STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056431	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inland Valley Care and Rehabilitation Center	250 W. Artesia Street Pomona, CA 91768

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 46687 Based on observation, interview, and record review, the facility failed to ensure the call bell (device that is used to summon a staff member when needed) for one of three sampled residents (Resident 2) was within reach according to the facility's policies and procedures (P&P) titled, Accommodation of Needs, and Answering the Call Light. As a result of this failure, Resident 2 was unable to reach the call bell when assistance was needed from facility staff. This failure had the potential for Resident 2 to experience pain, distress, a medical emergency, and could lead to psychosocial (mental, emotional, social, and spiritual effects) harm from not being able to call for help when needed. Findings: During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 1/10/2025, with diagnoses that included hemiparesis (one-sided muscle weakness caused by a disruption of the brain, spinal cord, or nerves connected to the affected muscles) and hemiplegia (paralysis of one side of the body) following cerebral infarction (CVA- also known as stroke- disruption of blood flow to the brain due to problematic vessels that cause lack of blood supply and oxygen to the brain), and chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems). During a review of Resident 2's untitled care plan (CP), initiated 1/14/2025, the CP indicated Resident 2 had impaired circulation (blood flow) related to a stroke on 1/6/2025, with left-sided weakness. During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool) dated 1/16/2025, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and understand). The MDS indicated Resident 2 was dependent (helper does all the effort) on staff for oral, toileting, and personal hygiene, showering/bathing, upper and lower body dressing, putting on/taking off footwear, sitting to lying (in bed), sitting to standing, and chair/bed-to-chair- transfers. (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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/28/2025 at 10:43 am with Resident 2 and Resident 2's Responsible Party (RP 2), Resident 2's call bell was observed. The call bell was observed on Resident 2's left side, behind Resident 2's pillow. RP 2 stated Resident 2's call bell was on Resident 2's left side. RP 2 stated Resident 2 had a stroke that affected the left side, making it difficult for Resident 2 to use the call bell when it was on Resident 2's left side. Resident 2 stated facility staff (in general) put the call bell on Resident 2's left side, All the time, even though Resident 2 could not reach it when it was on Resident 2's left side. Resident 2 stated it was hard for Resident 2 to get help because Resident 2 could not reach the call bell. Resident 2 stated it made Resident 2 sad at times because Resident 2, Wished I was strong enough on my left side to reach and press, the call bell. During an interview on 1/28/2025 at 10:52 am with Resident 3, Resident 3 stated Resident 3 was Resident 2's roommate. Resident 3 stated at times staff did not position Resident 2's call bell on Resident 2's right side. Resident 3 stated Resident 2 will tell Resident 3, and Resident 3 will press Resident 3's call bell for Resident 2. During a concurrent observation and interview on 1/28/2025 at 11:07 am with Licensed Vocational Nurse (LVN) 4, Resident 2's call bell was observed. LVN 4 stated Resident 2's call bell was on the left side of Resident 2's bed behind the pillow. LVN 4 stated Resident 2 was unable to reach the call bell because Resident 2 had left hemiparesis. LVN 4 stated the call bell should be on Resident 2's right side so Resident 2 could call for help when needed. LVN 4 stated this was a safety issue and could lead to pain and discomfort and Resident 2's needs not being met. During an interview on 1/28/2025 at 12:30 pm with the Director of Nursing (DON), the DON stated if a resident (in general) had left hemiparesis, the resident's call bell should be on the resident's right side and not the left so the resident could ask for help. The DON stated a resident would not be able to ask for help if the call bell was on the resident's left side. The DON stated this could cause a delay in care and stop the resident from getting help in emergency situations and was a safety issue. The DON stated call bells should always be within reach for residents to ask for help when needed. During a review of the facility's P&P titled, Accommodation of Needs, revised 3/2021, the P&P indicated, Our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity and well-being. The P&P indicated, The resident's individual needs and preferences are accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered. The P&P indicated, The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, are evaluated upon admission and reviewed on an ongoing basis. The P&P indicated, .arranging toiletries and personal items so that they are in easy reach of the resident . During a review of the facility's P&P titled, Answering the Call Light, revised 9/2022, the P&P indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. The P&P indicated, Ensure the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687 Based on observation, interview, and record review, the facility to failed ensure two of three sampled residents (Residents 2 and 3) were provided with a safe, clean, comfortable and homelike environment, according to the facility's policy and procedure (P&P) titled, Homelike Environment, by failing to ensure Residents 2 and 3 did not smell the odor of cigarette smoke from facility staff smoking outside Residents 2 and 3's room window. As a result of this failure, Residents 2 and 3 were unable to keep their room window open throughout the day and were exposed to secondhand smoke (SHS- involuntary inhalation of tobacco [a plant with leaves that have levels of nicotine [addictive, poisonous chemical] that is generally smoked or ingested] smoke, that is a mixture of smoke exhaled by smokers and smoke from burning tobacco products). This failure had the potential for Residents 2 and 3 to develop respiratory illness and could affect Residents 2 and 3's psychosocial (mental, emotional, social, and spiritual effects) well-being from not experiencing fresh air from an open room window. Findings: 1. During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 1/10/2025 with diagnoses that included left hemiparesis (one-sided muscle weakness caused by a disruption of the brain, spinal cord, or nerves connected to the affected muscles) and hemiplegia (paralysis of one side of the body) following cerebral infarction (CVA- also known as stroke- disruption of blood flow to the brain due to problematic vessels that cause lack of blood supply and oxygen to the brain), and chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems). During a review of Resident 2's Minimum Data Set (MDS- resident assessment tool) dated 1/16/2025, the MDS indicated Resident 2 had intact cognition (ability to think, remember, and understand). The MDS indicated Resident 2 was dependent (helper does all the effort) on staff for sitting to lying (in bed), sitting to standing, and chair/bed-to-chair- transfers. The MDS indicated going outside to get fresh air when the weather was good was very important to Resident 2. The MDS indicated Resident 2 did not currently use tobacco. 2. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3 on 1/9/2025, with diagnoses that included hyperlipidemia (having too many lipids or fat in the blood) and hypertension (high blood pressure), and generalized anxiety disorder (persistent feeling of dread or panic that can interfere with daily life). During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 had intact cognition. The MDS indicated Resident 3 required partial/moderate assistance (helper does less than half the effort and lifts or holds trunk or limbs but provides less than half the effort) with sitting to lying (in bed), sitting to standing, and chair/bed-to-chair transfers. The MDS indicated going outside to get fresh air when the weather was good was very important to Resident 3. The MDS indicated Resident 3 did not currently used tobacco. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 1/28/2025 at 10:34 am with Resident 2 and Resident 2's Responsible Party (RP 2), Resident 2's room window was observed. RP 2 stated the employee smoking area was right outside of Residents 2 and 3's room window. RP 2 stated Resident 2 like to have the window open because Resident 2 liked the fresh air. RP 2 stated even when the window was closed, it smelled when facility staff smoked because the facility's windows were old. Resident 2 stated the smell of cigarette smoke, Really bothered, Resident 2 because Resident 2 wanted to feel the fresh air because Resident 2 liked being outside but could not at present due to Resident 2's medical condition. During an interview on 1/28/2025 at 10:52 am with Resident 3, Resident 3 stated the smell of cigarette smoked really bothered Resident 3. Resident 3 stated Resident 3 and Resident 2 liked the smell of fresh air and Hated, when facility staff smoked. Resident 3 stated Resident 3 stopped smoking cigarettes in 1990. Resident 3 stated the facility staff smoking, Has got to go. Resident 3 stated Resident 3 did not get to enjoy the fresh air (from Resident 3's room window) because of the smell of cigarette smoke. During an observation on 1/28/2025 at 11:03 am, Receptionist (RC) 1 was observed outside of Residents 2 and 3's room window. RC 1 was holding a cigarette that had smoke coming out of the end of the cigarette. There was an odor of smoking coming in through Residents 2 and 3's room window. RC 1 was approximately 15 feet (ft- unit of measurement) from Residents 2 and 3's room window. During a concurrent observation and interview on 1/28/2025 at 11:12 am with Occupational Therapist (OT) 1, Residents 2 and 3's room window was observed. OT 1 stated RC 1 was holding a cigarette and was smoking. OT 1 stated the area outside of Residents 2 and 3's room window was the facility's designated employee smoking area ([NAME]). OT 1 stated Residents 2 and 3's room smelled of cigarette smoke. During a concurrent observation and interview on 1/28/2025 at 12:30 pm with the Director of Nursing (DON), the facility's [NAME] was observed. The DON stated if facility staff were smoking in the [NAME], it was possible for Residents 2 and 3 to be exposed to and smell cigarette smoke. The DON stated Residents 2 and 3 not being able to keep their room window open to have fresh air was an accommodation of needs issues because residents had the right keep their windows open and not smell unpleasant odors. The DON stated Residents 2 and 3 could be exposed to SHS. During a review of the facility's P&P titled, Smoking Policy- Employees, revised 5/2019, the P&P indicated, It is the policy of this facility to provide our employees with as near smoke-free environment as possible and to ensure safe smoking practices for those who smoke. The P&P indicated, Smoking is prohibited in any area that would create a hazardous or unsafe condition. During a review of the facility's P&P titled, Homelike Environment, revised 2/2021, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment The P&P indicated, The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflected a personalized, homelike setting. These characteristics include . pleasant, neutral scents .