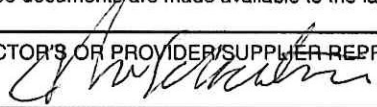


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555903		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/25/2025	
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF EL MONTE				STREET ADDRESS, CITY, STATE, ZIP CODE 5044 BUFFINGTON RD , EL MONTE, California, 91732			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
K0000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint.</p> <p>Complaint Number: 2564637</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Two deficiencies were identified for the complaint number: 2564637 (Refer to K-tag 918 and K-tag 711).</p>	K0000	<p>"Preparation and/or execution of this plan of correction does not constitute admission and agreement by the provider of truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction prepared and/or executed because it is required by the provisions of health and safety code section 1250 and 42 CFR 405.7907 ()</p> <p style="text-align: center;">Initials</p>				
K0711 SS = F	<p>Evacuation and Relocation Plan</p> <p>CFR(s): NFPA 101</p> <p>Evacuation and Relocation Plan</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.</p> <p>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.</p> <p>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow its own Fire Policy, which directs staff to pull the nearest fire alarm in the event of a fire. This deficient practice has the potential to not alert all individuals in the facility during the event of a fire which can negatively affect the health and safety of all 49 residents, staff, and visitors in the facility.</p>	K0711	<p>K 0711</p> <p>Corrective action for residents found to have been affected by this deficiency:</p> <p>On 07/28/2025, the Administrator provided a 1:1 in-service to the Director of Staff Development (DSD) and to Housekeeping 1 (HSK 1) on the Facility's Fire Policy and Procedure; and course of action for all personnel to follow in the event of a fire, including pulling the nearest fire alarm.</p> <p>Corrective action for residents that maybe affected by this deficiency:</p> <p>On 07/27/2025, 07/28/2025, and 08/03/2025, the DSD provided an in-service to department heads, nurses, dietary, activity, housekeeping/laundry,</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 reverse for further 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 ADMINISTRATOR	(X6) DATE 08/14/2025
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K0711 SS = F	<p>Continued from page 1</p> <p>Findings:</p> <p>During an interview on 7/23/2025 at 9:39 a.m. with the Administrator (ADM), the ADM stated that the switchboard in the facility's main electrical panel room caught fire at approximately 1 p.m. on 6/22/2025. The facility proceeded with a lateral evacuation to the other side of the building for the residents closest to the fire.</p> <p>During an interview on 7/25/2025 at 10 a.m. with the Director of Staff Development (DSD), the DSD stated that she was one of the first people to witness the smoke coming from the main electrical panel room along with Housekeeper 1 (HSK 1). The DSD proceeded to call 911, while HSK 1 called and informed the MS.</p> <p>During an interview on 7/25/2025 at 11:37 a.m. with the DSD, the DSD stated that the fire alarm was not triggered automatically and no one at the facility pulled the manual fire alarm when the fire was discovered on 6/22/2025.</p> <p>During an observation on 7/25/2025 at 12:15 p.m. with the Maintenance Supervisor (MS), there was a manual pull station located near the exit doors by Resident Room 17 and the DSD's office. The MS stated that this pull station was the closest manual fire alarm to the main electrical panel room where the fire originated.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Fire Policy", dated 9/2017, the P&P indicated, "The primary purpose of the Fire Policy and Procedure is to provide a course of action for all personnel to follow in the event of a fire". The procedure included, "Alert other staff members of the fire and location over the intercom system. Pull the nearest fire alarm..."</p>			K0711	<p>maintenance and other staff on the Facility's Fire Policy and Procedure and course of action for all personnel to follow in the event of a fire, including pulling the nearest fire alarm.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p> <p>During daily rounds, the DSD will randomly ask staff members on all shifts, what to do in case of fire to ensure pulling the fire alarm is identified.</p> <p>Discussion on activating the fire alarm will be part of the monthly fire drills performed by the facility's Fire Life Safety & Security vendor.</p> <p>During the initial orientation, the DSD will ensure new hires will be familiar with facility's Fire Policy and Procedure, including pulling the fire alarm.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>The QAPI Risk Management Practices Subcommittee will use indicator, "Fire Drill Program", monthly, to ensure staff</p>		
K0918 SS = F	<p>Electrical Systems - Essential Electric Syste</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p>			K0918			

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

FORM APPROVED

OMB NO. 0938-0391

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K0918 SS = F	<p>Continued from page 2</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide documentation that the facility's emergency generator had a four-hour continuous exercise within the past 36 months. In the event of a power loss, this failure has the potential for the emergency generator to fail or not properly operate as intended, which can negatively affect the health and safety of all 49 residents, staff, and visitors in the facility. This deficient practice affected three of three smoke compartments (space within a building enclosed by smoke barriers on all sides, including top and bottom, intended to restrict the spread of smoke from one area of a building to another).</p> <p>Findings:</p> <p>During an interview on 7/23/2025 at 12:17 p.m. with the Administrator (ADM) and Director of Nursing (DON), a request for written documentation of the most recently conducted four-hour generator load test was requested.</p> <p>During an interview on 7/23/2025 at 2:03 p.m. with the ADM, the ADM stated that he cannot find a copy of the most recent four-hour generator load test. The ADM stated that the MS might know where it is, but he was on vacation.</p> <p>During an interview on 7/25/2025 at 11:07 a.m. with the</p>	K0918	<p>has accessibility to Fire Policy & Procedure and to ensure alarm is initiated from the "fire area".</p> <p>The results will be submitted to the Administrator for review.</p> <p>The DSD will report the findings to the monthly QAPI committee for further review and recommendations</p> <p>The plan of correction will be completed on or before August 15, 2025.</p> <p>K 0918</p> <p>Corrective action for residents found to have been affected by this deficiency: On 08/03/2025, the Maintenance Supervisor witnessed a four-hour load test of the facility's emergency generator by Alliance Generators.</p> <p>Corrective action for residents that maybe affected by this deficiency: On 07/28/2025, the Maintenance Supervisor observed all other emergency generators. No other areas were affected by this deficient practice.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p>			08.15.25	

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K0918 SS = F	<p>Continued from page 3</p> <p>MS, a request for written documentation of the most recently conducted four-hour generator load test was requested.</p> <p>During a concurrent interview and record review on 7/25/2025 at 11:53 a.m., the MS provided a copy of the facility's generator service report dated 9/21/2021 and stated, this was the latest record the facility has for the emergency generator four-hour load test.</p> <p>During a review of the facility's generator service report, dated 9/21/2021, the report indicated that the emergency generator was tested from 15:15 to 18:30, which totaled 3 hours 15 minutes.</p> <p>During an observation on 7/25/2025 at 12:13 p.m., the facility's emergency generator was located outside the facility by the main electrical panel room.</p> <p>During an interview on 7/25/2025 at 12:40 p.m. with the MS, the surveyor requested for documented evidence that the facility's emergency generator was continuously tested for at least four hours within the past 36 months. The MS acknowledged the lack of a four-hour load test within the last 36 months.</p>			K0918	<p>On 07/28/2025, the Administrator provided a 1:1 in-service to the Maintenance Supervisor to ensure a continuous four-hour emergency generator load test is conducted every 36 months.</p> <p>The Maintenance Supervisor will conduct an annual maintenance record review to ensure a continuous four-hour emergency generator load test is conducted within 36 months.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>The QAPI Risk Management Practices Subcommittee will use indicator, "Physical Plant Maintenance", monthly, to ensure the generator is maintained and testing is done according to procedures outlined NFPA. The results will be submitted to the Administrator for review. The DSD will report the findings to the monthly QAPI committee for further review and recommendations</p> <p>The plan of correction will be completed on or before August 15, 2025.</p>		08.15.25