STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055344	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Heights Post Acute	590 S. Indian Hill Blvd. Claremont, CA 91711

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to treat two of four sampled residents (Resident 1 and Resident 4) with respect and dignity when on 4/15/2026 Resident 1 and 4's urinals (a receptacle used to collect urine [a yellowish liquid waste product produced by the kidneys]) were half filled with urine and left on top of the resident's dressers.This deficient practice resulted in feelings of embarrassment to Resident 1 and Resident 4.Cross Reference with F880 Findings:a. During a review of Resident 1's Face Sheet (FS, admission record), the FS indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD, a group of long-term lung diseases that block airflow), heart failure (heart muscle doesn't pump blood as well as it should), and morbid (severe) obesity.During a review of Resident 1's History and Physical (H&P), dated 9/9/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Date Set (MDS, a resident assessment and care-screening tool), dated 3/31/2026, the MDS indicated Resident 1's cognition (the ability to think and process information) was intact. The MDS indicated Resident 1 needed maximal assistance (helper does more than half the work) with toilet hygiene and moderate assistance (less than half the work) to sit-to-stand and toilet transfers.During an observation and interview on 4/15/2026 at 12:55 PM with Resident 1 inside the resident's room, Resident 1's urinal was halfway full and was located on top of Resident 1's dresser. Resident 1 stated Resident 1 had asked the staff (unidentified) to empty Resident 1's urinal several times. Resident 1 stated I need the urinal emptied before it overflows, then where would I pee? It's embarrassing. During an observation and concurrent interview on 4/15/2026 at 1:27 PM in Resident 1's room, with Licensed Vocational Nurse 1 (LVN 1), Resident 1's urinal was full of urine and was located on top of Resident 1's dresser. LVN 1 stated Resident 1's urinal contained 240 cubic centimeters (cc, a volume of fluid) of urine. LVN 1 stated for Resident 1's dignity, urinals should not be [left] with urine inside. b. During a review of Resident 4's FS, the FS indicated Resident 4 was admitted to the facility on [DATE] with diagnoses that included urinary tract infection (UTI, an infection [the invasion and growth of germs in the body] in the bladder/urinary tract), difficulty walking, and lack of coordination.During a review of Resident 4's H&P, dated 2/11/2026, the H&P indicated Resident 4 had the capacity to understand and make decisions. During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognition was intact. The MDS indicated Resident 4 required moderate assistance (helper does less than half the effort) with toilet hygiene and shower/baths and required maximal assistance (helper does more than half the effort) with sit to lying position.During an interview and concurrent observation on 4/15/2026 at 1:24 PM with LVN 1, at Resident 4's bedside, Resident 4's urinal was full of urine and was located on top of Resident 4's dresser. Resident 4 stated can you please empty my urinal? My family is coming later today, and it's a little embarrassing for them to see that.During an interview on 4/15/2026 at 1:27 PM with LVN 1, LVN 1 stated Resident 4's urinal was on the top of Resident 4's dresser and had 240cc of urine inside. LVN 1 stated urinals should be emptied and concealed for the dignity of the residents.During an interview with the Director of Staff Development (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Claremont Heights Post Acute	590 S. Indian Hill Blvd. Claremont, CA 91711

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(DSD) on 4/15/2026 at 1:59 PM, the DSD stated urinals should be empty because full urinals played a part in the resident's dignity.During an interview on 4/15/2026 at 3:25 PM with the Director of Nursing (DON), the DON stated urinals should be emptied. The DON stated residents (in general) must be treated with respect and dignity to avoid the residents feeling embarrassed.During a review of the facility's policy and procedure (P&P) titled Resident Rights - Accommodation of Needs, revised 1/1/2012, the P&P's purpose indicated to ensure that the facility provides an environment and services that meet resident's individual needs. The P&P indicated the facility's environment is designed to assist the resident in achieving independent functioning and maintaining the resident's dignity and well-being.During a review of the facility's P&P titled Resident Rights - Quality of Life, revised 3/2017, the P&P indicated each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed for two of four sampled residents (Resident 1 and Resident 4) whose urinals (a receptacle used to collect urine [a yellowish liquid waste product produced by the kidneys]) were observed half full of urine and were left on top of the resident's dressers.This deficient practice had the potential to result in bacterial growth inside the urinals and infections to Resident 1 and Resident 4.Cross Reference with F550Findings:a. During a review of Resident 1's Face Sheet (FS, admission record), the FS indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD, a group of long-term lung diseases that block airflow), heart failure (heart muscle doesn't pump blood as well as it should), and morbid (severe) obesity.During a review of Resident 1's History and Physical (H&P), dated 9/9/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Date Set (MDS, a resident assessment and care-screening tool), dated 3/31/2026, the MDS indicated Resident 1's cognition (the ability to think and process information) was intact. The MDS indicated Resident 1 needed maximal assistance (helper does more than half the work) with toilet hygiene and moderate assistance (less than half the work) to sit-to-stand and toilet transfers.During an observation and interview on 4/15/2026 at 12:55 PM with Resident 1 inside the resident's room, Resident 1's urinal was halfway full and was located on top of Resident 1's dresser. Resident 1 stated Resident 1 had asked the staff (unidentified) to empty Resident 1's urinal several times.During an observation and concurrent interview on 4/15/2026 at 1:27 PM in Resident 1's room, with Licensed Vocational Nurse 1 (LVN 1), Resident 1's urinal was full of urine and was on top of Resident 1's dresser. LVN 1 stated Resident 1's urinal contained 240 cubic centimeters (cc, a volume of fluid) of urine. LVN 1 stated urinals should be emptied because bacteria could grow inside [the urinals] and for infection control.b. During a review of Resident 4's FS, the FS indicated Resident 4 was admitted to the facility on [DATE] with diagnoses that included urinary tract infection (UTI, an infection [the invasion and growth of germs in the body] in the bladder/urinary tract), difficulty walking, and lack of coordination.During a review of Resident 4's H&P, dated 2/11/2026, the H&P indicated Resident 4 had the capacity to understand and make decisions. During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognition was intact. The MDS indicated Resident 4 required moderate assistance (helper does less than half the effort) with toilet hygiene and shower/baths and required maximal assistance (helper does more than half the effort) with sit to lying position.During an interview and concurrent observation on 4/15/2026 at 1:24 PM to 1:27 PM with LVN 1, at Resident 4's bedside, Resident 4's urinal contained urine and was observed on top of Resident 4's dresser. LVN 1 stated Resident 4's urinal was on the top of the dresser and had 240cc of urine inside. LVN 1 stated urinals should be emptied because they could grow bacteria, for infection control.During an interview with the Director of Staff Development (DSD) on 4/15/2026 at 1:59 PM, the DSD stated staff were instructed to empty urinals as soon as possible because [urinals left with urine] became an infection control issue.During an interview on 4/15/2026 at 3:25 PM with the Director of Nursing (DON), the DON stated urinals should not be left with urine and should be emptied as soon as possible to prevent infections and bacterial growth.During a review of the facility's policy and procedure (P&P) titled Infection Control - Policies & Procedures, revised 1/1/2012, the P&P indicated the facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The P&P indicated to maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the public.