

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 03/24/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents' (Resident 1's) medical record was complete and accurately documented when: 1. Resident 1's Change in Condition Evaluation form (CICE- a standardized documentation form, used in healthcare to detect, document, and communicate changes in a resident's baseline condition), dated 3/5/2026 and timed at 9:35 PM, was completed and contained the most recent vital signs (measurements of the body's basic functions, such as heart rate, breathing rate, blood pressure, and temperature) of Resident 1. 2. Registered Nurse (RN) 1's assessment on 3/5/2026 of Resident 1's condition, the care and treatment RN 1 provided to Resident 1 in response to Resident 1's change in condition, and the notification of Resident 1's primary physician regarding Resident 1's change in condition were not documented in Resident 1's medical record. 3. Licensed Vocational Nurse (LVN) 1 documented the correct time when 911 was called on Resident 1's Progress Note, dated 3/5/2026 and timed at 11 PM. These deficient practices resulted in incomplete and inaccurate documentation in Resident 1's medical record and had the potential for delaying interventions and services for Resident 1. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 2/19/2026 with diagnoses which included acute pulmonary edema (a life-threatening, sudden buildup of fluid in the lungs, causing severe breathing difficulty) and end stage renal disease (ESRD- irreversible kidney failure), and severe sepsis with septic shock (a life-threatening blood infection). During a review of Resident 1's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 2/21/2026, the H&P indicated Resident 1 could make needs known but could not make medical decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 2/25/2026, the MDS indicated Resident 1 was dependent on staff (helper does all the effort to complete the activity) for activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Change in Condition Evaluation form (CICE), dated 3/5/2026 and timed at 9:35 PM, the CICE indicated Resident 1 had altered mental status on 3/5/2026. The CICE indicated that Resident 1's most recent temperature was 97.9 and Resident 1's most recent O2 sat was 91% with oxygen via NC on 3/5/2026 at 3:05 PM. The CICE indicated Resident 1's most recent heart rate was 90 and breathing rate was 20 on 3/5/2026 at 2:20 PM and Resident 1's most recent blood pressure was 133/61 on 3/5/2026 at 4:06 PM. The CICE indicated the evaluation of Resident 1's behavioral, respiratory (relating to lungs and breathing), cardiovascular (relating to heart and blood vessels), abdominal/gastrointestinal (relating to stomach and intestines), genitourinary (relating to the genital and urinary organs), and neurological (relating to the brain, spinal cord, or nerves) status were not completed. The CICE also indicated Resident 1's primary physician notification was not completed. During a review of Resident 1's Progress Notes (PN) created by Licensed Vocational Nurse (LVN) 1, dated 3/5/2026 and timed at 11 PM, the PN indicated on 3/5/2026 at 9:30 PM Resident 1 was found pale with shallow breathing with oxygen saturation level (O2 sat- a measurement of how much oxygen the blood is carrying as a percentage, with a normal reading for most healthy individuals between 95% and 100%) of 88% while receiving oxygen at 2 liters per minute (L/min- flow rate unit measuring the volume of liquid or gas in (continued on next page)</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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>liters that passes through in one minute) via nasal cannula (NC- a lightweight, flexible tube used to deliver supplemental oxygen or increased airflow, featuring two prongs inserted into the nostrils). The PN indicated the registered nurse (RN) supervisor reassessed Resident 1 and called 911 (emergency number to request the services of the police, fire department, paramedics, ambulance) at 7:37 PM and the paramedics (healthcare professional who responds to emergencies and provide medical care to patients both on the scene and on their way to a nearby hospital or medical facility) arrived within 5 minutes. During an interview on 3/20/2026 at 1:46 PM with RN 1, RN 1 stated on 3/5/2026 at approximately 9 PM, LVN 1 told RN 1 that Resident 1 was breathing fast with an O2 sat of 86%, so RN 1 placed Resident 1 on a non-rebreather mask (NRM - a medical device used in emergencies to deliver high concentrations of oxygen) and Resident 1's O2 sate went up to 90%. RN 1 stated 911 was called after 9 PM and the paramedics came within 7 minutes. RN 1 stated Resident 1 was connected to continuous O2 sat and heart rate monitoring and RN 1 stayed at the bedside with Resident 1 until the paramedics came. During a review of Resident 1's medical record, RN 1's assessment of Resident 1's condition, RN 1 placing Resident 1 on a NRM and on continuous O2 sat and heart rate monitoring were not found in Resident 1's medical record. During a concurrent interview and record review on 3/24/2026 at 3:24 PM with the Director of Nursing (DON), Resident 1's CICE, dated 3/5/2026 at 9:35 PM, was reviewed. The DON stated Resident 1's CICE form was incomplete. The DON stated it was important to complete the documentation accurately to reflect the care provided. During a review of the facility's policy and procedure (P&P) titled, Documentation in Medical Record, dated 12/19/2022, the P&P indicated, Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care. The P&P indicated, Sign each entry with name and credentials of the person making the entry. During a review of the facility's P&P titled, Notification of Changes, dated 12/19/2022, the P&P indicated, The facility must inform the resident, consult with the resident's physician and /or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: .2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include: a. Life-threatening conditions, orb. Clinical complications.</p>