STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055409	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Care and Rehabilitation Center	4070 Jurupa Avenue Riverside, CA 92506

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure documentation was completed according to professional standards of practice for two of six residents (Residents 1 and 2) reviewed when:1. For Resident 1, Hydralazine Hydrochloride oral tablet (a medication used to treat high blood pressure) was not administered on April 18 and 19, 2026; and2. For Resident 2, Metoprolol Succinate Extended-Release (ER) oral tablet (a medication used to treat high blood pressure) was not administered on May 2 and 3, 2026. There were no documented blood pressure (B/P) parameters indicating the need to hold Resident 1 and 2's blood pressure medication resulting in incomplete medical records.Findings:1. On May 5, 2026, at 11:20 a.m., resident 1 was observed lying in bed, awake and alert. In a concurrent interview with Resident 1, he stated he did not receive his B/P medication. He stated he did not know the reason why he did not receive his B/P medication. Resident 1 stated he informed his medication nurse that he did not receive his B/P medication. Resident 1 could not recall the name of the nurse.Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included hypertensive chronic disease (high blood pressure) and End Stage Renal Disease (ESRD - kidney failure).The history and physical dated April 6, 2026, indicated Resident 1 was able to make decisions.The Minimum Data Set (MDS - an assessment tool) dated April 10, 2026, indicated Resident 1 had a Brief Interview for Mental Status (BIMS - a cognitive assessment tool) score of 14 (cognitively intact).The Medication Administration Record (MAR) for April 2026, indicated, .HydrALAZINE HCL Oral Tablet 100 MG (milligram - a unit of measurement).Give 100 mg by mouth three times a day for HTN (hypertension) HOLD IF SBP (systolic blood pressure - top number in a B/P reading) < (less than) 110.The MAR for April 18 and 19, 2026, at 1 p.m., indicated Hydralazine HCL oral tablet was not administered. The required pre-administration B/P measurements were not documented in Resident 1's medical record.On May 6, 2026, at 11:35 a.m., Licensed Vocational Nurse (LVN) 1 was interviewed. She stated she was assigned to Resident 1 on April 18 and 19, 2026. She stated Resident 1 was scheduled to have dialysis every Monday, Wednesday and Friday. During Resident 1's dialysis session the B/P medication could not be given because Resident 1 was not in the facility. She also stated Resident 1's physician would order extra dialysis session as needed. A concurrent record review was conducted with LVN 1. Resident 1's MAR for April 2026 indicated Hydralazine HCL was not administered on April 18 and 19 for the 1 p.m., dose. She stated she used the administration code 11 (eleven - vitals outside of parameters for administration) which meant the medication was held but she did not document the B/P measurements. She stated she should have documented the required B/P measurements in Resident 1's medical record.2. Resident 2's record was reviewed. Resident 2 was admitted to the facility on [DATE], with diagnose which included hypertensive chronic kidney disease (long-term hypertension that damaged the kidneys). The MAR for May 2026 indicated, .Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG.Give 1 (one) tablet by mouth one time a day.hold if sbp <110.The MAR for May 2 and 3, 2026, at 9 a.m., indicated the Metoprolol Succinate oral tablet was not administered. The required pre-administration B/P measurements were not documented in Resident (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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2's medical record.On May 6, 2026, at 2:08 p.m., a telephone interview was conducted with LVN 2. She stated she would always take the residents' B/P measurements before administering any B/P medications and document. LVN 2 stated she should have documented the required B/P measurements in Resident 2's medical record.On May 6, 2026, at 3:10 p.m., the Director of Nursing (DON) was interviewed. He stated the nurses should document all the vital signs taken every shift in the vital signs sheet and when the vital signs were taken during medication administration.The facility policy and procedure titled, Medication Administration, dated December 19, 2022, indicated, .Medications are administered.as ordered by the physician and in accordance with professional standards of practice.Obtain and record vital signs, when applicable or as per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters.