

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Upland Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Arrow Hwy Upland, CA 91786	

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 - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42615</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three residents, (Resident 1) received treatment and care in accordance with professional standards of practice, when:</p> <ol style="list-style-type: none"> 1. A Certified Nursing Assistant (CNA 1) left Resident 1 in bed naked and uncovered with the curtain halfway open. 2. A CNA (CNA 2) took a long time in attending to Resident 1 for a change. <p>These failures had the potential to cause Resident 1 a psychological effect for maintaining respect and dignity.</p> <p>Findings:</p> <p>During a review of Resident 1 ' Admission Record (general demographics) on September 11, 2024, the document indicated</p> <p>Resident 1 was admitted to the facility on November August 29, 2024, with diagnoses internal right hip prosthesis (a condition with hip replacement), heart failure (a condition that develops when your heart does not pump enough blood for the body needs), and hypertension (a condition with a high blood pressure).</p> <p>A review of Resident 1 ' s care plan dated, August 29, 2024, indicated, Focus: ADL (Activities of daily living) self-care performance deficit r/t (related to) limited mobility. Goal: Will safely perform bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with modified independence . Interventions: . Promote dignity by ensuring privacy.</p> <ol style="list-style-type: none"> 1. During an interview on September 11, 2024, at 1:25 PM, with CNA 1, the CNA 1 stated, I usually provide residents with privacy during care I forgot to cover the resident with a sheet before leaving the room. <p>During an interview on September 11, 2024, at 3:10 PM, with the Administrator regarding CNA 1, the Administrated stated, The CNA 1 should have covered the resident with sheets during care and before leaving the room. The Administrator further stated, the CNA did not follow the facility policy and procedure.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a phone interview on September 30, 2024, at 2:10 PM, with CNA 2, the CNA 2 was asked about taking long time to attend to Resident 1 for a change. The CNA 2 stated, I am usually attending to residents at that and might have taken too long with cleaning her up.</p> <p>During a phone interview on September 30, 2024, at 4:27 PM, with the Director of Nursing (DON) regarding CNA 2, the DON stated, The CNA should have requested for assistance so she could attend to the resident with the changing. The DON further stated the CNA 2 did not follow facility policy and procedure.</p> <p>A review of the facility ' s policy and procedure (P&P), titled, Resident Rights dated, January 2022, indicated, .It is the policy of this facility that all resident rights be followed per state and federal guidelines as well as other regulative agencies. The Resident has the right: 1. To be treated with consideration, respect, and full recognition of his or her dignity and individuality .</p>