

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL GARDENS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. ROSEMEAD BLVD. PICO RIVERA, CA 90660		
(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
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one complaint. Complaint number: CA00831979. Representing the Department: HFEN 45009. 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 written for complaint number CA00831979. See Tag F921.	F 000	This plan of correction is submitted in compliance with Federal Regulations. This plan of correction is not an admission of any findings in the document and serves as the facility's credible allegations of compliance for the deficiencies noted.		4-20-23
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary restrooms and shower rooms for residents by: 1. Allowing residents to take a shower in unkept showers. Over head shower was loose and rusted. Shower floors were broken, cracked and missing paint. 2. Not repairing peeling restroom walls close to sink and toilets. 3. Not providing residents with a toilet paper holder 4. Not repairing cracked or missing floor tile	F 921	For the Residents Rooms Identified: The shower floors that have been identified were repaired. The over head shower heads that was loose and rusted was replaced. The peeling restroom walls that were identified has been sanded. The toilet paper holder was immediately replaced. The cracked or missing floor tile that was identified has been repaired.		3-31-23 3-24-23 3-31.23 3-22-23 3-24-23

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

TITLE

(X6) DATE

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.

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL GARDENS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. ROSEMEAD BLVD. PICO RIVERA, CA 90660		
(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	
F 921	<p>Continued From page 1</p> <p>These deficient practices caused an unsanitary environment for residents and did not create a home like environment for the residents.</p> <p>Findings:</p> <p>During an observation on 3/21/2023 at 10:01 a.m., in the restrooms in Rooms 35, 41, 44, 50 - 54, observed cracked and broken shower floors. Observed shower floors missing topcoat, it exposed the underneath material.</p> <p>During an observation on 3/21/2023 at 10:21 a.m., in the restrooms in Room 37, observed restroom did not have a toilet paper holder. Observed toilet paper held by a wire cloth hanger and attached to a wall handle.</p> <p>During an observation on 3/21/2023 at 10:30 a.m., in the restroom in Rooms 30, and 38, observed loose and rusted shower heads.</p> <p>During an observation on 3/21/2023 at 10:36 a.m., in the restroom in Room 24, observed restroom floor cracked and missing tile in multiple areas.</p> <p>During an observation on 3/21/2023 at 10:40 a.m., in the restroom in Room C, 21, 24, observed wall paint peeled off by the sink.</p> <p>During an observation on 3/21/2023 at 10:44 a.m., in the restroom in Rooms A, B, 24, observed wall paint peeled off near the toilet.</p> <p>During a record review of the facility's Maintenance Log, dated from 2/20/2022 to 3/17/2023, the maintenance log indicated that no</p>	F 921	<p>For all other Residents Rooms: The maintenance supervisor immediately did rounds to ensure that the areas of concern was not in any other room. There was no other resident rooms identified with these issues.</p> <p>Measures: The staff was in-serviced regarding the maintenance log book and what to write down in it.</p> <p>The Maintenance Assistant will do daily rounds to ensure that all items that need to be fixed are logged in the Maintenance Log Book.</p> <p>All items that are identified in the Log Book will be initialed complete by the Assistant when it is fixed.</p> <p>The Housekeeping Supervisor will conduct random daily rounds of resident rooms to ensure that items that need repair is logged in the Maintenance Log Book.</p>	3-23-23	

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL GARDENS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. ROSEMEAD BLVD. PICO RIVERA, CA 90660		
(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
F 921	<p>Continued From page 2</p> <p>repairs were completed or reported regarding the restroom walls peeling, loose shower heads, shower floors cracked and a restroom missing a toilet paper holder. The maintenance log indicated some reported repairs were not signed by repair person.</p> <p>During an interview with Resident 2 on 3/21/2023 at 10:18 a.m., Resident 2 stated he noticed the walls in his room looked old and unkept. Resident 2 stated when he looked at the walls they were not comforting and that they needed an upgrade.</p> <p>During an interview with the Maintenance Supervisor (MS) on 3/21/2023 at 1:21 p.m., the MS stated he conducted rounds every morning. The MS stated he checked all residents rooms. The MS stated he conducted his rounds for that day, 3/21/2023. The MS stated he was responsible for repairing the walls if the paint was coming off, repairing shower heads if they were loose or rusted, repairing the shower floors if they need repairing and provide toilet paper holders for all rooms. The MS stated he was unaware the restroom walls were peeling around the sinks and toilets. The MS stated he missed that during his daily rounds. The MS stated the shower floors get worn out over time and they need to get recemented and painted. The MS stated all residents must have a toilet paper holder in their restroom. The MS stated he was not sure who did that with the toilet paper but that it was a shame that a staff member did that. The MS stated it was important to make the repairs because it was the residents home. The MS stated this was where the residents live and that residents have the right to be comfortable in their home.</p> <p>During an interview with Certified Nurse Assistant</p>	F 921	<p>Monitor:</p> <p>The Maintenance Supervisor will do random weekly rounds and check the Maintenance Log Book for completion and accuracy starting immediately and will be part of their weekly duties moving forward to ensure the completion of all issues that is identified in the log book.</p> <p>The Housekeeping Supervisor will do random rounds daily to check with her staff on items that needs fixing or repair. Any thing that is identified will be checked and compared against the Maintenance Log Book to ensure that it was identified in the Log Book and or fixed. This will be part of their daily duties moving forward to ensure the completion of all issues that is identified in the log book.</p>		

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL GARDENS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. ROSEMEAD BLVD. PICO RIVERA, CA 90660		
(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
F 921	<p>Continued From page 3</p> <p>(CNA) 1 on 3/21/2023 at 10:49 a.m., CNA 1 stated if something was broken, she notified the charge nurse. CNA 1 stated she had been instructed to fill out a stopwatch form to report a repair and give it to the charge nurse. CNA 1 stated the charge nurse would be responsible to report the repair.</p> <p>During an interview with Housekeeper (HK) 1 on 3/21/2023 at 1:56 p.m., HK 1 stated if something needed to get repaired, she had been instructed to write down what needed to get repaired, location, date and time on a paper and hand it to the MS.</p> <p>During an interview with the Director of Nursing (DON) on 3/21/23 at 2:14 p.m., the DON stated the process for repairs was for staff to log in what needed to be repaired in the maintenance logbook. The DON stated she was not aware of the state residents rooms were in. The DON stated the MS was responsible for all facility repairs.</p> <p>During an interview with Resident 3 on 3/21/2023 at 2:32 p.m., Resident 3 stated the walls in her restroom needed repair because they look old, and the wall paint was peeling. Resident 3 stated her bedroom floors needed repair and the facility needed a lot of work.</p> <p>During an interview with the Administrator (ADMIN) on 3/21/2023 at 3:33 p.m., the ADMIN stated he was not aware the repairs were not being completed. The ADMIN stated the MS was responsible to perform all repairs in the facility.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, "Repairs and</p>	F 921	<p>Any negative findings shall be reported to the Administrator for review. If negative findings are reported, the Administrator will address with the appropriate supervisor immediately for repair. The Administrator shall report all negative findings to the quarterly QA meeting for review and recommendations. If there are any negative findings that is reported that has not been resolved, it will be followed up at the next QA meeting until resolved.</p>		

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL GARDENS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 S. ROSEMEAD BLVD. PICO RIVERA, CA 90660		
(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
F 921	<p>Continued From page 4</p> <p>Maintenance," dated 2015, the P&P indicated maintenance staff will maintain the building in compliance with current federal, state, and local laws, regulations, and guidelines. The P&P indicated maintenance staff would establish a priority in providing repair services. The P&P indicated maintenance staff will provide a routinely scheduled maintenance service to all areas.</p> <p>During a review of the facility's undated Maintenance Job Description, the Job Description indicated the MS would oversee maintenance and repairs of electrical, plumbing, heating, ventilation, and air conditioning (HYAC), carpentry, painting, and other building systems. The Job description indicated the MS would ensure maintenance and repair work is completed correctly and in a timely manner. The Job description indicated the MS would ensure that items written in the maintenance logbook will be fixed within 5 days.</p>	F 921			