

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>36288</p> <p>Based on observation, interview, and record review, the facility failed to conduct an assessment to determine if self-administration of medications was clinically appropriate for one of one sampled resident (Resident 53) as indicated in the facility's policy and procedure (P&P), titled, Resident Self-Administration of Medication.</p> <p>This failure had the potential in harm and to negatively affect Resident 53's physical well-being due to possible drug-to-drug interactions and unforeseen drug adverse effects.</p> <p>Findings:</p> <p>During a review of Resident 53's Admission Record (AR), the AR indicated the facility initially admitted Resident 53 on 1/21/24 with multiple diagnoses including chronic pulmonary edema (excess fluid in the lungs), heart failure, and hypertension (high pressure of blood pushing against the wall of the arteries).</p> <p>During a review of Resident 53's History and Physical (H&P), dated 1/22/24, the H&P indicated Resident 53 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 53's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 1/25/24, the MDS indicated Resident 53 had no impairment in cognition (ability to think, remember, and reason). The MDS indicated Resident 53 required supervision with eating, oral hygiene and required partial/moderate assistance with toileting, showering, and upper and lower body dressing.</p> <p>During a concurrent observation and interview on 4/15/2024 at 10:19 a.m. with Resident 53, Oxymetazoline Hydrochloride 0.05% (decongestant nasal spray to treat nasal discomfort with possible side effects that included increased blood pressure and fast, irregular heartbeat) was observed at Resident 53's bedside. Resident 53 stated the nasal spray was brought in by Resident 53's daughter and the nurses were aware Resident 53 had the medication at the bedside.</p> <p>During a concurrent interview and record review on 4/16/2024 at 10:50 a.m. with Licensed Vocational Nurse 3 (LVN 3), Resident 53's medical records were reviewed. LVN 3 stated Resident 53 was alert and oriented. LVN 3 stated LVN 3 was not aware of Resident 53's nasal spray at Resident 53's bedside. LVN 3 stated there was no documented evidence that Resident 53 was assessed for Resident 53's ability to safely self-administer the medication at Resident 53's bedside.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 4:45 PM, the Director of Nursing (DON) stated when a resident (in general) wished to keep a medication at the bedside, the facility had to assess the resident's ability to self-administer the medication. The DON stated if determined appropriate, the licensed nurse must obtain a physician's order for the medication and update the resident's care plan. The DON stated the care plan for self-administration of medication must reflect the medication's drug-to-drug interactions or possible side effects for adequate monitoring to ensure the safety of the resident. The DON stated all resident belongings must be inspected and the licensed nurse must inform the residents that all medications must be kept in the facility inside the locked medication carts of the licensed nurses.</p> <p>During a review of the facility's P&P, titled Resident Self-Administration of Medication, dated 12/19/2022, the P&P indicated the following:</p> <ol style="list-style-type: none"> 1. The resident may only self-administer medications after the facility's interdisciplinary team (group of healthcare professionals from different disciplines that work together to treat the residents) has determined which medications must be self-administered safely. 2. The resident's preference to self-administer medications must be documented on the appropriate form and placed in the medical record. 3. When determining if self-administration is clinically appropriate for a resident, the interdisciplinary team must at a minimum consider the following: <ol style="list-style-type: none"> a. Medications appropriate and safe for self-administration b. Resident's physical capacity to swallow without difficulty, open medication bottles, and administer injections. c. Resident's cognitive status and capability to follow directions. d. Resident's comprehension of instructions for the medications they are taking, including the dose, timing, and signs of side effects, and when to report to the facility staff. e. Resident's ability to ensure that medication is stored safely and securely. 4. All nurses and aides are required to report to the charge nurse on-duty any medication found at the bedside not authorized for bedside storage. Families and responsible parties must be reminded of policy and procedures regarding resident's self-administration of medications when necessary. 5. The nursing staff is responsible for proper rotation of bedside stock and removal of expired medications. 6. The care plan must reflect resident self-administration and storage arrangements for such medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on interview and record review, the facility failed to follow up with the Department of Health Care Services (DHCS, state-designated authority for Preadmission Screening and Resident Review [PASRR] determinations) for one of two sampled resident (Resident 24) regarding the PASRR process. Resident 24 had a Positive Level I Screening (an initial screening that indicated Resident 24 required a Level II Evaluation, a person-centered evaluation to determine the most appropriate placement and if specialized services were required) on 1/22/24.</p> <p>This failure had the potential to cause a decline in Resident 24's psychosocial well-being due to possible lack of specialized services.</p> <p>Findings:</p> <p>During a review of Resident 24's Admission Record (AR), the AR indicated the facility initially admitted Resident 24 on 11/5/22 with multiple diagnoses including Alzheimer's disease (onset date 1/21/24, brain disorder that progressively destroys memory, thinking skills, and ability to carry out simple tasks), anxiety disorder (onset date 1/21/24, persistent and excessive worry that interfere with daily activities), major depressive disorder (onset date 1/21/24, persistently depressed mood or loss of interest in activities that cause significant impairment in daily life), respiratory failure (onset date 1/21/24), and atrial fibrillation (onset date 1/21/24, irregular and rapid heart rate).</p> <p>During a review of Resident 24's History and Physical (H&P), dated 1/22/24, the H&P indicated Resident 24 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 24's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 2/1/24, the MDS indicated Resident 24 was readmitted to the facility on [DATE] from a short-term general hospital. Resident 24 had severe impairment in cognition (ability to think, remember, and reason). The MDS indicated Resident 24 sometimes experienced social isolation. The MDS indicated Resident 24 was mostly dependent on staff for self-care activities and mobility.</p> <p>During a review of Resident 24's DHCS Notice of Need letter (NNL), dated 1/22/24, the DHCS NNL indicated Resident 24 had a Positive Level I Screening that indicated Level II Mental Health Evaluation is Required.</p> <p>During a concurrent interview and record review on 4/18/24 at 10:19 a.m., with Admissions Coordinator 1 (AC 1), Resident 24's DHCS NNL was reviewed. AC 1 stated Level II Evaluation should have been done at the hospital as indicated, but AC 1 was not able to follow up if Resident 24's Level II Evaluation was done. AC 1 stated AC 1 was responsible for obtaining PASRR forms from the hospital prior to the resident's arrival at the facility. AC 1 stated if the PASRR forms were not available or completed at the hospital, AC 2 referred the case to the Director of Nursing (DON) and licensed nurses to conduct the PASRR Level II Screening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 4:45 pm., the Director of Nursing (DON) stated the PASRR Level II Evaluation was conducted to determine if a resident (in general) required specialized services related to resident's mental health issues. The DON stated if the evaluation was not conducted timely, the facility might provide incorrect treatments/services to the resident, and this could result in a delay of specialized services needed by the resident.</p> <p>During a review of the facility's policy and procedure (P&P), titled Resident Assessment - Coordination with PASARR Program, dated 12/18/23, the P&P indicated the following:</p> <ol style="list-style-type: none"> 1. The facility must coordinate assessments with the PASRR program under Medicaid to ensure that individuals with a mental disorder (MD), intellectual disability (ID), or a related condition receive care and services in the most integrated setting appropriate to their needs. 2. The facility must screen the individual using the State's Level I screening process and refer any resident who has or may have MD, ID, or a related condition to the appropriate state-designated authority for Level II PASRR evaluation and determination, if the resident was not screened due to being readmitted directly from a hospital and the resident remains in the SNF longer than 30 days. 3. The Level II resident review must be completed within 40 calendar days of admission. 4. The Social Services Director or designee must be responsible for keeping track of each resident's PASRR screening status and referring to the appropriate authority. 5. Recommendations, such as any specialized services, from a PASRR Level II determination and/or PASRR evaluation report must be incorporated into the resident's assessment, care planning, and transitions of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36924</p> <p>Based on interview and record review, the facility failed to develop a comprehensive plan of care for one of one sampled resident (Resident 22).</p> <p>This failure resulted in the resident not receiving individualized care and had the potential to result in Resident 22 not to maintain the highest practical physical and mental well-being.</p> <p>Findings:</p> <p>During a review of Resident 22's Admission Record (AR), the AR indicated Resident 22 was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (brain disease that alters brain function or structure), peripheral vascular disease (reduced blood flow to the limbs [arms and legs]), and unspecified dementia (a decline in mental ability).</p> <p>During a review of Resident 22's History & Physical (H&P) dated 1/30/24, the H&P indicated Resident 22 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 22's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 1/31/24, the MDS indicated Resident 22 was severely impaired in cognitive (ability to understand and process information) skills and required substantial/maximal assistance with eating, toileting, and personal hygiene.</p> <p>During a review the Medical Nutritional Therapy Assessment Recommendations (MNTAR) dated 4/3/24, the MNTAR's problem indicated Resident 22 had a 5% weight loss.</p> <p>During an observation on 4/15/24 at 1 p.m., Certified Nurse Assistant (CNA 4) was assisting Resident 22 with eating Resident 22's lunch. Resident 22 was eating with Resident 22's eyes closed. CNA 4 stated Resident 22 won't open Resident 22's mouth, Resident 22 clenched her teeth, and CNA 4 could not feed Resident 22. Resident 22 ate approximately 10% of the food and the food tray was returned to the food cart by CNA 4.</p> <p>During an interview on 4/17/24 at 5:08 p.m., with the Registered Dietitian (RD), the RD stated the facility had been trying to get Resident 22's weight up for a while. The RD stated Resident 22 lost 18 pounds (lbs., unit of weight) and had significant weight loss.</p> <p>During a concurrent interview and record review on 4/18/24 at 5:46 p.m., with the Director of Nursing (DON), the DON indicated Resident 22's Interdisciplinary Team (IDT, a team of health care professions who work together to establish plans of care for residents) conducted a weight variance for Resident 22 on 4/3/24 and the information was obtained from, weights provided by the Restorative Nurse Assistant (RDA), input from the Dietary Supervisor's (DS), and RD recommendations for Resident 22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 22' Order Summary Report (OSR) with active orders as of 4/18/24, the OSR included a physician's order dated 2/21/24 and indicated Boost (nutritional shake) three times a day for supplement for weight loss. The OSR also included a physician's order, dated 4/8/24 that indicated Remeron oral (by mouth) Tablet 15 milligrams (mg., unit of measurement), one tablet, by mouth at bedtime for depression manifested by poor appetite.</p> <p>During a concurrent interview and record review on 4/18/24 at 5:56 p.m., with the DON, no weight loss care plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan]) was found for Resident 22 in Resident 22's clinical record. The DON stated it was important to develop a CP to address Resident 22's weight loss to avoid further weight loss or any other nutritional problems.</p> <p>During a record review of the facility's Policy & Procedure (P&P), titled Comprehensive Care Plans, revised 12/19/2022, the P&P indicated it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs that were identified in the resident's comprehensive assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on observation, interviews, and record review, the facility failed to revise and implement an individualized care plan for two of two sampled residents (Residents 47 and 19).</p> <p>A. The care plan for Resident 47, who was assessed with range of motion (ROM, full movement potential of a joint) and mobility (ability to move) limitations, was not revised to address the further decline in the ROM of both lower extremities.</p> <p>B. The care plan for Resident 19 was not revised to address Resident 19's need to wear hearing aids.</p> <p>These failures had the potential to cause a decline in the Resident 47 and 19's physical and/or psychosocial well-being related to the delay in the delivery of the necessary care and services.</p> <p>Findings:</p> <p>A. During a review of Resident 47's Admission Record (AR), the AR indicated the facility initially admitted Resident 47 on 11/22/2023 with multiple diagnoses including type 2 diabetes mellitus (disorder causing elevated sugar level in the blood), Parkinson's disease (brain disorder causing uncontrollable movements including shaking), generalized muscle weakness, spinal stenosis (narrowing of one or more spaces inside the bones of the spine commonly causing pain in the lower back and legs), and peripheral vascular disease (reduced blood flow to the limbs commonly causing leg pain).</p> <p>During a review of Resident 47's History and Physical (H&P), dated 11/25/2023, the H&P indicated Resident 47 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 47's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 11/27/2023, the MDS indicated Resident 47 had moderate impairment in cognition (ability to think, remember, and reason). The MDS indicated Resident 47 was dependent on staff for most self-care activities and mobility. The MDS indicated Resident 47 had a functional limitation in ROM (limited ability to move a joint that interferes with activities of daily living or places the resident at risk of injury) to both upper and lower extremities.</p> <p>During a review of Resident 47's care plan (CP) on Restorative Nursing Program (RNP, nursing program aimed to maintain or improve the residents' functional abilities to perform daily tasks) related to a potential for decline in ROM, revised on 2/13/2024, the CP indicated the following interventions/tasks:</p> <p>1. Monitor for any changes (decline/improvements) and to refer to nurse and/or rehab with any change of condition.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Bilateral (both) lower extremities - Active Assisted Range of Motion (AAROM, joint receives partial assistance from an outside force, such as staff member) daily 5 times a week as tolerated and Hip/knee flexion (bending movement)/extension (straightening movement) 2 sets of 10 repetition and Knee flexion/extension 2 sets of 10 repetition.</p> <p>During a concurrent observation and interview on 4/18/2024 at 9:41 AM with Licensed Vocational Nurse 2 (LVN 2), Resident 47's bilateral lower extremities were observed. Resident 47 was able to follow simple commands. Resident 47 was able to slightly move both lower extremities. LVN 2 stated Resident 47 had ROM limitation to both lower extremities. LVN 2 was unable to state prior ROM and mobility condition of Resident 47's bilateral lower extremities.</p> <p>During a concurrent interview and record review on 4/18/2024 at 3:32 PM with Physical Therapist 1 (PT 1), Resident 47's PT Evaluation, PT Discharge Summary, PT Encounter Notes, and Joint Mobility Assessments (JMA, screenings to determine the joints' ability to move freely through its ROM) were reviewed. PT 1 stated Resident 47 received physical therapy services on 11/23/2023 and was discharged to the RNP on 2/9/2024 due to lack of progress towards the set goals. PT 1 stated Resident 47's JMA, dated 11/23/2024, indicated Resident 47 had minimal limitation (75% to 100%) in ROM in both knees. PT 1 stated Resident 47's JMA, dated 3/5/2024, indicated Resident 47 had a decline to moderate limitation (50% - 75%) in ROM in both knees. PT 1 stated she would have recommended and added to the plan of care Resident 47's splinting (application of a device to support the extremity in the best position while resting) to prevent further ROM decline. PT 1 stated the rehabilitative staff could have assessed splinting tolerance for 1-2 weeks before discharging back to the RNP.</p> <p>During a concurrent interview and record review on 4/18/2024 at 3:55 PM with the MDS nurse (MDSN), Resident 47's MDS assessments, changes in condition, nursing notes, and care plans were reviewed. The MDSN stated Resident 47 had a functional impairment in both upper and lower extremities upon admission to the facility. The MDSN stated there was no documented evidence the physician and/or the licensed nurse was notified regarding Resident 47's change in condition related to the further decline in bilateral ROM in both knees. The MDSN stated the last care plan revision was on 2/12/2024 and no revisions were made after the JMA, dated 3/5/2024.</p> <p>During an interview on 4/18/2024 at 4:45 PM, the Director of Nursing (DON) stated if a resident (in general) had a further decline in ROM, the Certified Nursing Assistant (CNA), Restorative Nursing Aide (RNA), or the rehabilitative staff must notify the Charge Nurse, so the Charge Nurse could notify the physician and obtain new orders. The DON stated rehabilitative staff could be consulted to obtain recommendations to revise existing plan of care. The DON stated it was important to address any ROM decline to prevent other issues, such as pain and skin issues.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Specialized Rehabilitative Services, dated 12/19/2022, P&P 1 indicated the care plan for individuals receiving specialized rehabilitative services must be monitored and revised as indicated by a licensed professional.</p> <p>During a review of the facility's policy and procedure (P&P 2), titled Joint Mobility Screening and Assessment, dated 12/19/2022, P&P 2 indicated the following:</p> <p>1. A resident who enters the facility without limited range of motion and/or limited range of motion must receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility was unavoidable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. The rehabilitative staff must complete the initial Joint Mobility Assessment (JMA) form to provide the baseline information of the resident's functional abilities including joint mobility. Subsequent information from the previous quarterly MDS assessment must be compared with the data entered in the current MDS assessment to identify changes in the resident's joint mobility.</p> <p>3. Residents identified with, or at risk for joint mobility or movement limitations, must have an individualized plan of care developed by the Interdisciplinary Team.</p> <p>During a review of the facility's policy and procedure (P&P 3), titled Prevention of Decline in Range of Motion, dated 12/19/2022, P&P 3 indicated the following:</p> <ol style="list-style-type: none"> 1. Based on the comprehensive assessment, the facility must provide interventions, exercises, and/or therapy in accordance with professional standards of practice to maintain or improve range of motion. 2. Care plan interventions must be developed and documented on the resident's person-centered care plan. 3. The nurse responsible for the resident must monitor for consistent implementation of the care plan interventions. Refusals of care or problems associated with range of motion exercises must be documented in the medical record. 4. Modifications to the plan of care must be made as needed. <p>36924</p> <p>B. During a review of Resident 19's Admission Record (AR), the AR indicated Resident 19 was readmitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (group of lung diseases that block airflow), anxiety disorder (strong feeling of worry, anxiety, or fear), and Alzheimer's disease (destroys memory and other mental functions).</p> <p>During a review of Resident 19's Care Plan titled, Communication Problem related to Hard of Hearing, initiated on 6/3/22, indicated Resident 19 had hard of hearing when the resident was not in quiet setting. There was no intervention for staff to provide bilateral hearing aids for Resident 19.</p> <p>During a review of Resident 19's Provider 1 (PA1) visit notes, dated 3/30/23 and 11/2/23, the PA1 notes visit indicated Resident 19 had hearing loss and Resident 19's audiogram (a test showing type, degree, and configuration of hearing loss) was done on 6/27/23. The PA1 visit notes indicated Resident 19 had hearing loss significant enough to qualify for hearing aids.</p> <p>During a review of Resident 19's History & Physical (H&P), dated 6/29/23, the H&P indicated Resident 19 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 19's Resident Property Update, dated 11/10/23, indicated Resident 19 had hearing aids with chargers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 19's MDS, dated [DATE], the MDS indicated Resident 19 had moderately impaired cognition (ability to process thoughts and perform various mental activities) and required partial/moderate assistance with upper body dressing and substantial/maximal assistance with personal hygiene.</p> <p>During a concurrent observation and interview, on 4/15/24, at 10:31 a.m., with Resident 19, Resident 19 stated, what and gestured with one hand near the resident's right ear when the surveyor spoken to the resident. Resident 19 was observed with difficulty hearing. Resident 19 stated the staff was supposed to bring Resident 19's hearing aids in the morning but they don't. Resident 19 stated staff said we don't do that or they just look at me. Resident 1 stated usually the medication nurse brings them to me. Resident 19 stated she had not seen them (hearing aids). Resident 19 stated Resident 19 had seen the hearing aids three times since she admitted to the facility.</p> <p>During a concurrent observation and interview, on 4/16/24, at 4:35 p.m., with the Certified Nursing Assistant (CNA) 5 at Resident 19's bedside, Resident 19 was observed not wearing hearing aid in bilateral (both) ears. Resident 19 stated Resident 19 did not have the hearing aids and Resident 19 had only seen them maybe three times since Resident 19 had been at the facility. Resident 19 stated she could not hear the television.</p> <p>During an interview, on 4/16/24, at 5:00 p.m., CNA 5 stated that Resident 19 could not hear well, CNA 5 stated it was very hard for Resident 19 to hear without wearing Resident 19's hearing aids.</p> <p>During a record review of the facility's Policy & Procedure (P&P), titled, Care Plan Revisions Upon Status Change, dated 2022, indicated the care plan will be updated with new or modified interventions. The P&P indicated Care plans will be modified by the MDS Coordinator or other designated staff member. The Unit Manager or other designated staff member will conduct an audit on all residents experiencing a change in status, at time the change in status is identified, to ensure care plans have been updated to reflect current resident needs.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>36924</p> <p>Based on observation, interview, and record review the facility failed to provide a preferred activities for one of one sampled resident (Resident 20) as indicated in Resident 20's Minimum Data Set (MDS, an assessment and screening tool) dated 6/14/23, which indicated Resident 20 liked listening to music.</p> <p>This deficient practice had the potential to result in a decline to Resident 20's physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 20's Admission Record (AR), the AR indicated Resident 20 was admitted to the facility 6/8/21 with diagnoses that included dementia (a decline in mental ability), major depressive disorder, and hypertension (high blood pressure).</p> <p>During a review of Resident 20's Minimum Data Set (MDS, an assessment and screening tool) dated 6/14/23, the MDS indicated Resident 20 was severely impaired in cognitive (ability to understand and process information) skills. The MDS indicated listening to music Resident 20 liked was somewhat important.</p> <p>During a review of Resident 20's care plan (CP), the CP's focus indicated Resident 20 needed social and sensory stimulation, needed encouragement to participate in activities due to short- and long-term memory loss causing dementia, dated 3/24/22, target date 3/4/24. The CP's goal was for Resident 20 to maintain involvement in cognitive stimulation and social activities as desired.</p> <p>During a review of Resident 20's activity Assessment, dated 3/14/24, the assessment indicated Resident 20's activity interest included music and soothing music.</p> <p>During an observation on 4/17/24, at 3:15 p.m., Resident 20 was observed in Resident 20's wheelchair, laying/resting Resident 20's head on the handrail near the conference room.</p> <p>During an interview on 4/17/24, at 3:33 p.m., with the Activities Director (AD), the AD stated activity assessments were done every three months or as needed and Resident 20's last activity assessment was conducted 3/14/24. The AD stated Resident 20 liked eating snacks, listening to music, sitting in the patio, attended activities of choice, required a lot of encouragement, watched tv in the dining room, family visits, and participated in Happy Feet (singing conducted on Monday, Wednesday, Friday). The AD stated the AD tried to encourage Resident 20 to do some stuff but, Resident 20 sometimes liked to just sit, and Resident 20 interacted with who she wanted.</p> <p>During an interview, on 4/17/24, on 4:01 p.m., with the Activity Aide (AA), the AA stated the AD conducted daily room visits along with AA2 and AA3.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/17/24 at 4:21 p.m., with AAE, AAE stated AAE donated AAE's mother in law's radio to Resident 20 and no radio was observed in Resident 20's room. AAE stated it was important to have music available in Resident 20's room because Resident 20 liked it, and music was therapeutic to Resident 20. AAE stated AAE did not provide Resident 20 a room visit today.</p> <p>During a review of the facility's policy and procedure (P&P), revised 12/19/23, the P&P indicated it is the policy of the facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services for two of two sampled residents (Resident 19 and Resident 41) by failing to:</p> <p>a. Ensure Resident 19 was offered her dentures before each meal and facility followed up with Resident 19's dentist timely to obtain the status of dental treatment authorization for a dental procedure.</p> <p>This deficient practice had the potential to cause mouth pain/discomfort, choking, and weight loss for Resident 19.</p> <p>b. Ensure Resident 41's peripheral intravenous (IV, into or within a vein) Heplock (H/L, a medical device catheter placed in a vein to administer medication or fluid into the bloodstream) was changed in accordance with the facility's policy and procedure (P&P), titled Intravenous Therapy.</p> <p>This deficient practice had the potential to result in complications from an old IV access including infiltration (when IV fluid leaked into tissue because of improper catheter placement or dislodgement), phlebitis (inflammation of a vein) and bloodstream infection (the invasion and growth of germs in the body) that could compromise Resident 41's health.</p> <p>Findings:</p> <p>a. During a review of Resident 19's Admission Record (AR), the AR indicated, the facility readmitted Resident 19 to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (group of lung diseases that block airflow), anxiety disorder (strong feeling of worry, anxiety, or fear), and Alzheimer's disease (destroys memory and other mental functions).</p> <p>During a review of Resident 19's History & Physical (H&P), dated 6/29/23, the H&P indicated, Resident 19 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 19's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 1/24/24, the MDS indicated, Resident 19 had moderately impaired cognition (ability to process thoughts and perform various mental activities), was edentulous (no natural teeth or tooth fragment/s), and at risk for malnutrition.</p> <p>During a concurrent observation and interview on 4/18/24 at 1:15 p.m. with Dietary Services Director (DSD) 2, Resident 19 was observed placing dark green zucchini rind from her mouth onto her food tray. DSD 2 asked if Resident 19 wanted alternatives to the zucchini vegetable and rind. DSD 2 stated zucchini rind was hard to chew and stated to Resident 19 that food alternatives must meet Resident 19 diet guidelines. Resident 19 asked for Resident 19 dentures from bedside drawer. Resident 19 stated Resident 19 had the dentures for about one year and the dentures did not fit right. Resident 19 stated staff (unidentified) was aware dentures did not fit but staff did not follow up.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/24, at 2:13 p.m. with Certified Nurse Assistant (CNA 2), CNA 2 stated CNA 2 cared for Resident 19 the previous week and the current week. CNA 2 stated Resident 19 had dentures and when CNA 3 offered to put on Resident 19's dentures Resident 19 would not wear the dentures because the dentures did not fit Resident 19. CNA 2 stated sometimes CNA 2 forgot to offer the dentures during meals to Resident 19 but if CNA 2 remembered, CNA 2 would ask Resident 19 if Resident 19 wanted to wear the dentures. CNA 2 stated Resident 19 had dentures for a long time. CNA 2 stated CNA 2 thought it was already documented that Resident 19's dentures did not fit well and Resident 19 preferred not to wear the dentures. CNA 2 stated Resident 19 could possibly eat more than Resident 19 did if Resident 19's dentures fit well. CNA 2 stated if the dentures fit Resident 19, Resident 19 might want to wear the dentures. CNA 2 stated CNAs assisted the residents with denture insertion with each meal and ask residents if they wanted to wear them.</p> <p>During a concurrent interview and record review of Resident 19's Dental Progress Notes (DPN) dated 2/20/24, on 4/18/24, at 4:51 p.m. with the Social Services Director (SSD), the DPN indicated Resident 19 was not using dentures (F2's) and having difficulty tolerating dentures. The SSD stated the DPN indicated Resident 19 had bone loss and the dentures did not fit properly due to bone loss. The SSD stated Resident 19's dentist submitted a Treatment Authorization Request (TAR) and was awaiting approval. The SSD stated the first follow up on the TAR request by SSD was 4/18/24. The SSD stated Resident 19 was seen by the dentist briefly the previous week and the dentist stated it would take 8-12 weeks for TAR to get approved by DentiCal (insurance) for tissue conditioning to help with the dentures fitting properly. However, the SSD was not able to provide documentation. The SSD stated it was important to follow up because SSD knew the TAR took about 8-12 weeks and SSD failed to follow-up. The SSD stated it would be a good practice to document that moving forward and to follow up and make sure the TAR did not fall through the cracks and cause delay or no services.</p> <p>During a record review of the facility's P&P, titled, Provision of Quality Care, dated 2022, the P&P indicated, each resident would be provided care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being.</p> <p>b. During a review of Resident 41's Admission Record (AR), the AR indicated, Resident 41 was originally admitted to the facility on [DATE] with multiple diagnoses including sepsis, (a life-threatening medical emergency when your body has a severe response to an infection) unspecified organism, unspecified atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow) and urinary tract (the organs that make urine and remove it from the body) infection (UTI), site not specified.</p> <p>During a review of Resident 41's History and Physical Examination (H&P), dated 2/11/24, the H&P indicated, Resident 41 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 41's Minimum Data Set (MDS, an assessment and screening tool), dated 2/9/24, the MDS indicated, Resident 41's cognitive (ability to think and process information) skills for daily decision making could not be completed.</p> <p>During a review of Resident 41's Order Summary Report (OSR), dated as of 4/15/24, the OSR indicated, an order on 4/3/24 for Ertapenem Sodium (an IV medication used to treat certain serious infections) use 1 gram (gm, a unit of measurement) intravenously in the afternoon for 12 days until 4/16/24 at 11:59 p.m. secondary to UTI. The OSR did not indicate an order to keep the IV site longer than seventy-two (72) hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 41's IV Administration Report (IAR), dated 4/2024, the IAR indicated, Resident 41 received Ertapenem Sodium 1 gm IV at 4:00 p.m. daily from 4/4/24 to 4/16/24.</p> <p>During a concurrent observation and interview on 4/15/24 at 9:15 a.m. with Licensed Vocational Nurse (LVN) 1, in Resident 41's room, Resident 41 was in bed. Resident 41 had a pink colored IV H/L catheter in the right wrist covered with a clear dressing dated 3/31/24 and an elastic net dressing protector over the clear dressing. LVN 1 stated Resident 41 was still on antibiotic, and it was the Registered Nurse Supervisor's responsibility to change the IV or dressing. LVN 1 stated LVN 1 learned in nursing school that IV dressing changes were done every three (3) days.</p> <p>During an interview on 4/15/2024 at 10:14 a.m. with the Director of Nursing (DON), the DON stated IV H/L and dressing changes were done every 3 days, for the IV H/L could get wet during showers and for infection control. The DON stated if the IV antibiotic was ordered for more than seven (7) days, the IV H/L was replaced with a peripherally inserted central catheter (PICC, an intravenous line much longer than a regular IV and goes all the way up to the vein near the heart or just inside the heart).</p> <p>During an interview on 4/18/24 at 9:36 a.m. with LVN 3, LVN 3 stated residents were assessed including presence of IV and documented as soon as residents were admitted to the facility.</p> <p>During a review of the facility's P&P titled, Intravenous Therapy, revised 12/19/22, the P&P indicated, the facility adhered to accepted standards of practice regarding infusion practices. The P&P indicated, IV sites were changed every 72 hours unless otherwise ordered by the physician, if the site became infiltrated, or if the resident exhibited signs and symptoms of phlebitis. The P&P indicated, in the event an IV was left in place longer than 72 hours, IV site care would be done every twenty-four (24) hours.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36924</p> <p>Based on interview and record review, the facility failed to ensure hearing aids were made available daily for one of one sampled resident (Resident 19). Resident 19 was hard of hearing.</p> <p>This failure resulted in Resident 19 not being able to hear adequately and had the potential to result in a psychosocial decline to</p> <p>Resident 19.</p> <p>Findings:</p> <p>During a review of Resident 19's Admission Record (AR), the AR indicated Resident 19 was readmitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (group of lung diseases that block airflow), anxiety disorder (strong feeling of worry, anxiety, or fear), and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).</p> <p>During a review of Resident 19's History & Physical (H&P), dated 6/29/23, the H&P indicated Resident 19 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 19's physician assistant (PA) visit, dated 3/30/23 & 11/2/23, the PA indicated Resident 19 had hearing loss.</p> <p>During a review of Resident 19's Resident Property Update, dated 11/10/23, indicated Resident 19 had hearing aid with a charger.</p> <p>During a review of Resident 19's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 1/24/24, the MDS indicated Resident 19 had moderately impaired cognition (ability to process thoughts and perform various mental activities) and required partial/moderate assistance with upper body dressing and substantial/maximal assistance with personal hygiene.</p> <p>During an observation and interview on 4/15/24 at 10:31 a.m., Resident 19 was gesturing with Resident 19's hands near Resident 19's ears. Resident 19 stated what? Resident 19 stated staff was supposed to bring Resident 19's hearing aids in the morning and they [staff] didn't. Resident 19 stated staff just looked at Resident 19 and usually the medication nurse (unidentified) brought the hearing aids to Resident 19's but, Resident 19 had not seen the medication nurse.</p> <p>During an interview on 4/16/24 at 4:24 p.m., with Certified Nurse Assistant (CNA 5), CNA 5 stated Resident 19 sometimes had a little hard time hearing without the hearing aids and with hearing aids Resident 19 told CNA 5 Resident 19 could hear. CNA 5 stated Resident 19 was alert and Resident 19 put Resident 19's hearing aids on. CNA 5 stated Resident 19 was hard of hearing without Resident 19's hearing aids and Resident 19 had a difficult time hearing. CNA 5 stated the normal protocol when residents removed their hearing aids was for the residents to give them to the nurse or CNA (in general) and the hearing aids were kept in the medication cart where they were kept overnight and returned to the resident in the morning by the CNA or the medication nurse.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/16/24 at 4:35 p.m., with CNA 5, Resident 19 was not wearing hearing aids in both ears and Resident 19's television was turned on. Resident 19 stated Resident 19 did not have hearing aids in Resident 19's ears and Resident 19 stated Resident 19 had seen Resident 19's hearing aids around three times since Resident 19 had been at the facility. Resident 19 stated Resident 19 could not hear the television.</p> <p>During an interview, on 4/16/24, at 5 p.m., CNA 5 stated Resident 19 was not wearing Resident 19's hearing aids this morning and this affected Resident 19 because it was very hard to Resident 19 because Resident 19 could not hear well.</p> <p>During a review of Resident 19's care plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan]), dated 5/16/2022, target date 4/1/24, the CP indicated Resident 19 was hard of hearing when not in a quiet setting.</p> <p>During a record review of the facility's Policy & Procedure (P&P), titled, Use of Assistive Devices, dated 12/2022, indicated, the facility will provide assistive devices for residents who need them. A nurse with responsibility for the resident will monitor for the consistent use of the device and safety in the use of the device.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>36288</p> <p>Based on observation, interview, and record review, the facility failed to provide the care and services for one of one sampled resident (Resident 12) who had an indwelling urinary catheter (IUC, a flexible plastic tube inserted into and retained in the bladder to provide continuous urinary drainage) in accordance with the facility's policy and procedure (P&P) and professional standards of practice.</p> <p>This failure had the potential to increase Resident 12's risk for catheter-associated urinary tract infection (CAUTI, germs enter and infect the urinary tract through the urinary catheter).</p> <p>Findings:</p> <p>During a review of Resident 12's AR (AR), the AR indicated the facility initially admitted Resident 12 on 11/17/2023 with multiple diagnoses including type 2 diabetes mellitus (disorder causing elevated sugar level in the blood), history of stroke (brain damage due to blocked blood supply to the brain), chronic kidney disease, and obstructive and reflux uropathy (blocked urine flow causing urine to flow back into the kidneys).</p> <p>During a review of Resident 12's History and Physical (H&P), dated 11/18/2023, the H&P indicated Resident 12 had the capacity to understand and make decisions.</p> <p>During a review of Resident 12's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 2/21/2024, the MDS indicated Resident 12 had no impairment in cognition (ability to think, remember, and reason). The MDS indicated Resident 12 required partial/moderate assistance with showering/bathing and lower body dressing, and supervision/touching assistance with toileting hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 12 had an IUC.</p> <p>During a review of Resident 12's Order Summary Report (OSR) for 4/2024, the OSR indicated the following physician orders for the IUC maintenance:</p> <ol style="list-style-type: none"> Order Date: 11/20/2023 - Cleanse with normal saline (NS, salt solution) or soap and water, pat dry, and leave open to air every day and evening shift and as needed Order Date: Foley catheter Fr. 16 with 10 cc balloon - Change for blockage, leaking, pulled out, and excessive sedimentation. Change catheter drainage bag as needed and with every change of IUC. <p>During an interview on 4/17/2024 at 10:27 AM, Treatment Nurse 1 (TXN 1) stated Certified Nursing Assistants (CNAs) assigned to Resident 12 would perform the daily IUC care to Resident 12 using soap and water as ordered by the physician. TXN 1 stated TXN 1 would then document in the Treatment Administration Record (TAR) that Resident 12's day shift IUC care was done. TXN 1 stated Resident 12 had an incident of hematuria (blood in the urine) in the past due to possible pulling of the catheter balloon.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/2024 at 10:38 AM, Certified Nursing Assistant 6 (CNA 6) stated he would clean Resident 12's IUC during Resident 12's shower, but Resident 12 would usually refuse daily IUC care.</p> <p>During a concurrent observation and interview on 4/17/2024 at 10:41 AM, TXN 1 provided IUC care to Resident 12. TXN 1 prepared the clean field on the overbed table and placed a NS bottle, medication cup with a few gauze pads inside, and exposed extra gauze pads and clean gloves in the clean field. TXN 1 donned clean gloves and assisted Resident 12 to pull down his underwear and expose Resident 12's IUC. White, sticky substance was observed on the outer part of the IUC tubing close to Resident 12's urinary meatus (opening where urine exits). Without doffing his gloves, TXN 1 proceeded with touching the NS bottle in the clean field to pour NS into the medication cup with gauze pads. TXN 1 proceeded with cleaning Resident 12's urinary meatus and then cleaning the white substance on the IUC tubing. TXN 1 stated the white substance was probably the Zinc Oxide being applied to Resident 12's skin to prevent skin breakdown. TXN 1 dried the areas with a dry gauze, doffed his gloves, and disposed of the trash. During a concurrent observation of the urinary collection bag, Resident 12 had 700 milliliters (mL, unit of measurement of volume) of slightly cloudy urine with a small amount of sediments (matter that commonly settles to the bottom of a liquid) present in the tubing and collection bag. TXN 1 proceeded with disposing of the trash and dirty linens in the respective bins. TXN 1 observed placing the NS bottle on top of the treatment cart without cleaning or disinfecting the NS bottle. TXN 1 removed his gloves and performed hand hygiene.</p> <p>During an interview on 4/17/2024 at 10:50 AM, TXN 1 stated he should have poured the NS into the medication cup prior to entering Resident 12's room and starting the IUC care. TXN 1 stated he forgot this step because he did not routinely perform Resident 12's IUC care. TXN 1 stated once the resident or catheter tubing was touched, his gloves would be considered contaminated. TXN 1 stated reusable items in the clean field that were touched with the contaminated gloves must be cleaned and disinfected. TXN 1 stated he would dispose of the NS bottle to prevent transmission of possible catheter-related infections in the facility.</p> <p>During an interview on 4/17/2024 at 3:13 PM, the Infection Preventionist Nurse (IPN) stated the treatment nurse and the charge nurse must provide IUC care. The IPN stated if the Certified Nursing Assistant (CNA) was providing perineal care (cleaning the genitals and anal area of the resident), the licensed nurse must be present to assess the condition of the IUC and urine characteristics. The IPN stated the licensed nurse must perform hand hygiene prior to and after the IUC care procedure and upon touching any potentially contaminated device, equipment, surface, or part of the resident's body before touching anything from the clean tray or supplies to prevent possible transmission of infections.</p> <p>During an interview on 4/17/2024 at 4:23 PM, Registered Nurse 2 (RN 2) stated the licensed nurses must do Resident 12's daily evening IUC care as ordered by the physician. RN 2 stated Resident 12 had hematuria and sediments in the IUC on 4/15/2024. RN 2 stated he notified the physician and obtained an order for urinalysis (UA, physical and microscopic examination and chemical evaluation of the urine), and urine culture and sensitivity (C&S, lab test to check for bacteria or other germs in a urine sample). RN 2 stated UA result indicated elevated white blood cells (cells that fight germs and if found in the urine could indicate UTI) with pending urine C&S result.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 4:45 PM, the Director of Nursing (DON) stated the treatment nurse or the licensed nurse must provide the IUC care. The DON stated CNAs were not trained to perform IUC care or touching the catheter tubing. The DON stated during resident showers (in general), the licensed nurse must assist the CNAs to ensure proper IUC care was provided, and the catheter tubing was not pulled. The DON stated this process was important to prevent increased pain, bleeding, or infection risks to the resident.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Catheter Care, dated 12/19/2022, P&P 1 indicated the facility must ensure that residents with IUC receive appropriate care. The P&P indicated the IUC care must be performed every shift and as needed by nursing personnel.</p> <p>During a review of the facility's policy and procedure (P&P 2), titled Provision of Physician Ordered Services, dated 5/15/2023, P&P 2 indicated the facility must have a reliable process for the proper and consistent provision of physician-ordered services according to professional standards of quality.</p> <p>During a review of the Centers for Disease Control and Prevention (CDC) guidelines, titled CDC/STRIVE Infection Control Training, dated 8/14/2023, the CDC guidelines indicated the following evidence-based techniques for IUC maintenance to prevent CAUTI:</p> <ol style="list-style-type: none"> 1. Use appropriate hand hygiene and gloves. Perform hand hygiene before each and every patient contact and before any manipulation of the catheter device or site. 2. Maintain good hygiene at the catheter-urethral interface. 3. Incorporate observation of urinary catheter and bag into routine rounds to maintain unobstructed flow of urine. 4. Perform catheter care per facility policy. 5. Inspect the meatus for redness, irritation, and drainage. Clean the meatus during daily bathing with soap and water. 6. Assess the catheter where it enters the meatus for encrusted material and drainage. 7. Remove any encrusted materials on the tubing. 8. Ensure the tubing does not go in and out of the urethra during cleaning.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents' (Resident 5) nutritional status and progressive weight loss was accurately and consistently monitored and assessed as needed and acted upon promptly.</p> <p>This failure resulted in significant weight loss to Resident 5.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record (AR), the AR indicated, Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including type 2 diabetes mellitus (adult-onset disease in which your blood glucose, or blood sugar, levels are too high) without complications, hemiplegia (paralysis of one side of the body after a stroke) and hemiparesis (weakness or inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing) following unspecified cerebrovascular disease (a group of conditions that affect the blood vessels and blood supply to the brain) affecting the right dominant side and unspecified severe protein-calorie malnutrition.</p> <p>During a review of Resident 5's Clinical Admission Evaluation (CAE), dated 10/16/23, timed at 7:42 p.m., the CAE indicated, Resident 5 was readmitted to the facility receiving nutritional intake by tube feed. The CAE indicated, Resident 5 had a NGT (nasogastric tube, a special thin flexible plastic tube that carries food and medicine to the stomach through the nose) and Fibersource HN (nutritional formula) tube feeding was started at 30 cc (milliliters, unit of measurement) per hour and 200 cc water flush every shift.</p> <p>During a review of Resident 5's History and Physical (H&P), dated 10/18/23, the H&P indicated, Resident 5 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 5's undated Weights and Vitals Summary (WVS), the WVS indicated the following weights from 10/4/23 to 4/17/24:</p> <p>10/4/23 111 lbs (pounds, unit of weight)</p> <p>10/17/23 118 lbs</p> <p>10/19/23 118 lbs</p> <p>10/24/23 118 lbs</p> <p>10/31/23 116 lbs</p> <p>11/7/23 114 lbs</p> <p>11/14/23 113 lbs</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/21/23 112 lbs</p> <p>11/29/23 109 lbs</p> <p>12/5/23 105 lbs</p> <p>12/12/23 102 lbs</p> <p>12/19/23 103 lbs</p> <p>1/2/24 101 lbs</p> <p>2/6/24 101 lbs</p> <p>3/5/24 96 lbs</p> <p>The WVS indicated, Resident 5 had progressively lost weight since readmission to the facility.</p> <p>During a review of Resident 5's Care Plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan), titled The resident has potential for dehydration or potential fluid deficit, date initiated 10/17/23, the CP indicated, one of the interventions was to report as needed for signs and symptoms of dehydration such as weight loss.</p> <p>During a review of Resident 5's CAE, dated 10/21/23, timed at 7 p.m., the CAE indicated, Resident 5 was on modified consistency diet.</p> <p>During a review of Resident 5's Telephone/Verbal Order Signature Details (VOD), dated 11/1/23 to 4/18/24, the VOD indicated, a fortified diet (have nutrients added that don't naturally occur in the food) was not ordered until 12/6/23. The VOD indicated, dietary supplements (Multivitamin-Minerals, Vitamin C, Zinc Sulfate and Folic Acid) were not ordered until 3/14/24.</p> <p>During a review of the facility's Weekly wt Variance (WWV), dated 11/6/23 to 11/29/23, the WWV indicated, Resident 5's weight on 11/7/23 was 114 lbs and 104 lbs on 11/21/23 resulting in a significant weight loss of 10 lbs (-8.77%) within 2 weeks.</p> <p>During a review of Resident 5's Interdisciplinary (IDT, a group of health care professionals with various areas of expertise who work together toward the goals for the residents) Care Conference IDTC, for December 2023, the IDTC did not indicate Resident 5's significant weight loss was addressed.</p> <p>During a review of Resident 5's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 1/19/24, the MDS indicated, Resident 5's cognitive (ability to think and reason) status was moderately impaired. The MDS indicated, Resident 5 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for eating and Resident 5 had malnutrition (protein or calorie) or at risk for malnutrition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/15/24 at 12:45 p.m. with Certified Nursing Assistant (CNA) 2, Resident 5 was lying in bed, appeared thin and weak and had a liquidized diet tray. CNA 2 stated, Resident 5 required to be fed and usually ate 80% but just takes time to feed her.</p> <p>During a concurrent interview and record review on 4/17/24 at 10:34 a.m. with the Registered Dietician (RD), Resident 5's Nutritional Assessment (NA), was reviewed. The RD stated, the RD assessed residents for nutritional assessment upon admission, quarterly, and then as soon as weight changes 3% or more, either lose or gain. The record indicated an initial NA was completed and dated 10/18/23. The next nutritional assessment conducted by the RD was dated 1/17/24 (quarterly). There were no documented Dietary Progress Notes from 10/17/23 thru 11/2023. The RD stated, Resident 5's diet was changed on 3/15/24 to fortified diet plus supplement Health Shakes after resident's weight loss variance of 11.40% between 11/7/23 and 2/6/24.</p> <p>During a concurrent interview and record review on 4/18/24 at 7:37 a.m. with the DON, Resident 5's Medical Record (MR), since readmission to the facility on [DATE] was reviewed. The DON stated weight loss assessment was done quarterly unless there was significant weight loss. The DON stated, Resident 5's weights fluctuated would lose a pound, gain a pound. The DON stated it was the IDT who analyzed resident weight trends. The DON stated the last time the IDT discussed Resident 5's significant weight loss was on 10/18/23. The DON stated, Resident 5's trending weight loss and the 6% monthly weight loss was significant, and Resident 5 should have been monitored and a COC (change of condition) should have been completed. The DON stated the COC was important so facility would be able to track the weight trend and avoid further weight loss and decline of Resident 5.</p> <p>During a concurrent interview and record review on 4/18/24 at 3:37 p.m. with the Registered Nurse (RN), Resident 5's MR was reviewed. The RN stated the facility was aware of Resident 5's weight loss from October 2023 since Resident 5 was being weighed weekly. The RN stated, a COC was supposed to be completed after significant weight loss. The RN stated, the RN could not find any COC documentation regarding the significant weight loss from 11/2023 to 12/2023.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Assisted Nutrition and Hydration, date revised 12/19/22, the P&P indicated, the facility would recognize, evaluate, and address the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and hydration.</p> <p>During a review of the facility's P&P titled, Weight Monitoring, date revised 12/19/22, the P&P indicated, a significant change in weight is defined as:</p> <p>a.5% change in weight in 1 month (30 days)</p> <p>b.7.5% change in weight in 3 months (90 days)</p> <p>c.10% change in weight in 6 months (180 days)</p> <p>The following formula may be used to calculate the percentage of weight change: % of body weight loss = (previous weight-current weight/previous weight) x 100.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Notification of Changes, date revised 12/19/22, the P&P indicated, the purpose of the policy was to ensure the facility promptly informed the resident, consulted the resident's physician; and notified, consistent with his or her authority, the resident's representative where there is a change requiring notification. The P&P indicated, significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status that included life-threatening conditions, or clinical complications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the medication error rate was less than 5% for two of five sampled residents (Residents 4 and 10) during the medication administration. The medication error rate was 11.11% due to three medication errors in a total of 27 opportunities observed.</p> <p>A. For Resident 4, Licensed Vocational Nurse 5 (LVN 5) failed to verify Resident 4's Metformin (medication prescribed to lower sugar level in the blood) Extended Release (ER, slowly released into the body over a period of time usually 12 or 24 hours) and famotidine (medication prescribed to lower acid production in the stomach and prevent heartburn [stomach acid irritating the food pipe lining and causing burning chest pain]) were crushable and administered in accordance with the professional standards of practice.</p> <p>B. For Resident 10, LVN 2 failed to ensure Licensed Vocational Nurse (LVN) verified the medication expiration date prior to the administration of diltiazem (medication to treat high blood pressure and chest pain) to Resident 10 in accordance with the facility's policy and procedures (P&P).</p> <p>These failures had the potential to result in a decreased medication efficacy (ability to produce a desired or intended result) for Residents 4 and 10.</p> <p>Findings:</p> <p>A. During a review of Resident 4's Admission Record (AR 1), AR 1 indicated the facility initially admitted Resident 4 on 1/6/2023 with multiple diagnoses including Alzheimer's disease (brain disorder that progressively destroys memory, thinking skills, and ability to carry out simple tasks), type 2 diabetes mellitus (brain disorder that progressively destroys memory, thinking skills, and ability to carry out simple tasks), and gastroesophageal reflux disease (GERD, chronic disease wherein stomach acid or bile flows into the food pipe and irritates the lining).</p> <p>During a review of Resident 4's History and Physical (H&P 1), dated 2/25/2024, H&P 1 indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4's Minimum Data Set (MDS 1, a standardized resident assessment and care-planning tool), dated 4/9/2024, MDS 1 indicated Resident 4 had severe impairment in cognition (ability to think, remember, and reason). MDS 1 indicated Resident 4 was dependent on staff for self-care activities.</p> <p>During a review of Resident 4's Medication Review Report (MRR) for 4/2024, the MRR indicated the following physician's orders:</p> <ol style="list-style-type: none"> Order Date: 1/6/2023 - May crush all crushable medications Order Date: 1/7/2023 - Famotidine oral tablet 10 milligrams 1 tablet by mouth in the morning for GERD <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Order Date: 5/16/2023 - Metformin Hydrochloride oral tablet 500 milligrams 1 tablet by mouth two times a day for diabetes mellitus</p> <p>During a concurrent observation of the medication administration and interview on 4/17/2024 at 8:33 AM with Licensed Vocational Nurse 5 (LVN 5), LVN 5 prepared Resident 4's available medications scheduled to be given at 9 AM. LVN 5 crushed 1 tablet of Metformin ER 500 milligrams. LVN 5 crushed 1 tablet of famotidine 10 milligrams. LVN 5 stated he crushed and mixed Resident 4's medications because Resident 4 was on a pureed diet and Resident 4 had problems swallowing. When LVN 5 stated he was ready to administer the medications. The surveyor and LVN 5 reviewed the medication labels. Resident 4's blister pack of Metformin ER had a label that indicated Do not chew or crush before swallowing. Resident 4's box of famotidine had directions that indicated To relieve symptoms, swallow 1 tablet with a glass of water. Do not chew. To prevent symptoms, swallow 1 tablet with a glass of water at any time 15 to 60 minutes before eating food or drinking beverages that cause heartburn. LVN 5 stated he would not administer Resident 4's medications because it was unsafe. LVN 5 stated if Metformin ER was not crushed and given to Resident 4, Resident 4 could choke. LVN 5 stated if Metformin ER was crushed and given to Resident 4, it could potentially cause Resident 4's blood sugar to drop quicker. LVN 5 stated if famotidine was chewed or crushed, the medication efficacy could be decreased.</p> <p>During an interview on 4/18/2024 at 4:45 PM, the Director of Nursing (DON) stated crushing Metformin ER could result in less effective medication and poorer control of Resident 4's blood sugar. The DON was unable to provide the specific product labels for Resident 4's Metformin ER and famotidine. The DON stated crushing famotidine could result in decreased effectiveness of the medication to treat Resident 4's GERD. The DON stated a new pack of Metformin (not ER) and famotidine in liquid form were sent to the facility by Resident 4's pharmacy.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Medication Administration, dated 12/19/2022, P&P 1 indicated the following:</p> <ol style="list-style-type: none"> 1. Medications must be administered by licensed nurses as ordered by the physician and in accordance with the professional standards of practice. 2. Refer to the drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. 3. Administer the medication as ordered in accordance with the manufacturer's specifications. Do not crush medications with Do not crush instructions. <p>36288</p> <p>B. During a review of Resident 10's Admission Record (AR), the AR indicated Resident 10 was admitted to the facility on [DATE] with diagnoses including hypertensive heart disease (heart?problem that occur because of high blood pressure over?a long time) with heart failure (condition when the heart is unable to pump sufficiently to maintain blood flow to meet the body's needs), atherosclerotic (thickening or hardening of the arteries caused?by plaque buildup) heart disease of coronary (relating to or denoting the arteries which surround and supply the heart) artery with unspecified angina pectoris (chest pain).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 10's History and Physical Examination (H&P), dated 1/19/2024, the H&P indicated Resident 10 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 10's Care Plan titled The resident has hypertension (HTN) and Hyperlipidemia (HDL) revised 3/1/2024, the Care Plan indicated a goal for Resident 10 to remain free of complications related to hypertension/hyperlipidemia. One of the interventions was for licensed staff to administer Diltiazem 12 milligrams per milliliters (mg/ml- a measurement of a solution's concentration) via (through) gastrostomy tube (GT- creation of an artificial external opening into the stomach for nutritional support) give 5 milliliters (ml), twice a day (BID).</p> <p>During a review of Resident 10's Minimum Data Set (MDS, an assessment and screening tool), dated 3/28/24, the MDS indicated Resident 10's cognitive (ability to think and reason) status was intact.? The MDS indicated Resident 10 had active diagnoses that included coronary artery disease, heart failure and hypertension (high blood pressure).</p> <p>During a review of Resident 10's Order Summary Report (OSR), dated as of April 2024, the OSR indicated, an order on 3/26/24 for Resident 10 to receive Diltiazem 12 mg/ml, 5 ml via GT, BID for hypertension.</p> <p>During a review of Resident 10's Medication Administration Record (MAR), dated April 2024, the MAR indicated, Resident 10 was administered Diltiazem BID via GT from 4/1/2024 to 4/17/24.</p> <p>During a medication pass observation on 4/17/24 at 8:23 a.m., LVN 2 prepared all of Resident 10's medications due at 9:00 a.m. The medications included Diltiazem. LVN 2 did not check for expiration date on the bottle of the Diltiazem and proceeded to draw up Diltiazem 5 ml liquid form using a 5-cc syringe that was inside the plastic bag where the Diltiazem was kept inside the refrigerator. LVN 2 sprayed the drawn-up Diltiazem into a medication cup. The bottle of Diltiazem had a pharmacy-applied label indicating an expiration date of 4/6/24.</p> <p>During an interview on 4/17/24 at 9:29 a.m. with LVN 2, LVN 2 stated the process for medication pass included checking for the right resident, right drug, right dose, right form, right route, right time, and expiration date. LVN 2 stated, LVN 2 needed to check for expiration date of Resident 10's medication. LVN 2 stated, administering an expired Diltiazem for Resident 10 would cause nausea and vomiting and the medication would be ineffective. LVN 2 stated it was important to check for expiration date for the protection and safety of the residents.</p> <p>During an interview on 4/18/24 at 7:37 a.m. with the Director of Nursing, the DON stated, one of the steps in the process of medication administration included checking for expiration date. The DON stated it was important to check for expired medications since administering expired medications could cause harm to the resident. The DON stated, expired medications would not be effective since it (expired medication) passed the capacity of the medicine, it's not as potent, the efficacy won't be as effective anymore.</p> <p>During a review of the facility's P&P titled Medication Administration, revised 12/19/2022, the P&P indicated medications are administered by licensed nurses or other staff who are legally authorized to do so, as ordered by the physician and in accordance with professional standards of practice. The P&P indicated to identify expiration date and if expired, to notify the nurse manager.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents (Residents 4 and 10) were free of significant medication errors.</p> <p>A. Licensed Vocational Nurse 5 (LVN 5) did not verify Resident 4's Metformin (medication prescribed to lower sugar level in the blood) Extended Release (ER, slowly released into the body over a period of time usually 12 or 24 hours) was crushable and administer in accordance with the professional standards of practice.</p> <p>B. Ensure Licensed Vocational Nurse (LVN) verified the medication expiration date prior to the administration of diltiazem (medication to treat high blood pressure and chest pain) to Resident 10 in accordance with the facility's policy and procedures (P&P).</p> <p>These failures had the potential to cause a decline in Resident 4 and 10's physiological well-being related to the decreased medication efficacy (ability to produce the desired beneficial effect).</p> <p>Findings:</p> <p>A. During a review of Resident 4's Admission Record (AR 1), AR 1 indicated the facility initially admitted Resident 4 on 1/6/2023 with multiple diagnoses including Alzheimer's disease (brain disorder that progressively destroys memory, thinking skills, and ability to carry out simple tasks) and type 2 diabetes mellitus (disorder causing elevated sugar level in the blood).</p> <p>During a review of Resident 4's History and Physical (H&P 1), dated 2/25/2024, H&P 1 indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4's Minimum Data Set (MDS 1, a standardized resident assessment and care-planning tool), dated 4/9/2024, MDS 1 indicated Resident 4 had severe impairment in cognition (ability to think, remember, and reason). MDS 1 indicated Resident 4 was dependent on staff for self-care activities.</p> <p>During a review of Resident 4's Medication Review Report (MRR) for 4/2024, the MRR indicated the following physician's orders:</p> <ol style="list-style-type: none"> Order Date: 1/6/2023 - May crush all crushable medications Order Date: 5/16/2023 - Metformin Hydrochloride oral tablet 500 milligrams 1 tablet by mouth two times a day for diabetes mellitus <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation of the medication administration and interview on 4/17/2024 at 8:33 AM, LVN 5 crushed 1 tablet of Metformin ER 500 milligrams. LVN 5 stated he crushed Resident 4's medication because Resident 4 was on a pureed diet and had problems swallowing. When LVN 5 stated he was ready to administer the medication, they surveyor reviewed of the medication label with LVN 5. After the reviewed of the lable, LVN 5 stated he would not administer Resident 4's Metformin ER because it was unsafe. LVN 5 stated if Metformin ER was not crushed and given to Resident 4, Resident 4 could choke. LVN 5 stated if Metformin ER was crushed and given to Resident 4, it could potentially cause Resident 4's blood sugar to drop quicker.</p> <p>During an interview on 4/18/2024 at 4:45 PM, the Director of Nursing (DON) stated crushing Metformin ER could result in less effective medication and poorer control of Resident 4's blood sugar. The DON was unable to provide the specific product label for Resident 4's Metformin ER. The DON stated new pack of Metformin (not ER) was sent to the facility by Resident 4's pharmacy.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Medication Administration, dated 12/19/2022, P&P 1 indicated the following:</p> <ol style="list-style-type: none"> 1. Medications must be administered by licensed nurses as ordered by the physician and in accordance with the professional standards of practice. 2. Refer to the drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. 3. Administer the medication as ordered in accordance with the manufacturer's specifications. Do not crush medications with Do not crush instructions. <p>36288</p> <p>B. During a review of Resident 10's Admission Record (AR), the AR indicated, Resident 10 was admitted to the facility on [DATE] with multiple diagnoses including hypertensive heart disease (heart problems that occur because of high blood pressure that is present over a long time) with heart failure, atherosclerotic (thickening or hardening of the arteries caused by plaque buildup) heart disease of native coronary (relating to or denoting the arteries which surround and supply the heart) artery with unspecified angina pectoris.</p> <p>During a review of Resident 10's History and Physical Examination (H&P), dated 1/19/24, the H&P indicated, Resident 10 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 10's Care Plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluaton plan), titled The resident has hypertension (HTN) and Hyperlipidemia (HDL, a condition in which there are high levels of fat particles (lipids) in the blood), date revised 3/1/24, the CP indicated one of the goals was Resident 10 would remain free of complications related to hypertension/hyperlipidemia and one of the interventions was Diltiazem 12mg/ml give 5 ml via GT BID.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 10's Minimum Data Set (MDS, an assessment and screening tool), dated 3/28/24, the MDS indicated, Resident 10's cognitive (ability to think and reason) status was intact. The MDS indicated, Resident 10 had active diagnoses that included coronary artery disease, heart failure and hypertension (high blood pressure).</p> <p>During a review of Resident 10's Order Summary Report (OSR), dated April 2024, the OSR indicated, an order on 3/26/24 for Diltiazem 12 mg/ml (milligrams per milliliters, a measurement of a solution's concentration) give 5 ml via GT (gastrostomy tube, a medical device inserted through the belly that brings nutrition and/or medications directly to the stomach) BID (two times a day) for hypertension.</p> <p>During a review of Resident 10's Medication Administration Record (MAR,) dated April 2024, the MAR indicated, Resident 10 was administered Diltiazem via GT BID.</p> <p>During an observation on 4/17/24 at 8:23 a.m., during the medication pass, LVN 2 was preparing all of Resident 10's medications that were due at 9:00 a.m. The medications included Diltiazem. LVN 2 did not check for expiration date on the bottle of the Diltiazem and proceeded to draw up Diltiazem 5 ml liquid form using a 5 cc syringe that was inside the plastic bag where the Diltiazem was kept inside the refrigerator. LVN 2 squirted the drawn up Diltiazem into a medication cup. The bottle of Diltiazem had a pharmacy-applied label indicating an expiration date of 4/6/24.</p> <p>During an interview on 4/17/24 at 9:29 a.m. with LVN 2, LVN 2 stated, the process for med pass included checking for the right resident, right drug, right dose, right form, right route, right time and expiration date. LVN 2 stated, LVN 2 was supposed to check for expiration date. LVN 2 stated, administering an expired Diltiazem could cause nausea and vomiting and the medication could be ineffective. LVN 2 stated, it was important to check for expiration date for the protection and safety of the residents.</p> <p>During an interview on 4/18/24 at 7:37 a.m. with the Director of Nursing, the DON stated, one of the steps in the process of medication administration included checking for expiration date. The DON stated, it was important to check for expired medications since administering expired medications could cause harm to the resident. The DON stated, expired medications would not be effective since it (expired medication) passed the capacity of the medicine, it's not as potent, the efficacy (the power to produce a desired result), it won't be as effective anymore.</p> <p>During a review of the facility's policy and procedure (P&P), titled Medication Administration, dated 12/9/2022, indicated for staff to identify expiration date on the medication. The P&P indicated for staff to remove expired medication from source, do not touch the expired medication with bare hands, and to notify the nurse manager.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307</p> <p>Based on observation, interview and record review, the facility failed to ensure:</p> <p>a. Expired medications were not stored in one of one facility Medication Storage room, in accordance with professional standards of practice and the facility's policy and procedure (P&P) titled, Medication Storage.</p> <p>b. Licensed Vocation Nurse 2 (LVN 2) did not prepare expired medication for one of one resident (Resident 10) during medication pass administration. Resident 10's Diltiazem (medication to treat high blood pressure and chest pain) liquid form medication had an expiration date of 4/6/2024.</p> <p>These failures had the potential to result in resident harm and/or residents not getting the full benefits of the medication.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 4/18/2024 at 6:30 p.m. in the facility's medication storage room with Registered Nurse (RN), one cabinet labeled House Supply Meds, was inspected. The cabinet had multiple supply of unopened house supply (over the counter) medications with the manufacturer's expiration date circled in black color.? One bottle containing 100 tablets of Magnesium (an essential mineral) 500 milligrams (mg- unit of measurement of mass) Dietary Supplement had expiration date of 3/2024. The RN stated the person who stocked the cabinet with medication was responsible for checking expired medications.?The RN stated the medication should not be kept in the Medication Storage room because it was expired. The RN stated, the RN also checked the Medication Storage room for expired medications. The RN stated, the expired medication should not be kept in the cabinet in the Medication Storage room to prevent staff from administering expired medication to the residents that would potentially result in adverse side effects.</p> <p>During a review of the facility's P&P titled Medication Storage, revised 12/19/2022, the P&P indicated, it was the policy of the facility to ensure all medications housed on the facility's premises would be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations.? The P&P indicated, the pharmacy and all medication rooms were routinely inspected by the consultant pharmacist for discontinued, outdated, defective or deteriorated medications.</p> <p>b. During a review of Resident 10's Admission Record (AR), the AR indicated Resident 10 was admitted to the facility on [DATE] with diagnoses including hypertensive heart disease (heart?problem that occur because of high blood pressure over?a long time) with heart failure (condition when the heart is unable to pump sufficiently to maintain blood flow to meet the body's needs), atherosclerotic (thickening or hardening of the arteries caused?by plaque buildup) heart disease of coronary (relating to or denoting the arteries which surround and supply the heart) artery with unspecified angina pectoris (chest pain).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 10's History and Physical Examination (H&P), dated 1/19/2024, the H&P indicated Resident 10 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 10's Care Plan titled The resident has hypertension (HTN) and Hyperlipidemia (HDL) revised 3/1/2024, the Care Plan indicated a goal for Resident 10 to remain free of complications related to hypertension/hyperlipidemia. One of the interventions was for licensed staff to administer Diltiazem 12 milligrams per milliliters (mg/ml- a measurement of a solution's concentration) via (through) gastrostomy tube (GT- creation of an artificial external opening into the stomach for nutritional support) give 5 milliliters (ml), twice a day (BID).</p> <p>During a review of Resident 10's Minimum Data Set (MDS, an assessment and screening tool), dated 3/28/24, the MDS indicated Resident 10's cognitive (ability to think and reason) status was intact.? The MDS indicated Resident 10 had active diagnoses that included coronary artery disease, heart failure and hypertension (high blood pressure).</p> <p>During a review of Resident 10's Order Summary Report (OSR), dated as of 4/18/24, the OSR indicated, an order on 3/26/24 for Resident 10 to receive Diltiazem 12 mg/ml, 5 ml via GT, BID for hypertension.</p> <p>During a review of Resident 10's Medication Administration Record (MAR), dated April 2024, the MAR indicated, Resident 10 was administered Diltiazem BID via GT from 4/1/2024 to 4/17/24.</p> <p>During a medication pass observation on 4/17/24 at 8:23 a.m., LVN 2 prepared all of Resident 10's medications due at 9:00 a.m.? The medications included Diltiazem.? LVN 2 did not check for expiration date on the bottle of the Diltiazem and proceeded to draw up Diltiazem 5 ml liquid form using a 5-cc syringe that was inside the plastic bag where the Diltiazem was kept inside the refrigerator.? LVN 2 sprayed the drawn-up Diltiazem into a medication cup.? The bottle of Diltiazem had a pharmacy-applied label indicating an expiration date of 4/6/24.?</p> <p>During an interview on 4/17/24 at 9:29 a.m. with LVN 2, LVN 2 stated the process for medication pass included checking for the right resident, right drug, right dose, right form, right route, right time, and expiration date.? LVN 2 stated, LVN 2 needed to check for expiration date of Resident 10's medication.? LVN 2 stated, administering an expired Diltiazem for Resident 10 would cause nausea and vomiting and the medication would be ineffective.? LVN 2 stated it was important to check for expiration date for the protection and safety of the residents.</p> <p>During an interview on 4/18/24 at 7:37 a.m. with the Director of Nursing, the DON stated, one of the steps in the process of medication administration included checking for expiration date.? The DON stated it was important to check for expired medications since administering expired medications could cause harm to the resident.? The DON stated, expired medications would not be effective since it (expired medication) passed the capacity of the medicine, it's not as potent, the efficacy won't be as effective anymore.</p> <p>During a review of the facility's P&P titled Medication Administration, revised 12/19/2022, the P&P indicated medications are administered by licensed nurses or other staff who are legally authorized to do so, as ordered by the physician and in accordance with professional standards of practice. The P&P indicated to identify expiration date and if expired, to notify the nurse manager.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36924</p> <p>Based on observation, interview, and record review, the facility failed to ensure for one of two red buckets (Red Bucket 1, used to wipe contact surfaces for infection prevention and control) located in the kitchen that contained sanitization fluid had adequate concentration levels. In addition, the facility failed to ensure Almond milk and 2% low-fat milk located in one of two kitchen refrigerator (Refrigerator 2) were labeled correctly as indicated in the Refrigerated Storage Quick Reference Guide.</p> <p>This failure had the potential to result in cross contamination (process by which bacteria can be transferred from one area to another), the spread of infections, and physical declines to residents who ingested the facility's food.</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 9:46 a.m., with the Dietary Services Director (DSD 2), in the facility's kitchen, one opened carton of Almond milk was observed labeled with a use by date of [DATE] and one carton of 2% reduced fat milk was observed labeled with a use by date [DATE] in Refrigerator 2. DSD 2 stated it was the responsibility of DSD 2 to check the dates of the contents in the refrigerator daily in the morning and it was DSD 2's fault because DSD 2 missed the dates. DSD 2 stated it was important not to use expired food and drinks and accurate dates [were important] to keep residents safe and prevent illnesses.</p> <p>During a concurrent observation and interview on [DATE] at 9:59 a.m., with DSD 2, Red Bucket 1 and 2 were in the facility's kitchen, the sanitizing fluid in both buckets was tested to obtain fluid concentration. Red bucket 1 had a concentration of 200 parts per million (ppm, unit of concentration). DSD 2 stated red bucket sanitizing concentration should be between 50 to 100 ppm and the red buckets were changed every two hours, more often, or as needed. The DSD 2 stated it was important to maintain the correct concentration in the red buckets to ensure all surfaces were sanitized and for bacteria not to go from one place to another because this could cause foodborne illnesses.</p> <p>During a review of the facility's Refrigerated Storage Quick Reference Guide, revised 2020, indicated, the recommended storage time for opened liquid whole or low-fat milk was one week.</p> <p>During a review of the facility's Policy & Procedure (P&P), titled, Food Storage, dated ,d+[DATE], the P&P indicated improper storage of food was the main reason for foodborne illness.</p> <p>During a record review of the facility's Policy & Procedure (P&P), titled, Sanitation Inspection, dated , d+[DATE], indicated it is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on interview and record review, the facility failed to ensure the resident and/or the responsible party (RP) for three of three sampled residents (Residents 53, 12, and Resident 24) understood the Binding Arbitration Agreement (BAA, contract between the facility and resident/RP requiring disputes to be resolved by a neutral arbitrator [third party decision-maker] instead of a judge or jury in court) signed upon the residents' admission to the facility.</p> <p>This failure had the potential to cause a decline in the residents' psychosocial well-being due to the failure to understand the implications of the signed documents.</p> <p>Findings:</p> <p>a. During a review of Resident 53's Admission Record (AR 1), AR 1 indicated, the facility initially admitted Resident 53 on 1/21/2024 with multiple diagnoses including chronic pulmonary edema (excess fluid in the lungs), heart failure, and hypertension (high pressure of blood pushing against the wall of the arteries).</p> <p>During a review of Resident 53's History and Physical (H&P 1), dated 1/22/2024, H&P 1 indicated, Resident 53 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 53's BAA (BAA 1), BAA 1 indicated Resident 53 signed the agreement on 1/24/2024.</p> <p>During a review of Resident 53's Minimum Data Set (MDS 1, a standardized resident assessment and care-planning tool), dated 1/25/2024, MDS 1 indicated, Resident 53 had no impairment in cognition (ability to think, remember, and reason).</p> <p>During an interview on 4/17/2024 at 3:42 PM with Admissions Assistant 1 (AA 1), AA 1 stated she was responsible for explaining the BAA and obtaining a signed copy of the BAA if the resident or RP agreed to enter into a BAA. AA 1 stated if the resident and/or RP refused to sign, AA 1 would inform Admissions Coordinator 1 (AC 1) and/or the Administrator to explain to the resident again the BAA with at least 3 attempts. AA 1 stated she would indicate in the report why the resident or RP refused to sign. AA 1 stated she would explain to the resident and/or RP that signing the BAA would not affect the resident's rights or treatment at the facility and would not be a condition for admission to the facility. AA 1 stated the arbitrator and arbitration venue would be randomly assigned to the case and the resident and/or the facility don't have a say (no influence on the outcome or decision) on who would be the arbitrator or where the venue of the arbitration would be.</p> <p>During a concurrent interview and record review on 4/18/2024 at 8:58 AM with Resident 53, BAA 1 was reviewed. Resident 53 confirmed she signed BAA 1, but Resident 53 stated she could not recall any staff explaining the binding arbitration process, including the selection of the neutral arbitrator and the venue convenient for the resident and the facility.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 12's AR (AR 2), AR 2 indicated, the facility initially admitted Resident 12 on 11/17/2023 with multiple diagnoses including type 2 diabetes mellitus (disorder causing elevated sugar level in the blood), history of stroke (brain damage due to blocked blood supply to the brain), chronic kidney disease, and obstructive and reflux uropathy (blocked urine flow causing urine to flow back into the kidneys).</p> <p>During a review of Resident 12's History and Physical (H&P 2), dated 4/18/2023, H&P 2 indicated, Resident 12 had the capacity to understand and make decisions.</p> <p>During a review of Resident 12's BAA (BAA 2), BAA 2 indicated Resident 12 signed the agreement on 1/12/2024.</p> <p>During a review of Resident 12's Minimum Data Set (MDS 3, a standardized resident assessment and care-planning tool), dated 2/21/2024, MDS 3 indicated Resident 12 had no impairment in cognition (ability to think, remember, and reason).</p> <p>During a concurrent interview and record review on 4/18/2024 at 9:31 AM with Resident 12, BAA 2 was reviewed. Resident 12 stated, A lady had me sign the paper and took off. She did not explain to me the form (BAA 2).</p> <p>c. During a review of Resident 24's Admission Record (AR 3), AR 3 indicated, the facility initially admitted Resident 24 on 11/5/2022 with multiple diagnoses including Alzheimer's disease (brain disorder that progressively destroys memory, thinking skills, and ability to carry out simple tasks), anxiety disorder (persistent and excessive worry that interfere with daily activities), major depressive disorder (persistently depressed mood or loss of interest in activities that cause significant impairment in daily life), respiratory failure, and atrial fibrillation (irregular and rapid heart rate). AR 3 indicated Resident 24's responsible party was RP?1.</p> <p>During a review of Resident 24's History and Physical (H&P 3), dated 1/22/2024, H&P 3 indicated, Resident 24 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 24's Minimum Data Set (MDS 3, a standardized resident assessment and care-planning tool), dated 2/1/2024, MDS 3 indicated Resident 24 was readmitted to the facility on [DATE] from a short-term general hospital. Resident 24 had severe impairment in cognition (ability to think, remember, and reason).</p> <p>During a review of Resident 24's BAA (BAA 3), BAA 3 indicated RP 1 signed the agreement on 2/1/2024.</p> <p>During a telephone interview on 4/18/2024 at 9:14 AM, RP 1 stated no facility staff explained that it was optional to sign the document (BAA). RP 1 stated with regard to BAA, she recalled being informed, You can't sue (the facility) for any disputes. RP 1 stated no facility staff explained the arbitration process, including how the neutral arbitrator or the convenient venue for the arbitration proceedings would be chosen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/2024 at 5:56 PM, the Administrator stated the Admissions staff were responsible for explaining the BAA and obtaining a signed copy of the BAA if the resident or the resident's RP decides to enter into the BAA with the facility. The Administrator stated he was uncertain how the neutral arbitrator and the arbitration venue would be chosen.</p> <p>During a review of the facility's policy and procedure (P&P), titled Binding Arbitration Agreements, dated 12/19/2022, the P&P indicated the following:</p> <ol style="list-style-type: none"> 1. The facility must not require binding arbitration as a condition of admission to, or as a requirement to continue to receive care at the facility. 2. The facility must explain to the resident and/or responsible party the BAA in a form and manner that the resident and/or responsible party would understand and would acknowledge that he/she understood the BAA. 3. The BAA must provide for the selection of a neutral arbitrator agreed upon by both parties and for the selection of a venue that is convenient to both parties.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on observation, interview, and record review, the facility failed to follow infection prevention and control practices and implement interventions to prevent and control the spread of infections in the facility for five of five sampled residents (Residents 12, 159, 3, 15, & 57) in accordance with the facility's policies and procedures (P&Ps) and national health guidelines by failing to implement the facility's P&P on Enhanced Barrier Precautions (EBP, use of gown and gloves for use during high-contact resident care activities for certain resident population) timely for the following residents:</p> <p>A. Res 12 who had an indwelling urinary catheter (IUC, a flexible plastic tube inserted into and retained in the bladder to provide continuous urinary drainage).</p> <p>B. Ensure Treatment Nurse 1 (TXN 1) followed proper infection control practices while providing Resident 12's IUC care in accordance with the facility's P&Ps and professional standards of practice.</p> <p>C. Res 159 who had an IUC.</p> <p>D. Ensure Licensed Vocational Nurse 5 (LVN 5) performed hand hygiene and put on proper Personal Protective Equipment (PPE, protective clothing or equipment, designed to protect the wearer from injury or the spread of infection or illness) before obtaining Resident 3's blood pressure (BP), who was on isolation (staying away/kept away from others) precautions.</p> <p>E. Ensure toiletries in the shared restroom of Residents 15 & 57 were properly labeled and stored.</p> <p>These failures had the potential to result in an increased spread of infection throughout the facility.</p> <p>Findings:</p> <p>A. During a review of Resident 12's AR (AR), the AR indicated the facility initially admitted Resident 12 on 11/17/23 with multiple diagnoses including type 2 diabetes mellitus, history of stroke, chronic (long standing) kidney disease, and obstructive and reflux uropathy (disorder of the urinary tract that occurs due to obstructed urinary flow).</p> <p>During a review of Resident 12's History and Physical (H&P), dated 11/18/23, the H&P indicated Resident 12 had the capacity to understand and make decisions.</p> <p>During a review of Resident 12's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 2/21/24, the MDS indicated Resident 12 had no impairment in cognition (ability to think, remember, and reason). The MDS indicated Resident 12 required partial/moderate assistance with showering/bathing and lower body dressing, and supervision/touching assistance with toileting hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 12 had an IUC.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/17/24 at 10:41 a.m., Resident 12's IUC care provided by TXN 1 was observed. TXN 1 put on gloves and proceeded with the IUC care, TXN 1 did not wear a gown while providing care.</p> <p>During an interview on 4/17/24 at 10:58 a.m., TXN 1 stated he received an in-service regarding EBP. TXN 1 stated EBP was implemented for compromised/immunocompromised residents to prevent transmission of infections.</p> <p>During a concurrent interview and record review on 4/17/24 at 3:13 p.m., with the Infection Preventionist Nurse (IPN), the facility's EBP was reviewed. The IPN stated currently, only Resident 3 was placed on EBP because Resident 3 was receiving chemotherapy (cancer treatment). The IPN stated Resident 3 did not meet the criteria to be placed on EBP, such as having an indwelling medical device or non-healing wounds.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Enhanced Barrier Precautions, dated 2/23/24, P&P 1 indicated the following:</p> <ol style="list-style-type: none"> 1. The facility must implement EBP for the prevention of transmission of multidrug-resistant organisms. 2. EBP refers to the use of gown and gloves during high-contact resident care activities for a certain resident population. Face protection may also be needed if performing activity with a risk of splash or spray. 3. EBP must be implemented for residents known to be colonized or infected with MDRO and those at increased risk of MDRO acquisition, such as residents with wounds or indwelling medical devices. 4. A physician's order for EBP must be obtained for residents with indwelling medical devices, such as urinary catheters, central lines, hemodialysis catheters, feeding tubes, tracheostomy/ventilator tubes) and chronic wounds such as pressure sores, diabetic foot ulcers, unhealed surgical wounds, chronic venous stasis ulcers. 5. High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, assisting with toileting or changing briefs, indwelling medical device care, and wound care. <p>B. During a review of Resident 12's Order Summary Report (OSR) for 4/2024, the OSR indicated the following physician order:</p> <p>Order Date: 11/20/23 - Indwelling Catheter: Cleanse with normal saline (NS) or soap and water, pat dry, and leave open to air every day and evening shift and as needed for maintenance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 4/17/24 at 10:41 a.m., TXN 1 provided IUC care to Resident 12. TXN 1 prepared the clean field on the overbed table and placed a normal saline (NS, salt water) bottle, medication cup with a few gauze pads inside, and exposed extra gauze pads and clean gloves in the clean field. TXN 1 put on clean gloves and assisted Resident 12 to pull down Resident 12's underwear and exposed Resident 12's IUC. White, sticky substance was observed on the outer part of the IUC tubing close to Resident 12's urinary meatus (opening where urine exits). Without taking off his gloves, TXN 1 proceeded by touching the NS bottle located on the clean field to pour NS into the medication cup with gauze pads. TXN 1 proceeded with cleaning Resident 12's urinary meatus and then cleaned the white substance on the IUC tubing. TXN 1 stated the white substance was probably the Zinc Oxide being applied to Resident 12's skin to prevent skin breakdown. TXN 1 dried the areas with a dry gauze, removed his gloves, and disposed them in the trash. During a concurrent observation of the urinary collection bag, Resident 12 had 700 milliliters (mL, unit of measurement of volume) of slightly cloudy urine with a small amount of sediments (matter that commonly settles to the bottom of a liquid) present in the tubing and collection bag. TXN 1 proceeded and disposed of the trash and dirty linens in the respective bins. TXN 1 placed the NS bottle on top of the treatment cart without cleaning or disinfecting the NS bottle. TXN 1 removed his gloves and performed hand hygiene.</p> <p>During an interview on 4/17/24 at 10:50 a.m., TXN 1 stated he should have poured the NS into the medication cup prior to entering Resident 12's room and starting the IUC care. TXN 1 stated he forgot this step because TXN 1 did not routinely perform Resident 12's IUC care. TXN 1 stated once the resident or catheter tubing was touched, gloves were considered contaminated. TXN 1 stated reusable items in the clean field that were touched with the contaminated gloves had to be cleaned and disinfected. TXN 1 stated TXN 1 would dispose of the NS bottle to prevent transmission of possible catheter-related infections in the facility.</p> <p>During an interview on 4/17/24 at 3:13 p.m., the Infection Preventionist Nurse (IPN) stated the licensed nurse must follow proper infection control practices and perform hand hygiene prior to and after the IUC care procedure and upon touching any potentially contaminated device, equipment, surface, or part of the resident's body before touching anything from the clean tray or supplies to prevent possible transmission of infections.</p> <p>During a review of the facility's P&P, titled Personal Protective Equipment, dated 12/19/2022, P&P 3 indicated the following:</p> <ol style="list-style-type: none"> 1. Change gloves and perform hand hygiene between clean and dirty tasks, when moving from one body part to another, when heavily contaminated, or torn. 2. Wear gowns to protect arms, exposed body areas, and clothing from contamination with blood, body fluids, and other potentially infectious material. <p>During a review of the Centers for Disease Control and Prevention (CDC) guidelines, titled CDC/STRIVE Infection Control Training, dated 8/14/2023, the CDC guidelines indicated the following evidence-based techniques for indwelling urinary catheter maintenance to prevent CAUTI:</p> <ol style="list-style-type: none"> 1. Use appropriate hand hygiene and gloves. Perform hand hygiene before each and every patient contact and before any manipulation of the catheter device or site. 2. Maintain good hygiene at the catheter-urethral interface. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[Source: https://www.cdc.gov/infectioncontrol/pdf/strive/CAUTI104-508.pdf]</p> <p>[Source: https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_CAUTI]</p> <p>36924</p> <p>C. During a review of Resident 159's Admission Record (AR), the AR indicated Resident 159 was admitted to the facility on [DATE] with diagnoses that included respiratory failure (difficult to breath on your own), immunodeficiency (failure or absence of elements of immune system), and benign prostatic hyperplasia (prostate gland enlargement that can cause urine difficulty).</p> <p>During a review of Resident 159's History & Physical (H&P), dated 4/3/24, the H&P indicated Resident 159 had the capacity to understand and make decisions.</p> <p>During a review of Resident 159's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 4/5/24, the MDS indicated Resident 159 was cognitively intact and had an IUC.</p> <p>During an observation on 4/15/24, at 10:31 a.m., Resident 159 had an IUC and Enhanced Barrier Precautions (EBP) signage was not posted by Resident 159's wall by Resident 159's door.</p> <p>During a review of the facility's policy and procedure (P&P 1), titled Enhanced Barrier Precautions, dated 2/23/24, P&P 1 indicated the following:</p> <ol style="list-style-type: none"> 1. The facility must implement EBP for the prevention of transmission of multidrug-resistant organisms. 2. EBP refers to the use of gown and gloves during high-contact resident care activities for a certain resident population. Face protection may also be needed if performing activity with a risk of splash or spray. 3. EBP must be implemented for residents known to be colonized or infected with MDRO and those at increased risk of MDRO acquisition, such as residents with wounds or indwelling medical devices. 4. A physician's order for EBP must be obtained for residents with indwelling medical devices, such as urinary catheters, central lines, hemodialysis catheters, feeding tubes, tracheostomy/ventilator tubes) and chronic wounds such as pressure sores, diabetic foot ulcers, unhealed surgical wounds, chronic venous stasis ulcers. 5. High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, assisting with toileting or changing briefs, indwelling medical device care, and wound care. <p>D. During a review of Resident 3's Admission Record (AR), the AR indicated Resident 3 was readmitted to the facility on [DATE] with diagnoses that included unspecified systolic heart failure (heart doesn't pump blood well), [NAME] cell carcinoma (cancer cells that form on the skin), and unspecified asthma (airways become inflamed, narrow, or swell causing difficulty breathing).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 3's Minimum Data Set (MDS, a resident assessment and care screening tool) dated 9/19/23, the MDS indicated Resident 3 was cognitively intact (ability to understand and process information) and required limited assistance with bed mobility, transfers, and supervision with locomotion on and off the unit.</p> <p>During a review of Resident 3's History & Physical (H&P), dated 4/5/23, the H&P indicated Resident 3 did not have the capacity to understand and make decisions.</p> <p>During a concurrent medication administration observation and interview on 4/17/24, at 9:02 a.m., with Licensed Vocational Nurse (LVN 5), Resident 3's wall by Resident 3's room door had a posting that indicated Enhanced Barrier Precautions (EBP) and directions to follow. LVN 5 stated Resident 3's was on EBP because Resident 3 was on chemotherapy (drugs used in treatment for cancer) and Resident 3's immune system was down. LVN 5 did not perform hand hygiene after direct contact with Resident 3 when LVN 5 obtained Resident 3's blood pressure. LVN 5 exited Resident 3's room to returned to the medication cart to prepare medications. LVN 5 stated hand hygiene should be performed after direct contact with a resident (in general) and a gown and gloves should be put on before entering a resident's room who was on EBP. LVN 5 stated this was important to stop transmission of diseases.</p> <p>42307</p> <p>E. During a review of Resident 15's Admission Record (AR), the AR indicated, Resident 15 was originally admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including type 2 diabetes mellitus (adult-onset disease in which your blood glucose, or blood sugar, levels are too high) without complications, essential (primary) hypertension (high blood pressure) and insomnia (a common sleep disorder in which you have trouble falling and/or staying asleep), unspecified.</p> <p>During a review of Resident 15's History and Physical (H&P), dated 4/8/24, the H&P indicated, Resident 15 had the capacity to understand and make decisions.</p> <p>During a review of Resident 15's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/9/24, the MDS indicated, Resident 15's cognitive (ability to think and reason) status was intact. The MDS indicated, Resident 9 required partial/moderate assistance (helper does less than half the effort) with oral hygiene and required substantial/maximal assistance (helper does more than half the effort) with personal hygiene.</p> <p>During a review of Resident 15's Care Plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan), titled The resident has oral/dental health problems, date initiated 4/12/24, the CP indicated, the goal was for Resident 15 to be free of infection, pain, or bleeding in the oral cavity.</p> <p>During a review of Resident 57's AR, the AR indicated, Resident 57 was admitted to the facility on [DATE] with multiple diagnoses including urinary tract infection (UTI, an infection in any part of the urinary system: kidneys, bladder, or urethra [tube through which the urine leaves the body]), site not specified, anemia (lack of blood), unspecified and Bell's palsy (a condition that causes sudden weakness in the muscles on one half of the face).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 57's H&P, dated 3/11/24, the H&P indicated, Resident 57 could make needs known but could not make medical decisions.</p> <p>During a review of Resident 57's MDS, dated [DATE], the MDS indicated, Resident 57's cognitive status was intact. The MDS did not indicate what type of assistance Resident 57 required with oral and personal hygiene.</p> <p>During a review of Resident 57's CP, titled, The resident has impaired immunity related to renal (refers to the kidney) disease, date initiated, 3/21/24, the CP, indicated, the goal was for Resident 57 to remain free from infection.</p> <p>During a concurrent observation and interview on 4/15/24 at 10:23 a.m. with Certified Nursing Assistant (CNA) 1 in Resident 15's and Resident 17's shared restroom, an unlabeled opened FreshMint alcohol free mouthwash and a black colored comb was observed stored on the sink. CNA 1 stated, the toiletries should have been labeled and kept at the resident's bedside cubie so staff knew who the toiletries belonged to, to prevent contamination, and for infection control.</p> <p>During an interview on 4/18/24 at 12:36 p.m. with the Infection Preventionist (IP), the IP stated, toiletries did not necessarily have to be labeled with resident names but toiletries especially lotion and mouthwash were personal belongings and should not be kept in the resident shared restroom to prevent one resident from mistakenly using toiletries which were not their own, leading to contamination, for infection control.</p> <p>During a review of the facility's P&P, titled Infection Prevention and Control Program, dated 9/2/2022, P&P 2 indicated the following:</p> <ol style="list-style-type: none"> 1. All staff must assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. 2. Hand hygiene must be performed in accordance with our facility's established hand hygiene procedures. 3. All staff must use personal protective equipment (PPE) according to established facility policy governing the use of PPE. <p>During a review of the facility's P&P, title Resident Personal Belongings, dated reviewed 12/19/22, the P&P indicated, the facility would ensure resident belongings were kept in a neat and orderly fashioned and maintained in each resident's room.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36288</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 15 of 22 resident rooms (Rooms 3, 4, 5, 6, 7, 8, 10, 11, 17, 18, 20, 21, 22, 23, and 24) met the minimum 80 square feet (sq. ft.) requirement per resident in multiple resident bedrooms.</p> <p>This failure had the potential to result in adequate useable living space for residents and limited working area for the facility staff to provide the care and services for the residents.</p> <p>Findings:</p> <p>During a review of the facility's Request for Room Size Waiver Letter (RRSWL), dated 5/2/2024, the RRSWL indicated, the Administrator submitted a written room size waiver request for Rooms 3, 4, 5, 6, 7, 8, 10, 11, 17, 18, 20, 21, 22, 23, and 24. The RRSWL indicated, the specified rooms did not meet the required 80 sq. ft. per resident in a multiple-resident bedroom. The RRSWL indicated, Rooms 3, 4, 5, 6, 7, 8, 10, 11, 17, 18, 20, 21, 22, 23, and 24 had a floor area of 147 sq. ft. (14 ft. x 10.5 ft). The RRSWL indicated, Rooms 3, 4, 5, 6, 7, 10, 11, 17, 18, 20, 21, 22, 23, and 24 were designated three-bedroom units while room [ROOM NUMBER] was a two-bedroom unit. The RRSWL indicated, the facility diligently ensured that the special care needs of the residents were met and residents' health and safety were not adversely affected.</p> <p>During an observation on 4/18/2024 at 12:18 PM with the Maintenance Director (MainDir), the MainDir randomly selected eight of 22 resident rooms to measure. The current useable living space for the resident rooms were:</p> <ol style="list-style-type: none"> 1. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 2. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 3. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 4. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 5. room [ROOM NUMBER] (two-bed) measured 14 ft x 10.5 ft 6. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 7. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft 8. room [ROOM NUMBER] (three-bed) measured 14 ft x 10.5 ft <p>During an interview on 4/18/2024 at 12:17 PM with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated there was enough space in multi-occupancy rooms to provide resident care.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Pomona Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 651 N Main 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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/18/2024 at 12:22 PM with Resident 12, Resident 12 stated he had enough room to move around in the room while sitting in his wheelchair and for the facility staff to provide care to him while in bed.</p> <p>During an interview on 4/18/2024 at 12:25 PM with Resident 30, Resident 30 stated he had plenty of room to move around in the room and for the facility staff to provide care to him while in bed and during transfers.</p> <p>During a review of the facility's policy and procedure (P&P), titled Resident Rooms, dated 12/19/2022, the P&P indicated, resident bedrooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents. The P&P indicated, resident bedrooms must measure at least 80 sq. ft. per resident in multiple resident bedrooms and at least 100 sq. ft. in single resident bedrooms. The P&P indicated, the facility must request and/or maintain variances from the survey agency according to resident needs and preferences.</p>