Printed: 05/15/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/25/2024
NAME OF PROVIDER OR SUPPLIER Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  273 E Beverly Boulevard  Montebello, CA 90640	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Provide and implement an infection prevention and control program.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50012  Based on observations, interviews, and record reviews, the facility failed to maintain and implement an ongoing and effective infection prevention and control program (IPCP) during an influenza outbreak (when there are INAME] disease cases of influenza than what is usually expected), for 13 of 164 sampled residents and one facility staff, from 12/19/2024 to 12/30/2024 (10 days) by failing to:  1. Ensure signage of outbreak notification at the entrance to inform visitors and family members of the influenza outbreak and masking requirements was posted.  2. Ensure compliance with mask-wearing for residents who tested positive for influenza (Residents 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13) or those at risk of exposure (Residents 1, 2, and 3), in accordance with professional standard of practice for respiratory virus in nursing homes.  3. Communicate effectively with residents, families, and staff regarding the outbreak and infection control measures.  4. Provide appropriate personal protective equipment (PPE), such as face shields to staff during an influenza outbreak.  5. Ensure the Infection Preventionist (IP) nurse started the facility's surveillance tracking tool or Line List (a surveillance tool used by the facility for recognizing the occurrence of infections, recording their number and frequency to detect outbreaks and epidemics [a widespread occurrence of an infectious disease in a community at a particular time]) documenting residents and staff affected by the outbreak, as indicated in the facility's policy and procedure (P&P) on Infection Prevention and Control Program.  These deficient practices had the potential to cause harm to residents, staff, and visitors by increasing the risk of influenza transmission. The facility's failure to implement effective infection prevention and control measures exposed all individuals in the environment to avoidable health ris		

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:

Facility ID: 056487

If continuation sheet Page 1 of 7

	NU. U930-U371		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/25/2024
NAME OF PROVIDER OR SUPPLIER Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  273 E Beverly Boulevard  Montebello, CA 90640	
For information on the nursing home's plan to correct this deficiency, please co		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	D PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some			e ADON stated the signage needs ctions.  n, revised 2022, the P&P indicated thand hygiene, cough etiquette,  (Residents 1, 2, and 3) were  the facility admitted Resident 1 on (a long-term medical condition in abral infarction (blockage of the flow hinant side.  D23, the H&P indicated Resident 1  with Resident 1, in the hallway of sk. Resident 1 stated she was yout the need to wear a mask.  ted Resident 2 on 6/18/2019 with hat is characterized by high blood long-term medical condition in  Resident 2 had the mental  ed Resident 2's cognitive skills for I limited assistance of one-person  with Resident 2, in the hallway, t 2 stated he was not told that he  ted Resident 3 on 8/22/2024 with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER OR SUPPLIER RIO HORO Subacute & Nursing Center  STREET ADDRESS, CITY, STATE, ZIP CODE 273 E Beverly Boulevard Montbello, CA 90840  For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.  (X2) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or SC identifying information)  For service of Harm - Minimal harm or potential for adulus harm  Residents Affected - Some  During an interview on 12:255/2024 at 2:10 PM with Resident 3; nocitated Resident 3's cognitive skills for dall decisions making was moderately impaired. The MDS indicated Resident 3's room, Resident 3 state he was not aware of the influenza outbreak or the need to wear a facemask when he is outside of his room.  2.4 During a review of Resident 3 AR, Bru AR Radio and the resident was admitted to their year of the same and make decisions.  During a review of Resident 3 state and make decisions.  During a review of Resident 3 state and make decisions.  During a review of Resident and the resident process of recipient and make decisions.  During a review of Resident and the resident part of the resident states the dicated influenza A was defected on Resident 4.  During a review of Resident and the resident part of the resident states the dicated influenza A was defected on Resident 4.  During an interview on 12:255/2024 at 12:45 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility followed the CDC guidelines as part of their plan to prevent the spread of influenza. The ADON stated the facility followed the CDC guidelines as part of their plan to prevent the spread of the facility in fection control pl		NU. 0736-0371		
Rio Hondo Subacute & Nursing Center  273 E Beverly Boulevard Montebelic, CA 90640  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)  During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for dail decisions making was moderately impaired. The MDS indicated Resident 3's cognitive skills for dail decisions making was moderately impaired. The MDS indicated Resident 3's room, Resident 3 state he was not aware of the Influenza outbreak or the need to wear a facemask when he is outside of his room.  2d. During a review of Resident 4's AR, the AR indicated the resident was admitted to the facility on [DATE] with diagnoses that included Down's Syndrome (a genetic condition marked by growth, developmental, and learning delays that vary from mild to severe) and anemia.  During a review of Resident 4's H&P dated 12/5/2024, the H&P indicated the residents does not have the capacity to understand and make decisions.  During a review of Resident 4's care plan titled, Resident with positive result for influenza A, dated 12/24/204, the care plan indicated interventions included observing for droplet precautions.  During an interview on 12/25/2024 at 12.45 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility followed the CDG guidelines as part of their plan to prevent the great of influenza. The ADON explained that wearing maste is an important part of these guidelines because masks help block respiratory droplets (a rev yearled more in the plant of the plant or viruses that are greated in the ineit when sneezing, coughing or speaking). The ADON stated that this practice is part of the dated in the prevent of the plant of the plant of the prevent or viruses that are seed into the air when sneezing coughing or speaking). The ADON stated the		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some  During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for dail decisions making was moderately impaired. The MDS indicated Resident 3 needed extensive assistance from the staff for ADLs.  During an interview on 12/25/2024 at 2:10 PM with Resident 3, outside Resident 3's room, Resident 3 state he was not aware of the Influenza outbreak or the need to wear a facemask when he is outside of his room.  2d. During a review of Resident 4's AR, the AR indicated the resident was admitted to the facility on [DATE] with diagnosses that included Down's Syndrome (a genetic condition marked by growth, developmental, and learning delays that vary from mild to severe) and anemia.  During a review of Resident 4's H&P dated 12/5/2024, the H&P indicated the residents does not have the capacity to understand and make decisions.  During a review of Resident 4's laboratory result titled 2019-SARS-CoV-2 Test, collected on 12/23/2024, the test indicated influenza A was detected on Resident 4.  During a review of Resident 4's care plan titled, Resident with positive result for Influenza A, dated 12/24/2024, the care plan indicated interventions included observing for droplet precautions.  During an interview on 12/25/2024 at 12:45 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility followed the CDC guidelines as part of their plan to prevent the spread of influenza. The ADON explained that wearing masks is an important part of these guides because masks help block respiratory droplets (a very small drop of a liquid with bacteria or viruses that are released into the air when sneezing, coughing or speaking). The ADON stated the some pasking masks is a set port of the facility's infection control plar The ADON stated with edid now know why the facility slicensed nurses did not instruct Resident 3 to wear a face mask when he is outside of his room.  During an observation on 12/	For information on the nursing home's plan to correct this deficiency, please co		·	agency.
Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some  Residents Affected - Some  2d. During an interview on 12/25/2024 at 2:10 PM with Resident 3, outside Resident 3's room, Resident 3 state he was not aware of the Influenza outbreak or the need to wear a facemask when he is outside of his room.  2d. During a review of Resident 4's AR, the AR indicated the resident was admitted to the facility on [DATE] with diagnoses that included Down's Syndrome (a genetic condition marked by growth, developmental, and learning delays that vay from mild to severe) and anemia.  During a review of Resident 4's H&P dated 12/5/2024, the H&P indicated the residents does not have the capacity to understand and make decisions.  During a review of Resident 4's laboratory result titled 2019-SARS-CoV-2 Test, collected on 12/23/2024, the test indicated influenza A was detected on Resident 4.  During a review of Resident 4's care plan titled, Resident with positive result for Influenza A, dated 12/24/2024, the care plan indicated interventions included observing for droplet precautions.  During an interview on 12/25/2024 at 12:45 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility followed the CDC guidelines as part of their plan to prevent the spread of influenza. The ADON explained that wearing masks is an important part of these guidelines because masks help block respiratory droplets (a very small drop of a liquid with bacteria or vises that are released into the air when sneezing, couphing or speaking). The ADON stated this paractice is part of the facility is infection control plar. The ADON stated she did now know why the facility's licensed nurses did not instruct Resident 3 to wear a facemask when he is outside of his room.  During an observation on 12/25/2024 at 4:15 PM, Resident 4, who was diagnosed positive with Influenza was sitting in a wheelchair outside of Resident 4's room, without wearing a face mask.  During an observation on 12/25/2024 at 2 PM with Family Memb	(X4) ID PREFIX TAG			
	Level of Harm - Minimal harm or potential for actual harm	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for date decisions making was moderately impaired. The MDS indicated Resident 3 needed extensive assistance from the staff for ADLs.  During an interview on 12/25/2024 at 2:10 PM with Resident 3, outside Resident 3's room, Resident 3 state he was not aware of the Influenza outbreak or the need to wear a facemask when he is outside of his room 2d. During a review of Resident 4's AR, the AR indicated the resident was admitted to the facility on [DAT with diagnoses that included Down's Syndrome (a genetic condition marked by growth, developmental, ar learning delays that vary from mild to severe) and anemia.  During a review of Resident 4's H&P dated 12/5/2024, the H&P indicated the residents does not have the capacity to understand and make decisions.  During a review of Resident 4's laboratory result titled 2019-SARS-CoV-2 Test, collected on 12/23/2024, test indicated influenza A was detected on Resident 4.  During a review of Resident 4's care plan titled, Resident with positive result for Influenza A, dated 12/24/2024, the care plan indicated interventions included observing for droplet precautions.  During an interview on 12/25/2024 at 12:45 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility followed the CDC guidelines as part of their plan to prevent the spread of influenza. The ADON explained that wearing masks is an important part of these guidelines because masks help block respiratory droplets (a very small drop of a liquid with bacteria or viruses that are released into the air whe sneezing, coughing or speaking). The ADON stated that this practice is part of the facility's infection control pl The ADON stated she did now know why the facility is licensed nurses did not instruct Resident 3 to wear: facemask when he is outside of his room.  During an observation		asident 3's room, Resident 3 stated sk when he is outside of his room. It is admitted to the facility on [DATE] and by growth, developmental, and the residents does not have the Test, collected on 12/23/2024, the full for Influenza A, dated roplet precautions.  To of Nursing (ADON), the ADON and the spread of influenza. The fines because masks help block that are released into the air when step in protecting staff and if the facility's infection control plan. The finest head to wear a face mask.  A 2 stated Resident 3 to wear a face sident 4 had been non-compliant  1), FM 1 stated, I was not made mily about it. FM 1 stated she had ake to protect herself, family was not wearing a facemask while er (FM 2), FM 2 stated he was not

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NAME OF PROVIDER OR SUPPLIER Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 273 E Beverly Boulevard	
For information on the nursing home's plan to correct this deficiency, please co		Montebello, CA 90640	agency
(X4) ID PREFIX TAG	4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During an interview on 12/25/2024 about the need to wear masks to hare important because they block of During a review of the facility's P&F disease outbreak, residents on transitation the visitor is:  a. made aware of the potential risk b. instructed on the precautions need. asked to adhere to infection previous of a guidance publy Viral Respiratory Pathogen Toolkit gov/long-term-care-facilities/media. Universal masking for source contraget, out of their room)  4. During an interview on 12/25/2021 droplet precautions, she must wast or goggles. CNA 1 stated she has available, but she understands that During a concurrent observation are (LVN 1), outside of an isolation root isolation cart. LVN 1 stated staff we (12/25/2024) regarding the facility of as face shields are available, they buring an interview on 12/25/2024 hygiene are being followed, the lace precautions. The ADON stated It is influenza outbreak. The ADON stated to the state of the virus from spreading to resident	at 5:49 PM with the ADON, the ADON elp stop the spread of infections (influe germs that can spread through coughs P titled, Visitation, revised 2022, the P8 asmission-based precautions are permi	stated visitors will be reinformed enza). The ADON stated that masks or sneezes.  AP indicated During an infectious litted to have visitors. Before  and  cough etiquette, etc.)  Control (CDC) website titled CDC entrol (CDC)

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 12/25/2024
NAME OF PROVIDER OR SUPPLIER  Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 273 E Beverly Boulevard	
		Montebello, CA 90640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During a review of the facility's P&P titled, Isolation - Categories of Transmission-Based Precautions, revised 2022, the P&P indicated Droplet precautions are implemented for an individual documented or suspected to be infected transmitted by droplets (large-particle droplets [larger than 5 microns in size] that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). The facility's P&P further indicated that masks should be worn by individuals entering the resident's room placed on droplet precautions. Gloves, gown, and goggles (face shields) are worn if there is risk of spraying respiratory secretions. The P&P further indicated For Resident transport - A mask is placed on the resident during transport form his/her room. The resident is encouraged to follow respiratory hygiene/cough etiquete to minimize dispersal of droplets. If the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable.  During a review of a guidance published through the Centers for Disease Control (CDC) website titled CDC's Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities, dated 9/17/24, the guidance indicated Droplet Precautions are intended to prevent transision of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet Precautions should be implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a healthcare facility. https://www.cdc.gov/flu/hcp/infection-control/ltc-facility-guidance.html,  5. During a review of an email communication authored by the facility's IP nurse to the local health officer with jurisdiction to the facility, dated 12/22/2024 timed at 1:46 PM, the email indicated the facility notified the local health officer of one positive case of inf		
	not affected by this illness.  -Provide the Public Health Nurse w date of illness onset, symptoms, ar	, and visitors, and their contacts so tha with a line listing of symptomatic staff, p and the date that treatment or prophylaxi- wide a separate list of their contacts to t	atients, and visitors and include the is was provided to these
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Rio Hondo Subacute & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  273 E Beverly Boulevard  Montebello, CA 90640		
For information on the nursing home's plan to correct this deficiency, please cor		ntact 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 0880	-Collect nasopharyngeal specimen	s if requested by the Public Health Nur	se.	
Level of Harm - Minimal harm or potential for actual harm	-Follow instructions per outbreak g	uidelines provided, particularly those re	elated to cleaning procedures.	
Residents Affected - Some	During an interview on 12/25/2024 at 12:45 PM with the ADON, the ADON stated, The IP (Infection Prevention) nurse is not in today, and I am covering for her. However, I do not have the line list on hand. The ADON stated that despite multiple attempts to contact the IP nurse, she had been unable to reach the IP nurse. The ADON stated, I will attempt to reach her again. The ADON stated that she should have access to the documents if she is covering for the IP Nurse.			
	During a review of an email communication response titled Request for Flu Outbreak Line List . for 12/25/2024 from the ADON dated 12/27/2024 timed at 4:45 PM, the email indicated an acknowledgement of the request for a copy of the Line List and that the facility was Working on it. The email indicated We will make sure that it will get to you by Monday (12/30/2024) morning due to IP and scheduler are gone for today.			
	During a review of an email communication dated 12/30/2024 (Monday) sent by the facility's DON on 12/30/2024 (6 days after the Respiratory Illness Outbreak Notification Letter was received by the facility), the email indicated the attached Line Listing completed by the facility for residents and staff.			
	During a review of the Line Listing emailed to the California Department of Public Health (CDPH) by the DON on 12/30/2024, with attachment titled Influenza and Respiratory Outbreak Line List for Healthcare Facilities - Residents, dated 12/26/2024, the Line Listing indicated 10 residents positive for Influenza. The Line Listing indicated the following resident's information with their corresponding illness descriptions that included symptoms such as fever, cough, myalgia (body aches), chills, sore throat, shortness of breath (SOB), specimens collected/specimen type, onset dates, and final diagnosis:			
	<ul> <li>-For Resident 4, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset date (12/24/2024), Specimen type (nasal), Final Diagnosis (Influenza).</li> <li>-For Resident 5, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset date (12/24/2024), Specimen type (nasal), Final Diagnosis (Influenza).</li> <li>-For Resident 6, presented symptoms of cough. Onset date (12/22/2024), Specimen type (nasal), Final Diagnosis (Influenza).</li> </ul>			
<ul> <li>For Resident 7, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset da Specimen type (nasal), Final Diagnosis (Influenza).</li> <li>For Resident 8, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset dat Specimen type (nasal), Final Diagnosis (Influenza).</li> </ul>			t, SOB. Onset date (12/24/2024),	
			, SOB. Onset date (12/24/2024),	
	- For Resident 9, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset date (12/24/2024), Specimen type (nasal), Final Diagnosis (Influenza).			
	(continued on next page)			

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NAME OF PROMPTS OF SUPPLIES		CTDEET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Rio Hondo Subacute & Nursing Center		273 E Beverly Boulevard Montebello, CA 90640	
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 0880  Level of Harm - Minimal harm or	- For Resident 10, presented symptoms of cough. Onset date (12/21/2024), Specimen type (nasal), Final Diagnosis (Influenza).		
potential for actual harm  Residents Affected - Some	- For Resident 11, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset date (12/24/2024), Specimen type (nasal), Final Diagnosis (Influenza).		
	- For Resident 12, presented symp Diagnosis (Influenza).	toms of cough. Onset date (12/26/2024	I), Specimen type (nasal), Final
	-For Resident 13, no symptoms of fever, cough, myalgia, chills, sore throat, SOB. Onset date (12/23/2024), Specimen type (nasal), Final Diagnosis (Influenza).		
	emailed to the CDPH by the DON on 1.  k Line List for Healthcare Facilities -Sta influenza. The Line Listing indicated the that included symptoms such as fever, ath (SOB), specimens collected/specim	ff, dated 12/26/2024, the Line e following staff information with cough, myalgia (body aches),	
	-Staff 1 presented symptoms of cough, myalgia, chills, and sore throat. Onset date (12/19/2024), Specimen type (nasal), Final Diagnosis (Influenza).		
	During an interview on 12/25/2024 at 5:49 PM with the ADON, the ADON stated she was unable to provide a line list documenting residents and staff affected by the influenza outbreak. The ADON stated the facility's infection control mitigation plan outlines the necessary steps to control and prevent the spread of influenza in the facility, but unable to provide documented evidence of the plan at this time.		
	During a review of the facility's P&P titled, Infection Prevention and Control Program, dated 9/18/2023, the P&P indicated, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P indicated that the elements of the IPCP consisted of coordination/oversight ., surveillance, data analysis ., outbreak management, prevention of infection, and employee health/safety. The P&P indicated Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection .		

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

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If continuation sheet
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