

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555903	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER THE GARDENS OF EL MONTE		STREET ADDRESS, CITY, STATE, ZIP 5044 BUFFINGTON RD EL MONTE, CA 91732	
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 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent the financial abuse for one of three sampled residents (Resident 1) by failing to ensure Staff 1 not taking \$300 from the resident bank account. This deficient practice resulting the resident being upset and had the potential to cause further abuse of the other residents. Findings: A review of Resident 1's face sheet indicated the facility recently admitted the resident on 11/22/19. A review of Resident 1's History & Physical, dated 11/23/19, indicated the resident had a fluctuating capacity to understand and make decisions. It indicated Resident 1 had multiple [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 11/28/19, indicated the resident did not have any impairment in cognition (mental action or process of acquiring knowledge and understanding). A review of the facility's record titled, Verification of Investigation Report, dated 1/3/2020, indicated Staff 1 stated to the Administrator that she was desperate for rent money as she feared she would be homeless again. The record indicated Staff 1 stated she withdrew \$300 from Resident 1's bank account using the resident's ATM card. Staff 1 alleged that Resident 1 told her to withdraw the amount that she needed. A review of the facility's record titled, Employee Separation Form, dated 1/7/2020, indicated a copy of the form was mailed to Staff 1 on 1/7/2020 due to a violation of the company policy. The form indicated Staff 1's last day of work at the facility was 1/2/2020. During an interview on 1/16/2020 at 9 a.m., the Administrator stated Staff 1 was suspended on 1/6/2020 to 1/7/2020 due to the pending investigation of an alleged financial abuse of a resident and was eventually terminated on 1/8/2020. During an interview on 1/16/2020 at 10:06 a.m., the DON stated Resident 1 was upset because she had loaned Staff 1 \$100, but when the resident checked her bank account, she noted that Staff 1 had withdrawn \$300. During an observation and interview on 1/16/2020 at 10:54 a.m., Resident 1 stated Staff 1 had owed her money in the past which the latter promised to pay back with her tax return. Resident 1 stated she would lend Staff 1 money every time she would share her financial problems. Resident 1 stated when Staff 1 borrowed money the last time (resident unable to recall the exact date and time), the resident told her to withdraw \$100. Resident 1 stated she got upset because Staff 1 withdrew \$300 instead without notifying her, so she did not have enough money to pay her own storage and phone bills. A review of the facility's policies and procedures, titled Abuse Reporting and Prevention, dated 8/2018, defined fiduciary abuse or misappropriation of resident property as a deliberate misplacement, exploitation, or wrongful use of another's things or money. The policy indicated an employee suspected of an alleged abuse against a resident must be removed immediately from the care of all residents and might be suspended during the investigation. The policy indicated if the investigation confirmed the alleged incident, corrective action must be taken immediately under the supervision of the administrator.</p>		
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.