

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2025
NAME OF PROVIDER OR SUPPLIER Claremont Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 219 E. Foothill Blvd Pomona, CA 91767	

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>(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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately administer medication for two of six sampled residents (Resident 2 and Resident 4) according to the facility's policy and procedure (P&P) titled, Medication Administration, by failing to: 1. Ensure Licensed Vocational Nurses (LVN) 1, 3, 4, 5, 6, 7, and 8 assessed and documented Resident 4's blood pressure (BP- the pressure circulating blood against the walls of blood vessels where low BP was less than 120/80 millimeters of mercury [mmHg- unit of measurement] and BP above 140/90 mmHg considered high blood pressure) just prior to administering carvedilol (medication used to treat hypertension [HTN- condition where the force of blood against artery walls is consistently too high and BP is consistently high]) on 10/10/2025 to 10/25/2025, 10/27/2025 to 11/6/2025 at 2 pm. 2. Ensure LVNs 2, 6, 9, 10 and the Infection Prevention Nurse (IPN) assessed and documented Resident 4's BP just prior to administering nifedipine (medication used to treat HTN) on 10/1/2025, 10/4/2025, 10/5/2025, 10/10/2025, 10/13/2025, 10/16/2025 to 10/19/2025, 10/22/2025 to 10/25/2025, 10/28/2025, 10/29/2025, 11/1/2025, and 11/5/2025. 3. Ensure LVN 4 Resident 2's isosorbide mononitrate (medication used to treat HTN) was held (not given) on 10/27/2025 at 0900 when Resident 2's BP was assessed as 92/54 mmHg. As a result of these failures, Resident 4's BP were not assessed just prior to administering carvedilol and nifedipine. Resident 2 was given isosorbide mononitrate despite the medication order indicating to hold if Resident 2's systolic (the top number in a blood pressure reading, representing the pressure in your arteries when your heart beats and pumps blood) BP (SBP) was less than 100. These failures had the potential to put Resident 2 and Resident 4 at risk for HTN, hypotension (occurs when blood pressure is less than 90-60 milliliters of mercury [mm Hg]), leading to other complications and hospitalization. Findings: a. During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 8/29/2024 and was readmitted on [DATE] with diagnoses that included hypertensive heart disease (chronic changes in the left ventricle and atrium, and coronary arteries as a result of chronic raised blood pressure) with heart failure (occurs when the heart can't pump enough blood to meet the body's needs, leading to symptoms like shortness of breath, fatigue, and swelling), chronic kidney disease (CKD- damage to the kidneys so they cannot filter blood the way they should) stage four (4) (severe), and hyperlipidemia (having too many lipids or fat in the blood). During a review of Resident 4's untitled Care Plan (CP), initiated 8/29/2024, the CP indicated Resident 4 had HTN related to congestive heart failure (CHF- a chronic condition where the heart muscle cannot pump blood efficiently). The CP indicated Resident 4 would remain free of complications related to HTN through the review date. The CP interventions indicated to give carvedilol and nifedipine as ordered. During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 9/2/2025, the MDS indicated Resident 4 had intact cognition (ability to think, reason, and function). The MDS indicated Resident 4 had HTN and heart failure. During a review of Resident 4's Order Summary Report (OSR), active for the month of October 2025, the OSR indicated Resident 4 had the following orders: 1. Carvedilol oral tablet, 12.5 milligrams (mg- unit of measurement), give 12.5 mg by mouth one time a day for HTN. Hold for SBP less than 100 or heart rate less than 60 (beats per minute [bpm]). The order date indicated 10/1/2024. 2. Nifedipine extended release (ER) oral tablet 24-hour, 90 mg, give one (1) tablet by mouth at bedtime for HTN. Hold for SBP less than 100; do not crush. The order date indicated 10/14/2024. During a review of Resident 4's medication administration record (MAR- a report that serves as a legal record of the medications administered to a resident) dated 10/2025, the MAR indicated Resident 4 received carvedilol at 2 pm and nifedipine at 9 pm from 10/1/2025 to 10/31/2025. During a review of Resident 4's MAR dated 11/2025, the MAR indicated Resident 4 received carvedilol at 2 pm and nifedipine at 9 pm from 11/1/2025 to 11/6/2025. During a review of Resident 4's Weights and Vitals Summary (WVS) dated 10/1/2025 to 11/7/2025, the WVS indicated Resident 4's BP was checked on the following dates, at the following times, by the following nurses: 1. On 10/1/2025 at 10:54 pm, Resident 4's BP was 143/74, assessed by LVN 6. 2. On 10/4/2025 at 2:51 pm, Resident 4's BP was 150/70, assessed by LVN 7.3. On 10/5/2025 at 6:46 pm, Resident 4's BP was 116/78, assessed by LVN 10.4. On 10/10/2025 at 8:07 am, Resident 4's BP was 129/76, assessed by LVN 1, and was checked again at 6:09 pm as 122/65, assessed by LVN 2. 5. On 10/11/2025 at 9:43 am, Resident 4's BP was 144/78, assessed by LVN 4. 6. On 10/12/2025 at 8:52 am, Resident 4's BP was 133/78, assessed by LVN 6.7. On 10/13/2025 at 10:21 am, Resident 4's BP 152/80 assessed by LVN 3, and was checked again at 10:38 am as 132/80 assessed by LVN 9.8. On</p>