

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Country Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  215 W Pearl St Pomona, CA 91768	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>44027</p> <p>Based on interview and record review the facility failed to conduct a reference check before hire, for one of three sampled staff (Certified Nursing Assistant [CNA] 1), in accordance with the facility's Policy and Procedure (P&amp;P) titled, Abuse, Neglect and Exploitation, dated 5/31/2024 and CNA's, Pre-Employment Check List.</p> <p>This failure placed 70 residents residing at the facility at risk for abuse by CNA 1.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 7/31/2024 at 1:35 PM with the Director of Staff Development (DSD), CNA 1's employee file was reviewed. CNA 1's Employment History, dated 7/11/2022 indicated CNA 1's previous places of employment before working at the facility. CNA 1's Employment History indicated who CNA 1's previous supervisors were and contact numbers for the supervisors. CNA 1's employee file contained a blank document titled, Pre-Employment Check List, undated. The Pre-Employment Check List indicated, INSTRUCTIONS: Obtain at least two references for each applicant . The DSD confirmed CNA 1's employee file did not indicate the facility conducted reference checks for CNA 1 before CNA 1 was hired at the facility. The DSD stated the facility did not conduct reference checks as instructed by the Pre-Employment Check List. The DSD stated it was important to conduct reference checks before hiring potential staff to ensure the new staff person did not have a history of abusing residents (in general). The DSD stated reference checks needed to be done to determine if it was safe for the new staff to take care of residents (in general) at the facility.</p> <p>During a review of the facility's P&amp;P titled, Abuse, Neglect and Exploitation, dated 5/31/2024, the P&amp;P indicated, Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property.</p> <ol style="list-style-type: none"> <li>1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants.</li> <li>2. Screenings may be conducted by the facility itself, third-party agency or academic institution.</li> <li>3. The facility will maintain documentation of proof that the screening occurred.</li> </ol>

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
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