

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Jurupa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 33rd Street. Riverside, CA 92509	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a copy of the notice of transfer/discharge was provided to the State Long-Term Care Ombudsman (assists with conflict resolution and protection of resident rights) prior to the planned discharge date , for two of two sampled residents (Residents 1 and 2).</p> <p>This failure had the potential to violate the resident's rights to appeal their discharge.</p> <p>Findings:</p> <p>On June 3, 2025, at 10:05 a.m., an unannounced visit was conducted at the facility to investigate a complaint on discharges.</p> <p>On June 4, 2025, at 1:50 p.m., during a concurrent interview and record review with the Social Services Director (SSD), the SSD stated the following information for Residents 1 and 2:</p> <p>1. Resident 1 was admitted to the facility on [DATE], with diagnoses which included pneumonia (lung infection) and sepsis (a systemic infection that triggers a dysregulated host response, leading to life-threatening organ dysfunction). Resident 1 was planned for discharge to home on April 30, 2025. The Notice of Proposed Transfer/Discharge, was provided and acknowledged by Resident 1 on April 29, 2025. A copy of the Notice of Proposed Transfer/Discharge, was sent to the Ombudsman on April 30, 2025, after Resident 1 was discharged from the facility; and</p> <p>2. Resident 2 was admitted to the facility on [DATE], with diagnoses which included heart failure. Resident 2 was planned for discharge to home on April 30, 2025. The Notice of Proposed Transfer/Discharge, was provided and acknowledged by Resident 2 on April 28, 2025. A copy of the Notice of Proposed Transfer/Discharge, was sent to the Ombudsman on April 30, 2025, after Resident 2 was discharged from the facility.</p> <p>The SSD further stated a copy of the Notice of Proposed Transfer/Discharge, for Residents 1 and 2 should have been provided to the Ombudsman prior to the discharge date of April 30, 2025, to ensure the Ombudsman had an opportunity to discuss with the residents to be discharged of any concerns they have.</p> <p>On June 4, 2025, at 3:32 p.m., during an interview with the Director of Nursing (DON), the DON stated the Case Manager (CM) coordinated all the discharge process. The DON stated the CM should have notified the Ombudsman before the resident leaves the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055581
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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 4, 2025, at 3:50 p.m., during an interview with the Administrator (ADM), the ADM stated discharge documents were not provided to the Ombudsman for Residents 1 and 2. The ADM stated the CM should have provided discharge documents to Ombudsman within the time required.</p> <p>A review of the facility's policy and procedure titled, Transfer or Discharge Notices, dated March 2025, indicated, .Residents)or resident representatives) are notified of an impending transfer or discharge and the reasons for the move in writing and in a language and manner they understand. A copy of the notice is sent to the Office of the State Long-Term Ombudsman.</p>		