

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>055261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (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>Pilgrim Place Health Services Center                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>721 Harrison Ave<br>Claremont, CA 91711 |                                                 |
| 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 0730<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Observe each nurse aide's job performance and give regular training.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of one sampled staff (Certified Nursing Assistant [CNA] 1), who was involved in an allegation of staff to resident abuse involving one of three sampled residents (Resident 1), received a performance evaluation (PE - a review based upon an individual's job performance and assigned duties) at least once every twelve months in accordance with the facility's Employee Handbook, dated January 2026. The deficient practice resulted in the facility's failure to assess and evaluate the skills and competencies of CNA 1 and had the potential to result in CNA 1 being unable to recognize or communicate an abuse allegation due to the lack of a PE and the potential for inadequate and unsafe care to the residents under CNA 1's care. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including essential (primary) hypertension (HTN - high blood pressure), anxiety disorder (a mental health condition where a person experiences intense, excessive, and persistent worry and fear about everyday situations), unspecified, and adult failure to thrive. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/11/2026, the MDS indicated Resident 1's cognitive skills (ability to think and process information) for daily decision making were severely impaired (never/rarely made decisions). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) to setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with activities of daily living (ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's untitled History and Physical Examination (H&P), dated 7/19/2026, the H&P indicated, Resident 1 did not have decision making capacity. During a review of Resident 1's Change of Condition Assessment ([situation, background, assessment, recommendation] SBAR - a communication tool used by healthcare workers when there is a change of condition among the residents), dated 7/22/2026, timed at 4:06 PM, the SBAR indicated a student (unidentified) allegedly saw a CNA [CNA 1] tap [Resident 1] on the lips after Resident 1 used profanity toward [CNA 1] during patient care and [CNA 1] acted aggressively toward Resident 1. During a review of Resident 1's Interdisciplinary Team Conference (IDT - a group of healthcare professionals from various disciplines who collaborate, assess, coordinate, and manage each resident's comprehensive health care, including his or her medical, psychological, social, and functional needs), dated 7/23/2026, the IDT indicated Resident 1 had an allegation of physical abuse and was assessed with no injuries or signs of distress. During an observation on 7/29/2026 at 10:24 AM, Resident 1 was lying in bed, with eyes closed but was easily arousable and calm. Resident 1 would not talk but was tracking (movement of the eyes in response to a stimulus). During a phone interview on 7/29/2026 at 11:57 AM with CNA 1, CNA 1 stated CNA 1 was suspended from work on 7/22/2026 at 2:30 PM after the (continued on next page) |                                                                                      |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>055261 | Facility ID:<br><br>055261<br><br>If continuation sheet<br>Page 1 of 2 |

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| F 0730<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Administrator (ADM) read a report to CNA 1 indicating CNA 1 was rough and shoved Resident 1's mouth when Resident 1 called CNA 1 the b-word during Resident 1's care on 7/22/2026 at 9:30 AM. CNA 1 stated CNA 1 did not touch or tap Resident 1's mouth. CNA 1 stated CNA 1 was not rough, aggressive or grabbed Resident 1 by the neck while transferring Resident 1. CNA 1 stated, Resident 1 did not complain of pain during the care provided by CNA 1. During a concurrent interview and record review on 7/29/2026 at 2:49 PM with the Director of Staff Development (DSD), CNA 1's employee personnel file was reviewed. The DSD stated CNA 1 was hired on 8/27/2024. The DSD stated the DSD could not find CNA 1's performance evaluation (PE) and the DSD would have to check with the facility's Human Resources (HR - the department within an organization that manages all employee-related matters). During an interview on 7/29/2026 at 3:49 PM with the [NAME] President of HR (VPHR) and with the Director of Nursing (DON), the VPHR stated the VPHR could not find a PE for CNA 1. The VPHR stated a PE was completed annually and CNA 1's PE should have been completed on 8/2025 since CNA 1 was hired on 8/2024. The DON stated conducting the annual PE was important to discuss and address any issues with care and any areas for improvement to provide better care for the residents (in general). During an interview on 7/29/2026 at 4:07 PM with the DSD, the DSD stated a PE was the overall performance of a staff (in general) and PEs were completed annually from the staff's hire date. The DSD stated CNA 1's PE should have been completed on 8/2025 since CNA 1 was hired on 8/27/2024. The DSD stated completing the annual PE was important for the facility to know if the staff's skills were not up to the standard and for the facility to correct the staff's skills, to have great patient care all around. During a review of the facility's Employee Handbook, effective date January 2026, the handbook indicated the facility believed that the success and strength of the facility and the progress and well-being of its individual employees was dependent in large measure upon an open and responsive system of communication fostering an effective and mutually beneficial exchange of ideas. The handbook indicated the evaluation of an employee's performance was an ongoing process. The handbook indicated employees may be reviewed approximately once per year. The handbook indicated the PE was intended to make the employee aware of his or her progress, areas for improvement, and objectives or goals for future work performance.</p> |                                                                                      |                                                 |