

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Loma Linda Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25383 Cole Street Loma Linda, CA 92354	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was protected from financial exploitation (the illegal or improper use of a person's money, property, or assets) for one of three residents (Resident 1) reviewed for allegations of financial abuse when Certified Nursing Assistant 1 (CNA 1) attempted to add Resident 1's debit card to the CNA's Apple Pay account. This failure had the potential to placed Resident 1 at risk for financial loss and misappropriation of personal property. Findings: During a review of Resident 1's admission Record (clinical record containing demographic and admission information), the admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included dislocation of the left knee (a knee joint that was forced out of its normal position), fractures of the upper and lower right fibula (breaks in the smaller bone of the lower leg), anxiety (a condition causing excessive worry or fear), and depression (a mood disorder causing persistent feelings of sadness). A review of Resident 1's Interdisciplinary Team Note dated April 14, 2026, indicated Social Services Director (SSD) assisted Resident 1 in contacting the bank regarding suspicious activity involving Resident 1's debit card. On April 10, 2026, attempts were made to contact the bank; however, staff were unsuccessful in speaking with a representative. On April 13, 2026, Resident 1 requested follow-up regarding suspicious activity that occurred on April 8, 2026, involving Resident 1's debit card. The SSD and Resident 1 contacted the bank's fraud department and was able to confirm the phone number associated with the suspicious Apple Pay activity. The phone number was identified as (telephone number). Resident 1's suspected the phone number belonged to a CNA employed by the facility. Human Resources Department matched the cell phone number to CNA 1. A review of Resident 1's Social Service note dated April 13, 2026, indicated, Resident 1 and SSD spoke directly with a customer service representative from the bank Fraud Mobile Wallet Department. The representative confirmed fraudulent activity had occurred when an individual attempted to add Resident 1's debit card to an Apple Pay account. The bank identified the phone number ending in 7560 did not belong to Resident 1 and froze the transaction request before it could be completed. The representative also confirmed the complete phone number associated with the attempted transaction was (telephone number). A review of the facility's Five-Day Summary Report dated April 17, 2026, the report indicated, Resident 1 reported receiving a call from (name of the bank) informing her debit card had been used with a different phone number ending in 7560. The bank immediately blocked Resident 1's debit card to prevent unauthorized use and confirmed no money had been removed from Resident 1's account. The SSD continued the investigation and contacted the bank, which confirmed the phone number associated with the attempted transaction was (telephone number). An attempt had been made to add Resident 1's debit card to an Apple Pay account; however, the transaction was declined by the bank due to suspicious activity. The staff member associated with the phone number was immediately suspended pending further investigation and that local law enforcement was notified of the incident. During an interview on April 29, 2026, at 2:25 PM, with Resident 1, Resident 1 stated CNA 1 had stolen the resident's debit card information. Resident 1 further stated they did not know how CNA 1 obtained the debit card information but reported the bank confirmed CNA 1's phone number was used in an attempt to add Resident 1's debit card to an Apple (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Pay account. During an interview on April 29, 2026, at 3:10 PM, with the SSD, the SSD stated on April 13, 2026, both Resident 1 and SSD spoke with a representative from bank's Fraud Department. The SSD stated the bank representative verified the phone number used in the attempted Apple Pay transaction was (telephone number). The SSD further stated the phone number was verified through the facility's Human Resources Department as belonging to CNA 1. During an interview on April 29, 2026, at 4:26 PM, with the Administrator (ADMIN), the ADMIN stated Resident 1's debit card information had been used in an attempted Apple Pay transaction by CNA 1. The Administrator confirmed (name of the bank) Fraud Department verified the phone number associated with the attempted transaction and the number belonged to CNA 1. A review of the facility's policy and procedure (P&P) titled, Abuse, neglect, exploitation and miss appropriation prevention program, revised in April 2021, the P&P indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraints not required to treat the residents' symptoms. 1. Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including but not necessarily limited to: a. Facility staff.		