

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2025
NAME OF PROVIDER OR SUPPLIER  Harvard Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  519 W. Badillo St. Covina, CA 91722	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1), received appropriate treatment to prevent further decrease in Resident 1's range of motion (ROM, the full movement potential of a joint or body part) in Resident 1's left shoulder.</p> <p>This failure resulted in Resident 1 experiencing pain and joint stiffness on Resident 1's left shoulder due to a decrease in range of motion.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 11/29/2019 and readmitted Resident 1 on 6/10/2022 with diagnoses including chronic obstructive pulmonary disease (COPD, a group of diseases that cause airflow blockage and breathing-related problems), dementia (a group of thinking and social symptoms that interferes with daily functioning), and hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (also called ischemic stroke, occurs as a result of disrupted blood flow to the brain) affecting left side.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 3/27/2025, the MDS indicated Resident 1 was severely impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for dressing, bathing, and personal, oral, and toileting hygiene.</p> <p>During a concurrent interview and record review on 6/23/2025 at 1:59 p.m. with Restorative Nursing Assistant (RNA) 1, Resident 1's RNA record, for June 2025, was reviewed. The RNA record indicated RNAs (in general) provided passive range of motion (PROM, a caregiver moving a resident's joint through its full range of motion without the resident actively contracting their muscles) to Resident 1's right arm, right leg, and left leg. RNA 1 stated RNA 1 did not provide PROM to Resident 1's left arm.</p> <p>During a concurrent interview and record review on 6/23/2025 at 2:10 p.m. with the Director of Rehabilitation (DOR), Resident 1's Joint Mobility Assessment (JMA), dated 3/25/2025 was reviewed. The DOR confirmed the JMA indicated Resident 1 had impaired mobility (the ability to move or be moved freely and easily) to Resident 1's left shoulder. The DOR stated the RNA (in general) should be providing PROM to Resident 1's left shoulder to prevent joint stiffness.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 6/23/2025 at 2:20 p.m. with the DOR, The DOR provided PROM to Resident 1's left shoulder. Resident 1 yelled out and had grimacing on Resident 1's face. The DOR stated Resident 1's left shoulder had some mobility limitation, and that Resident 1 was in pain when the DOR provided PROM to the left shoulder. The DOR stated the DOR was under the impression Resident 1 was being provided PROM to Resident 1's left shoulder.</p> <p>During a concurrent interview and record review on 6/24/2025 at 1:54 p.m. with the Director of Nursing (DON), Resident 1's untitled care plan, initiated on 4/8/2025, was reviewed. The care plan indicated Resident 1 was at risk for decline in ROM of Resident 1's arms and legs. The care plan indicated interventions to include providing PROM to Resident 1's left arm. The DON stated the goal of the interventions was to prevent a decline in Resident 1's ROM for right and left arms and legs.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Joint Mobility Assessment, dated 1/1/2025, the P&amp;P indicated, A resident, who enters the facility without a limited range of motion, shall not experience reduction in range of motion unless the resident's clinical condition and associated diagnoses demonstrates that a reduction in range of motion is unavoidable . A resident with a limited range of motion or contracture shall receive appropriate treatment and services, based on the comprehensive assessment of the resident, to increase range of motion and/or to prevent further decrease if possible depending on resident clinical condition.</p> <p>During a review of the facility's P&amp;P titled, Care Plans, Comprehensive Person-Centered, revised December 2016, the P&amp;P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>		