

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Chino Valley Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 2351 S Towne Avenue Pomona, CA 91766	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide privacy during provision of perineal care (cleaning and maintaining the area between the anus and the genitals) and changing of incontinence briefs (disposable diaper) for two of two sampled residents (Resident 1 and Resident 3). This failure had the potential to result in Resident 1 and Resident 3 feeling embarrassed and having loss of self-esteem. a. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 8/12/2025 with diagnoses which included hypertension (high blood pressure), and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 8/18/2025, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to make daily decisions), required partial/moderate assistance (helper does less than half the effort) with toileting/personal hygiene, showering/bathing self, and with upper body dressing. Resident 1 required substantial/maximal assistance (helper does more than half the effort) with lower body dressing and putting on/taking off footwear. During an observation on 8/21/2025 at 2:29 PM in Resident 1's room, Certified Nursing Assistant (CNA) 1 closed the privacy curtain around Resident 1's bed, leaving a visible gap of 2 to 3 feet from the wall. Resident 1 was in bed and Treatment Nurse (TN) 1 was at Resident 1's bedside. CNA 1 assisted by TN 1 proceeded to perform perineal care and changed Resident 1's diaper. Resident 1 was visible to anyone who entered Resident 1's room due to the privacy curtain not being pulled closed all the way. b. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3, on 6/18/2025 with diagnoses which included Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities). During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had short- and long-term memory problems and moderately impaired cognitive skills, required partial/moderate assistance with toileting/personal hygiene, showering/bathing self, and with upper and lower body dressing. Resident 3 required substantial/maximal assistance with oral hygiene and putting on/taking off footwear. During an observation on 8/21/2025 at 2:57 PM in Resident 3's room, CNA 3 informed Resident 3 CNA 1 and CNA 3 will change Resident 3's diaper. CNA 1 closed the privacy curtain leaving a 2 foot gap in the privacy curtain. CNA 1 proceeded to perform perineal care. Resident 3's perineal area was visible to anyone who entered Resident 3's room due to the privacy curtain not being pulled closed all the way. During an interview on 8/21/2025 at 4:20 PM with the Director of Staff Development (DSD), the DSD stated privacy curtains need to be completely closed during any resident care activity to provide privacy. The DSD further stated that privacy during resident care activities promotes resident's dignity. During a review of the facility's Policy and Procedure (P&P) titled Perineal Care, dated March 2023, the P&P indicated, Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</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 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: 055126
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