The P&P indicated the facility would promptly investigate any complaints of misappropriation or mistreatment of resident property.	F 584		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and  §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a	F 688	<b>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b>  RNA 1 and RNA 2 are no longer employed in the facility.  Additionally, on March 5, 2025, the Administrator or designee held a one-on-one in-service session with RNA 5 along with a counseling, focusing on the importance of following RNA orders for Resident 2 and other residents in the program. This training emphasized essential steps for enhancing compliance and ensuring that residents' needs are effectively met.	

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F 688	<p>Continued From page 6</p> <p>reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide restorative nursing services (RNS- specialized nursing interventions provided by a restorative nursing assistant [RNA] focused on helping to maintain or regain functional abilities to achieve the highest level of well-being, often after rehabilitation or to prevent decline) for one of three sampled residents (Resident 2), according to the facility's policy and procedure (P&amp;P) titled, "Restorative Nursing Services," by failing to:</p> <p>1. Ensure Restorative Nurse Assistant (RNA) 5 completely followed Resident 2's physician orders (PO) for range of motion (ROM- exercises and/or movements designed to improve the flexibility and mobility of joints) when RNA 5 provided RNS to Resident 5 on 2/25/2025, 2/26/2025 and other unspecified days in 2/2025.</p> <p>2. Ensure RNA 1 and RNA 2 did not initial Resident 2's Restorative Nursing Flow Sheet (RNFS) to indicate RNS was provided to Resident 2 on 1/16/2025, 1/24/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, and 1/31/2025 when RNA 1 and RNA 2 were not clocked in to work on those dates.</p> <p>As a result of these failures, Resident 2 did not receive the complete order for RNS on 2/25/2025 and 2/26/2025. Resident 2 did not receive any RNS on 1/16/2025, 1/24/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, and 1/31/2025. These failures had the potential to result in further ROM decline, loss of function, and contracture (a condition of shortening and hardening of</p>	F 688	<p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b></p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>On March 18th, 2025, the Director of Nursing (DON) or designee reviewed residents participating in the restorative nursing assistant (RNA) program to ensure that treatments were properly authenticated and administered, thereby preventing any further decline in range of motion (ROM).</p> <p>No additional findings were noted.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</b></p> <p>The facility's Director of Staff Development (DSD) resigned on March 7, 2025. A new DSD is scheduled to be onboarded on March 19, 2025, and appropriate policies and procedures will be followed to ensure the timely and accurate completion of Restorative Nursing flow sheets.</p> <p>On March 20th 2025, facility restorative nursing assistants (RNAs) participated in an in-service training session conducted by the Administrator or designee. The training emphasized the importance of adhering to RNA orders for residents and the necessity of accurate charting related to RNA treatments.</p> <p>The Director of Nursing (DON)/designee will review RNA treatments on a weekly basis to ensure that orders are being properly implemented and accurately documented.</p>		

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F 688	<p>Continued From page 7</p> <p>muscles, tendons, or other tissues, often leading to deformity and rigidity of joints) for Resident 2.</p> <p>Cross Reference F842</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 10/4/2023, with diagnoses that included conversion disorder with mixed symptom presentation (mental health condition characterized by physical symptoms that cannot be explained by a medical or neurological condition), dysarthria (speech disorder characterized by difficulty in articulating words and producing clear speech due to weakness or poor coordination of the muscles involved in speech production), anarthria (characterized by the complete inability to articulate speech. caused by damage to the brain or nerves that control the muscles involved in speech production, such as the lips, tongue, and vocal cords), and unspecified neuropathy (a condition that involves damage to the peripheral nervous system from injury or disease process).</p> <p>During a review of Resident 2's physician order (PO) dated 6/11/2024 the PO indicated Resident 2 to have RNA for bilateral lower extremity (BLE- both legs) active-assisted ROM exercises (AAROM- the joint receives partial assistance from an outside force) daily, five (5) days per week of 20 repetitions, three (3) sets of each exercise or as tolerated by patient.</p> <p>During a review of Resident 2's (CP) titled "Care Plan Report," initiated on 10/20/2024, the CP indicated Resident 2 was at risk for decreased</p>	F 688	<p>The Director of Staff Development (DSD)/ designee will conduct random rounds during RNA treatments to verify that orders are being executed as specified.</p> <p>Any negative findings will be reported to the Administrator for further review.</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b></p> <p>The DON/designee will provide any negative findings to QAPI committee monthly x 3 months for further monitoring and action planning as indicated or until QAA committee determines compliance.</p> <p><b>Date of Compliance: March 20th, 2025</b></p>	

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F 688	<p>Continued From page 8</p> <p>muscle strength. The CP goals indicated to maintain/increase muscle strength. The CP interventions included RNA for BLE AAROM exercises daily, 5 days per week of 20 repetitions, 3 sets of each exercise or as tolerated by patient.</p> <p>During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool), dated 1/9/2025, the MDS indicated Resident 2 had moderately impaired cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper does ALL the effort or the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for toileting hygiene, lower body dressing, putting on/taking off footwear, and chair/bed-to-chair transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half effort) with showering/bathing self, personal hygiene, and rolling left and right.</p> <p>During a review of Resident 2's RNFS for 1/2025 and 2/2025, the RNFS indicated on 1/16/2025, 1/30/2025, and 1/31/2025, RNA 2 initialed the Resident 2's RNFS to indicate RNA 2 provided AAROM exercises to Resident 2 as ordered by Resident 2's physician. The RNFS indicated on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025, RNA 1 initialed Resident 2's RNFS to indicate RNA 1 provided AAROM exercises to Resident 2. The RNFS indicated on 2/3/2025, 2/5/2025 to 2/7/2025, 2/10/2025, 2/12/2025 to 2/14/2025, 2/18/2025 to 2/21/2025, 2/24/2025, and 2/25/2025, RNA 5 initialed Resident 2's RNFS to indicate RNA 5 provided AAROM exercises to Resident 2 as ordered by the physician.</p>	F 688			

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NAME OF PROVIDER OR SUPPLIER  <b>MONROVIA GARDENS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 W. DUARTE RD.</b> <b>MONROVIA, CA 91016</b>	
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F 688	<p>Continued From page 9</p> <p>During a concurrent interview and record review on 2/26/2025 at 1:44 pm with the Director of Staffing Developing (DSD), RNA 1 and RNA 2's timecards and staffing sign-in sheets and Resident 2's RNFS for 1/2025 and 2/2025 were reviewed. The DSD stated on 1/16/2025, 1/30/2025, and 1/31/2025, RNA 2 initialed Resident 2's RNFS indicating RNA 2 provided the RNS, however RNA 2 was not working (on 1/16/2025, 1/30/2025, and 1/31/2025). The DSD stated on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025, RNA 1 initialed Resident 2's RNFS indicating RNA 2 provided the RNS, however RNA 1 was not working (on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025). The DSD stated RNA 1 and RNA 2 no longer worked at the facility. The DSD could not say if Resident 2 received RNS on 1/16/2025, 1/24/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, and 1/31/2025. The DSD stated if Resident 2 did not receive RNS as ordered by the physician, Resident 2 could have a decline in mobility that could cause Resident 2 to be unable to use Resident 2's limbs and would make Resident 2 more dependent with care and activities of daily living (ADL- the tasks of everyday life fundamental to caring for oneself).</p> <p>During an interview on 2/26/2025 at 11:06 am with Resident 2, Resident 2 stated the RNAs (unidentified) did not provide RNS to Resident 2 on 2/24/2025 or 2/25/2025. Resident 2 stated the RNAs (unidentified) say they are providing RNS, but they either don't do it or only complete the order partially.</p> <p>During a concurrent observation and interview on 2/26/2025 at 2:49 pm with RNA 5, Resident 2's RNS was observed. RNA 5 was observed providing BLE AAROM to Resident 2. RNA 5 was</p>	F 688		

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F 688	<p>Continued From page 10</p> <p>observed doing one set of 10 repetitions. RNA 5 stated RNA 5 was providing Resident 2 with leg extensions (to straighten the knee and hip from a bent or flexed position), leg flexion (to bend the knee and hip from a straight or extended position), lateral (side to side) movement, ankle rotation, flexion and extension.</p> <p>During a concurrent interview and record review on 2/26/2025 at 3:14 with RNA 5, Resident 2's RNFS dated 2/2025 was reviewed. RNA 5 stated Resident 2 was supposed to get three sets of 20 repetitions. RNA 5 stated RNA only provided one set of 10 repetitions to Resident 2. RNA 5 stated RNA 5 did not provide RNS to Resident 2 on 2/25/2025. RNA 5 stated RNA 5 initialed Resident 2's RNFS on 2/25/2025 indicating the treatment was completed even though RNA 5 did not complete the treatment because RNA 5, "was supposed to." RNA 5 stated there were other dates in 2/2025 (unable to recall exact dates) where RNA 5 either did not give the complete treatment to Resident 2 or did not do Resident 2's RNS at all because RNA 5 "did not have time." RNA 5 stated if Resident 2 did not receive RNS as ordered by the physician, Resident 2 could become contracted, be in pain, and have a loss of function. RNA 5 stated RNA 5 should not have documented that RNA 5 completed Resident 2's RNS on 2/25/2025 or the other dates in 2/2025 (unable to recall exact dates) so other staff could know Resident 2 did not receive RNS. RNA 5 stated documenting Resident 2's RNS was complete when it was not meant that Resident 2 was not getting the care and services ordered by Resident 2's physician and cannot make up for the loss in treatment.</p> <p>During an interview on 2/26/2025at 4:57 pm with</p>	F 688			

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F 688	Continued From page 11 Registered Nurse (RN) 2, RN 2 stated (in general) if RNAs did not complete a resident's RNS order in its entirety or at all, they were not supposed to initial they completed the treatment, and were supposed to inform a licensed nurse the treatment was not completed. RN 2 stated documenting a treatment was completed when it was not, was considered willful falsification of medical records. RN 2 stated not delivering care to Resident 2 could lead to a decline in Resident 2's health and Resident 2's health would not improve.  During a review of the facility's P&P titled, "Restorative Nursing Services," undated, the P&P indicated, "Residents will receive restorative nursing care as needed to help promote optimal safety and independence." The P&P indicated, "Restorative goals may include, but are not limited to supporting and assisting the resident in: a. adjusting or adapting to changing abilities; b. developing, maintaining or strengthening his/her physiological and psychological resources; c. maintaining his/her dignity, independence and self-esteem; and d. participating in the development and implementation of his/her plan of care."	F 688		
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information	F 842	<b>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b>  On February 27, 2025, licensed nursing staff and Rehab assessed Resident 2 for any adverse effects associated with missed restorative nursing assistant (RNA) orders. No ill effects were observed, and there was no decline in range of motion.	

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F 842	Continued From page 12 except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(h)(4) Medical records must be retained for-	F 842	RNA 1 and RNA 2 are no longer employed in the facility.  Additionally, on March 5, 2025, the Administrator or designee held a one-on-one in-service session with RNA 5 along with a counseling, focusing on the importance of following RNA orders for Resident 2 and other residents in the program. This training emphasized essential steps for enhancing compliance and ensuring that residents' needs are effectively met.  <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b>  All residents have the potential to be affected by this deficient practice.  On March 18th, 2025, the Director of Nursing (DON) or designee reviewed residents participating in the restorative nursing assistant (RNA) program to confirm that treatments were properly authenticated and administered, thereby preventing any further decline in range of motion (ROM).  No additional concerns were identified.  <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur.</b>  The facility's Director of Staff Development (DSD) resigned on March 7, 2025. A new DSD is scheduled to be onboarded on March 19, 2025, and appropriate policies and procedures will be followed to ensure the timely and accurate completion of Restorative Nursing flow sheets	

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F 842	<p>Continued From page 13</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure accurate documentation of restorative nursing services (RNS- specialized nursing interventions provided by a restorative nursing assistant [RNA] focused on helping to maintain or regain functional abilities to achieve the highest level of well-being, often after rehabilitation or to prevent decline) provided to one of three sampled residents (Resident 2), according to the facility's policy and procedure (P&amp;P) titled, "Charting and Documentation," by failing to:</p> <p>1. Ensure RNA 5 did not initial Resident 2's Restorative Nursing Flow Sheet (RNFS) when RNA 5 did not provide Resident 2 with range of motion (ROM- exercises and/or movements designed to improve the flexibility and mobility of joints) as ordered by the physician on 2/25/2025,</p>	F 842	<p>On March 20th 2025, facility restorative nursing assistants (RNAs) participated in an in- service training conducted by the Administrator or designee. This training emphasized the importance of adhering to RNA orders for residents and the necessity of accurate charting related to RNA treatments.</p> <p>The Director of Nursing (DON)/designee will review RNA treatments on a weekly basis to ensure that orders are being properly implemented and documented. The DSD/ designee will conduct random rounds during RNA treatments to verify that orders are being executed as specified.</p> <p>Any negative findings will be reported to the Administrator for further review</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained</b></p> <p>The Admin/designee will provide any negative findings to QAPI committee monthly x 3 months for further monitoring and action planning as indicated or until QAA committee determines compliance.</p> <p><b>Date of Compliance: March 20th, 2025</b></p>		

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F 842	<p>Continued From page 14</p> <p>2/26/2025 and other unspecified days in 2/2025.</p> <p>2. Ensure RNA 1 and RNA 2 did not initial Resident 2's RNFS to indicate RNS was provided to Resident 2 on 1/16/2025, 1/24/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, and 1/31/2025 when RNA 1 and RNA 2 were not clocked in to work on those dates.</p> <p>These failures resulted in Resident 2's medical records to contain inaccurate information that could affect Resident 2's care and result in ROM decline.</p> <p>Cross Reference F688</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 10/4/2023 with diagnoses that included conversion disorder with mixed symptom presentation (mental health condition characterized by physical symptoms that cannot be explained by a medical or neurological condition), dysarthria (speech disorder characterized by difficulty in articulating words and producing clear speech due to weakness or poor coordination of the muscles involved in speech production), anarthria (characterized by the complete inability to articulate speech. caused by damage to the brain or nerves that control the muscles involved in speech production, such as the lips, tongue, and vocal cords), and unspecified neuropathy (A condition that involves damage to the peripheral nervous system from injury or disease process).</p> <p>During a review of Resident 2's physician order (PO) dated 6/11/2024 the PO indicated Resident</p>	F 842			

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F 842	<p>Continued From page 15</p> <p>2 to have RNA for bilateral lower extremity (BLE- both legs) active-assisted ROM exercises (AAROM- the joint receives partial assistance from an outside force) daily, five (5) days per week of 20 repetitions, three (3) sets of each exercise or as tolerated by patient.</p> <p>During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool), dated 1/9/2025, the MDS indicated Resident 2 had moderately impaired cognition (ability to think, remember, and reason). The MDS indicated Resident 2 was dependent (helper does ALL the effort or the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for toileting hygiene, lower body dressing, putting on/taking off footwear, and chair/bed-to-chair transfers. The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half effort) with showering/bathing self, personal hygiene, and rolling left and right.</p> <p>During a review of Resident 2's RNFS for 1/2025 and 2/2025, the RNFS indicated on 1/16/2025, 1/30/2025, and 1/31/2025, RNA 2 initialed Resident 2's RNFS to indicate RNA 2 provided AAROM exercises to Resident 2 as ordered by Resident 2's physician. The RNFS indicated on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025, RNA 1 initialed Resident 2's RNFS to indicate RNA 1 provided AAROM exercises to Resident 2. The RNFS indicated on 2/3/2025, 2/5/2025 to 2/7/2025, 2/10/2025, 2/12/2025 to 2/14/2025, 2/18/2025 to 2/21/2025, 2/24/2025, and 2/25/2025, RNA 5 initialed Resident 2's RNFS to indicate RNA 5 provided AAROM exercises to Resident 2 as ordered by the physician.</p>	F 842		

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F 842	<p>Continued From page 16</p> <p>During a concurrent interview and record review on 2/26/2025 at 1:44 pm with the Director of Staffing Developing (DSD), RNA 1 and RNA 2's timecards and staffing sign-in sheets and Resident 2's RNFS for 1/2025 and 2/2025 were reviewed. The DSD stated on 1/16/2025, 1/30/2025, and 1/31/2025, RNA 2 initialed Resident 2's RNFS indicating RNA 2 provided the RNS, however RNA 2 was not working (on 1/16/2025, 1/30/2025, and 1/31/2025). The DSD stated on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025, RNA 1 initialed Resident 2's RNFS indicating RNA 2 provided the RNS, however RNA 1 was not working (on 1/24/2025, 1/27/2025, 1/28/2025, and 1/29/2025). The DSD stated RNA 1 and RNA 2 no longer worked at the facility. The DSD could not say if Resident 2 received RNS on 1/16/2025, 1/24/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, and 1/31/2025. The DSD stated if Resident 2 did not receive RNS as ordered by the physician, Resident 2 could have a decline in mobility that could cause Resident 2 to be unable to use Resident 2's limbs and would make Resident 2 more dependent with care and activities of daily living (ADL- the tasks of everyday life fundamental to caring for oneself).</p> <p>During an interview on 2/26/2025 at 11:06 am with Resident 2, Resident 2 stated the RNAs (unidentified) did not provide RNS to Resident 2 on 2/24/2025 or 2/25/2025. Resident 2 stated the RNAs (unidentified) say they are providing RNS, but they either don't do it or only complete the order partially.</p> <p>During a concurrent observation and interview on 2/26/2025 at 2:49 pm with RNA 5, Resident 2's RNS was observed. RNA 5 was observed</p>	F 842		
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F 842	<p>Continued From page 17</p> <p>providing BLE AAROM to Resident 2. RNA 5 was observed doing one set of 10 repetitions. RNA 5 stated RNA 5 was providing Resident 2 with leg extensions (to straighten the knee and hip from a bent or flexed position), leg flexion (to bend the knee and hip from a straight or extended position), lateral (side to side) movement, ankle rotation, flexion and extension.</p> <p>During a concurrent interview and record review on 2/26/2025 at 3:14 with RNA 5, Resident 2's RNFS dated 2/2025 was reviewed. RNA 5 stated Resident 2 was supposed to get three sets of 20 repetitions. RNA 5 stated RNA only provided one set of 10 repetitions to Resident 2. RNA 5 stated RNA 5 did not provide RNS to Resident 2 on 2/25/2025. RNA 5 stated RNA 5 initialed Resident 2's RNFS on 2/25/2025 indicating the treatment was completed even though RNA 5 did not complete the treatment because RNA 5, "was supposed to." RNA 5 stated there were other dates in 2/2025 (unable to recall exact dates) where RNA 5 either did not give the complete treatment to Resident 2 or did not do Resident 2's RNS at all because RNA 5 "did not have time." RNA 5 stated if Resident 2 did not receive RNS as ordered by the physician, Resident 2 could become contracted, be in pain, and have a loss of function. RNA 5 stated RNA 5 should not have documented that RNA 5 completed Resident 2's RNS on 2/25/2025 or the other dates in 2/2025 (unable to recall exact dates) so other staff could know Resident 2 did not receive RNS. RNA 5 stated documenting Resident 2's RNS was complete when it was not meant that Resident 2 was not getting the care and services ordered by Resident 2's physician and cannot make up for the loss in treatment.</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MONROVIA GARDENS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>615 W. DUARTE RD.</b> <b>MONROVIA, CA 91016</b>		
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F 842	<p>Continued From page 18</p> <p>During an interview on 2/26/2025at 4:57 pm with Registered Nurse (RN) 2, RN 2 stated (in general) if RNAs did not complete a resident's RNS order in its entirety or at all, they were not supposed to initial they completed the treatment, and were supposed to inform a licensed nurse the treatment was not completed. RN 2 stated documenting a treatment was completed when it was not, was considered willful falsification of medical records. RN 2 stated not delivering care to Resident 2 could lead to a decline in Resident 2's health and Resident 2's health would not improve.</p> <p>During a review of the facility's P&amp;P titled, "Charting and Documentation," revised 7/2017, the P&amp;P indicated, "All services provided to the resident, progress towards the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record." The P&amp;P indicated, "The medical record should facilitate communication between the interdisciplinary team (IDT- group of health care professionals with various areas of expertise who work together toward goals of their residents) regarding the resident's condition and response to care." The P&amp;P indicated, "Documentation in the medical record would be objective (not opinionated or speculative), complete, and accurate."</p>	F 842			