STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055247	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Country Oaks Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure complete and accurate medical records for one of three sampled residents (Resident 2) when:Resident 2's admission Record (AR) did not indicate the responsible party (RP-an individual chosen by the resident to act on behalf of the resident to support the resident in decision-making) or the RP's contact information.Resident 2's Consent for Treatment did not indicate the RP's last name or the date the consent was signed.These failures had the potential to result in the RP not being informed of the need for treatment or of a medical emergency involving Resident 2, leading to unmet medical needs or interrupted continuity of care to Resident 2.Findings:a&b. During a review of Resident 2's AR, the AR indicated the facility originally admitted Resident 2 on 4/4/2026 with diagnoses including acute cystitis (a sudden infection in the bladder) without hematuria (blood in the urine) and difficulty in walking. The AR did not indicate who Resident 2's RP was or the RP's contact information.During a review of Resident 2's History and Physical (H&P), dated 4/5/2026, the H&P indicated Resident 2 could make needs known but could not make medical decisions. The H&P indicated Resident 2's surrogate decision maker was the RP.During a review of Resident 2's undated Consent for Treatment, the consent form did not indicate the RP's last name or the date the consent was signed.During an interview on 4/16/2026 at 3:45 PM with Licensed Vocational Nurse (LVN) 2, LVN 2 stated it was the policy of the facility to fill out Resident 2's Consent for Treatment completely by including the RP's full name and the date the form was signed. LVN 2 stated the AR should have been completed by indicating Resident 2's RP contact information right away after Resident 2 was admitted on [DATE]. Additionally, LVN 2 stated it was important to have the RP's contact information included on the AR in case of emergencies where the RP needed to be notified.During an interview on 4/16/2026 at 3:54 PM with the Registered Nurse (RN), the RN stated it was important to indicate on Resident 2's Consent for Treatment the full name of the RP as well as the date because it let the facility know Resident 2 was approved [consented] to be treated.During a review of the facility's Policy and Procedure (P&P) titled, Documentation in Medical Record, dated 12/19/2022, the P&P's policy indicated, Each resident's medical record shall contain a representation of the experiences of the resident and include enough information to provide a picture of the resident's progress. The P&P's policy explanation and compliance guidelines indicated, Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care. Documentation shall be timely and in chronological order. Record date and time of entry.

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