

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 09/22/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure activities of daily living services were provided for one of three residents (Resident 1) in accordance with facility policy when, Resident 1 was not provided with a restorative nursing assistance (RNA) exercise for walking. This failure had the potential to cause a decline in a clinically compromised resident (Resident 1) health and ability to walk. Findings: During a review of Resident 1' admission Record (general demographics) on September 8, 2025, the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included muscle weakness, type 2 diabetes (a condition in which the body have more sugar in the blood), hypertension (a condition in with a high blood pressure) and abnormalities of gait and mobility (changes to the normal way of walking). During an observation on September 8, 2025, at 11:55 AM, Resident 1 was observed lying in bed. Resident 1 was staring at playing cards on a bedside table in front of her. During an interview on September 8, 2025, at 12:10 PM, with Certified Nursing Assistant (CNA). the CNA stated, [Name of Resident 1] usually stays in her room. She does RNA in her room. During an interview on September 8, 2025, at 12:15 PM, with Licensed Vocational Nurse (LVN). the LVN stated, I have not seen [Name of Resident 1] walk for a while, but I know she is on RNA program. During an interview on September 8, 2025, at 12:45 PM, with Restorative Nursing Assistant staff (RNAS) the RNAS stated, [Name of Resident 1] is on RNA program for only the upper body. We don't walk with her. During a concurrent interview and review of Resident 1's Physical Therapy (PT) notes, on September 8, 2025, at 1:10 PM, with Facility Rehab Staff (FRS), the FRS stated, [Name of Resident 1] should have been placed on RNA program for ambulation on July 21, 2025, after physical therapy treatment ended to work on her lower body. A review of Resident 1's care plan dated July 24, 2025, indicated, Focus: Has limited physical mobility related to weakness. Goal: Increase with functional mobility, reduce fall risk. Interventions: . improve functional mobility. During an interview on September 9, 2023, at 2:00 PM, with the Administrator (Admin), the admin stated, There was no continuation of therapy for RNA after PT ended. The Admin further stated, The resident should have been placed on RNA program for ambulation. A review of the facility's Policy and Procedure (P&P), titled, Quality of Care revised, November 2022, the P&P indicated, It is the policy of this facility that residents are given the appropriate treatment and services to maintain or improve his/her abilities. PROCEDUERS: 1. Maintenance and restorative programs will be provided to residents in accordance with the resident's comprehensive assessment.</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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