

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>055213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/29/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Rialto Post Acute Center                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1471 S Riverside Ave<br>Rialto, CA 92376 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                 |
| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report an allegation of sexual abuse to the California Department of Public Health (CDPH) for one of three sampled residents (Resident 1), when Resident 1 claimed she was sexually abused by a treatment nurse (TN). This failure had the potential to place Resident 1 at risk for further abuse and physical or psychological harm. During a review of Resident 1's admission Record (form with health information), the admission Record indicated an admission date of June 4, 2026, with diagnoses which included history of falling, left artificial hip joint (a man-made part that replaces the natural hip when it is damaged), and type 2 diabetes mellitus (when the body cannot process sugar appropriately and results in too much sugar in the bloodstream). During a review of Resident 1's Care Plan (a written guide specific to the resident's needed care and goals), initiation date of July 22, 2026, the Care Plan indicated, .7/22/26 (July 22, 2026) around 4pm. during police officer interview with the resident [Resident 1], resident reported to a police officer that she was sexually abused by a treatment nurse. During a concurrent interview and record review on July 29, 2026, at 11:51 AM with the Director of Nursing (DON), Resident 1's Change of Condition Evaluation (CIC) dated July 22, 2026, was reviewed. The CIC indicated, . Resident [Resident 1] reported to a police officer that she was sexually abused by a treatment nurse. The DON stated she did not report the alleged sexual abuse to CDPH. The DON further stated she should have reported the allegation to CDPH, .as soon as possible or within two hours. During an interview on July 29, 2026, at 12:30 PM, with the Administrator, the Administrator confirmed she did not report Resident 1's allegation of sexual abuse by a TN to CDPH. The Administrator stated that she did not think to report the incident because the police officer was laughing and even remarked that it did not happen after the resident reported being sexually abused. During a concurrent interview and record review on July 29, 2026, at 12:57 PM, with the Administrator and the DON, the facility's Policy and Procedure (P&amp;P) titled, Staff-to-Resident Abuse Prevention, Reporting, and Response, dated January 26, 2026, was reviewed. The P&amp;P indicated, . All allegations. involving staff-to-resident abuse shall be immediately reported. and the Administrator or designee will notify. California Department of Public Health (CDPH) in accordance with state requirements. The Administrator and the DON, both, stated the P&amp;P was not followed.</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