| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055544 | A. Building<br>B. Wing | 03/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Harvard Creek Post Acute | 519 W. Badillo St.<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), received treatment and care in accordance with professional standards of practice when facility nurses (in general) failed to monitor Resident 1's vital signs (objective, measurable, and essential physiological indicators, including temperature, pulse, respiration rate, blood pressure, oxygen saturation, and often pain) after Resident 1 experienced a change in condition on 2/28/2026 at 6:21 PM.This failure had the potential for Resident 1 to experience a decline in health and wellbeing.During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 2/20/2026 with diagnoses including pneumonia (infection that inflames air sacs in one or both lungs), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and dysphagia (difficulty swallowing foods or liquids).During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 2/27/2026, the MDS indicated Resident 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 lower body dressing and toileting hygiene. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) from staff for upper body dressing and bathing. The MDS indicated Resident 1 required partial/moderate (helper does less than half the effort) assistance from staff for eating and oral hygiene.During a concurrent interview and record review on 3/4/2026 at 12:10 PM with the Director of Nursing (DON), Resident 1's SBAR Communication Form and progress note (SBAR), dated 2/28/2026 was reviewed. The SBAR indicated Resident 1 experienced an elevated temperature of 100.2 on 2/28/2026 at 6:21 PM. The SBAR indicated Resident 1's Nurse practitioner (NP 1) instructed facility nurses (in general) to monitor Resident 1's vital signs. The DON stated facility nurses (in general) normally monitor residents' (in general) vital signs once a day. The DON stated if nurses (in general) were instructed to monitor vital signs then nurses (in general) should check a resident's vital signs every 2-4 hours.During a telephone interview on 3/4/2026 at 12:54 PM with NP 1, NP 1 stated the facility called NP 1 due to Resident 1 having an elevated temperature. NP 1 stated NP 1 gave orders to also include monitoring Resident 1's vital signs.During a telephone interview on 3/4/2025 at 1:16 PM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated LVN 1 took care of Resident 1 during the night shift following Resident 1's fever of 100.2 on the evening of 2/28/2026. LVN 1 stated LVN1 checked Resident 1's vital signs 2-3 times during the night shift. LVN 1 stated LVN 1 did not document Resident 1's vital signs during the night shift because Resident 1's vital signs were within normal limits.During a follow up interview on 3/4/2026 at 3:41 PM with the DON, the DON stated that since Resident 1 experienced a change in condition on the evening of 2/28/2026, facility staff (in general) should monitor Resident 1's vital signs every 2-4 hours. The DON stated if the facility staff did not document what the vital signs were or when the vital signs were collected, then the facility staff did not monitor Resident 1's vital signs.During a review of the facility's policy and procedure (P&P) titled, Acute Condition Changes - Clinical Protocol, revised March 2018, the P&P indicated, The staff will monitor and document the resident/patient's progress and responses to treatment .During a review of the facility's P&P titled, Charting and Documentation, revised July 2017, the P&P indicated, All services provided to the resident, progress toward the care<br>(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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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The P&P indicated, The following information is to be documented in the resident medical record:a. Objective observations;b. Medications administered;c. Treatments or services performed;d. Changes in the resident's condition;e. Events, incidents or accidents involving the resident; andf. Progress toward or changes in the care plan goals and objectives. |