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	02/25/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027 Based on interview and record review, the facility failed to protect a resident's right to remain free from verbal (the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents) and physical abuse (willful infliction of injury, deliberate aggressive or violent behavior with the intention to cause harm) for one of two sampled residents (Resident 2), when Resident 3 physically and verbally abused Resident 2 on 2/10/2025. This failure had the potential to result in bodily injury to Resident 2 and/or Resident 2 to feel afraid and not safe while under the care of the facility. Findings: A1. During a review of Resident 2's Admission Record (AR), the AR indicated the facility admitted Resident 2 on 9/5/2024 with diagnoses including encephalopathy (brain disease that alters brain function or structure), respiratory failure (when the lungs can't get enough oxygen into the blood), and pneumonia (infection that inflames air sacs in one or both lungs). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 12/9/2024, the MDS indicated Resident 2 had no impairments in cognitive skills (ability to make daily decisions). The MDS indicated Resident 2 required substantial/maximal assistance (helper does more than half the effort) from staff for bathing and toileting and personal hygiene. During a review of Resident 2's Progress Notes (PN), dated 2/13/2024, the PN indicated on 2/10/2025 timed 3:48 p.m., (Resident 2) was backing up in the hallway when (Resident 3) stood up and swung from behind and hit his (Resident 2) shoulder. The PN indicated Resident 2 had an abrasion on Resident 2's left cheek due to the physical altercation with Resident 3. A2. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3 on 2/14/2023 and readmitted Resident 3 on 5/16/2024 with diagnoses including Huntington's disease (an inherited disorder that causes nerve cells in parts of the brain to gradually break down and die), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), and schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly). (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025

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Inland Valley Care and Rehabilitation Center	250 W. Artesia Street Pomona, CA 91768

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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 0600

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 was moderately impaired in cognitive skills. The MDS indicated Resident 3 required partial/moderate (helper does less than half the effort) assistance from staff for bathing, toileting and personal hygiene, and lower body dressing.

During a review of Resident 3's PN, dated 2/13/2024, the PN indicated on 2/10/2025 timed 12:26 p.m., (Resident 2) was backing up his wheelchair not aware that he (Resident 3) was behind him (Resident 2). Resident (Resident 3) pushed (Resident 2's) wheelchair, stood up and started yelling at the resident (Resident 2) swung from behind and hit (Resident 2's) shoulder sustained small abrasion on left cheek upon body assessment.

A3. During a review of Resident 5's AR, the AR indicated the facility admitted Resident 5 on 7/6/2023 with diagnoses including type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), alcoholic cirrhosis of the liver (a chronic liver disease caused by excessive and prolonged alcohol consumption) with ascites (abdominal swelling caused by accumulation of fluid), and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).

During a review of Resident 5's MDS, dated [DATE], the MDS indicated Resident 1 had no impairments in cognitive skills. The MDS indicated Resident 5 required partial/moderate (helper does less than half the effort) from staff for bathing. The MDS indicated Resident 5 required setup or clean-up assistance from staff for eating and toileting, oral, and personal hygiene.

During an interview on 2/20/2025 at 12:25 p.m. with Resident 5, Resident 5 stated Resident 3 had a history of yelling at other residents. Resident 5 stated Resident 5 witnessed Resident 3 yelling at residents (in general), I'll kill you; I'll rip your f-ing head off. Resident 5 stated Resident 5 also witnessed Resident 3 say I'll kill you; I'll rip your f-ing head off, to Resident 2 by the smoking patio last week. Resident 5 stated Resident 3 slapped Resident 2 on the back of Resident 2's head.

A4. During a review of Resident 6's AR, the AR indicated the facility admitted Resident 6 on 6/15/2012 and readmitted Resident 6 on 2/15/2024 with diagnoses including type 2 diabetes mellitus , 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), and hyperlipidemia (a condition in which there are high levels of fat particles [lipids] in the blood).

During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 had no impairments in cognitive skills . The MDS indicated Resident 6 required partial/moderate (helper does less than half the effort) from staff for bathing, dressing, and toileting and personal hygiene.

During an interview on 2/20/2025 at 11:37 a.m. with Resident 6, Resident 6 stated Resident 6 witnessed Resident 3 yelling at Resident 2 and shoving Resident 2 in Resident 2's back. Resident 6 stated Resident 2 was wheeling Resident 2's wheelchair backwards from the smoking patio into the facility and Resident 3 was in the way. Resident 6 stated Resident 3 shouted at Resident 2, F### you, I'll kill you. Resident 6 stated Resident 3 went behind Resident 2 and shoved Resident 2 in Resident 2's back.

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedure (P&P) titled, Abuse Prevention Program, revised December 2016, the P&P indicated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse .

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 44027 Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 4) received Physical Therapy (PT, specialized rehabilitative service that helps you improve how your body performs physical movements) and Occupational Therapy (OT, specialized rehabilitative service that helps you improve your ability to perform daily tasks) as indicated in Resident 4's untitled care plan, dated 2/25/2025. This failure had the potential for Resident 4 to not attain, maintain or restore his highest practicable level of physical, mental, functional and psycho-social well-being. (Cross Reference F693 and F825) Findings: During a review of Resident 4's Admission Record (AR), the AR indicated the facility admitted Resident 4 on 8/31/2024 diagnoses including traumatic subarachnoid hemorrhage (SAH, a type of bleeding in the brain), acute respiratory failure (when the lungs can't get enough oxygen into the blood), and dysphagia (difficulty swallowing foods or liquids). During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 12/20/2024, the MDS indicated Resident 4 was severely impaired (never/rarely made decisions) impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident was dependent (helper does all the effort) on staff for toileting, oral, and personal hygiene, dressing, and bathing. During a review of Resident 4's untitled care plan, initiated on 2/25/2025 indicated Resident 4 has an activities of daily living (ADL, a term used to describe the skills required to independently care for oneself), self-care performance deficit related to limited mobility limited range of motion (ROM). The goal was for Resident 4 to maintain current level of function through the revie date of 3/20/2025. The interventions were for Resident 4 to receive PT and OT evaluation and treatment and encourage Resident 4 to participate (in PT and OT) to the fullest extent possible with each interaction. During a concurrent interview and record review on 2/25/2025, at 11:27 a.m. with the Director of Rehabilitation (DOR), Resident 4's Physical Therapy (PT) Initial Evaluation (PT Eval), dated 11/15/2025 and Occupational Therapy (OT) Initial Evaluation (OT Eval), dated 11/15/2025 were reviewed. The OT Eval indicated Resident 4's rehab potential was good. The OT eval indicated Resident 4 had a treatment plan to be conducted six times a week for four weeks with OT. The OT Eval indicated Resident 4 only receive one session of OT and did not receive four weeks of treatment from. The PT Eval indicated had a treatment plan to be conducted six times a week for 4 weeks with PT. The PT Eval indicated Resident 4 only receive one session of PT and did not receive four weeks of treatment from PT. The DOR confirmed PT and PT both indicated Resident 4 would benefit from PT and OT. The DON stated Resident 4 did not receive the PT and OT treatment plan because the facility was waiting for Resident 4's insurance to authorize the PT and OT services. The DOR stated Resident 4's insurance did not approve Resident 4 to receive PT and OT. The DOR stated Resident 4 did not currently receive PT and OT. (continued on next page)

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 2/25/2025, at 12:40 p.m. with the DOR, Resident 4's care plan titled Resident requires skilled physical therapy ., dated 10/11/2025 was reviewed. The care plan indicated Resident 4 required PT due to decreased strength and endurance. The care plan indicated a goal was for Resident 4 to have an increase in strength to both legs. The care plan indicated Resident 4 would receive therapeutic activities. The DOR stated the care plan was appropriate for Resident 4. The DOR stated Resident 4 still needed PT. During an interview on 2/25/2025 at 1:05 p.m. with the Director of Nursing (DON), the DON stated a resident's (in general) care plan was created to address all the needs of the resident. The DON stated the care plan contained interventions needed to address the resident's needs while at the facility. The DON stated if the care plan indicated the resident needed PT and/or OT then the resident should receive PT and/or OT. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised March 2022, the P&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.

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F 0693

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 44027

Based on observation, interview, and record review, the facility failed to ensure proper care and treatment for gastrostomy tube (G-tube, a tube inserted through the abdomen that delivers nutrition directly to the stomach) was provided for two of three sampled residents (Resident 4 and Resident 8) when:

a. Resident 4's head of bed (HOB) was not elevated to an angle of 30-45 degrees while on G-tube feeding.

b. Licensed Vocational Nurse (LVN) 2, who was administering five medications to Resident 8 via Resident 8's G-tube, failed to flush the G-tube with water between administering the second, third, and fourth medications.

These failures had the potential to put Resident 4 at risk for aspiration pneumonia (a form of pneumonia that occurs when food particles/foreign materials enter the lungs) and/or choking and had the potential for Resident 8's G-tube to become clogged and/or medications not to be administered correctly.

(Cross Reference F656 and F825)

Findings:

a. During a review of Resident 4's Admission Record (AR), the AR indicated the facility admitted Resident 4 on 8/31/2024 diagnoses including traumatic subarachnoid hemorrhage (SAH, a type of bleeding in the brain), acute respiratory failure (when the lungs can't get enough oxygen into the blood), and dysphagia (difficulty swallowing foods or liquids).

During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 12/20/2024, the MDS indicated Resident 4 was severely impaired (never/rarely made decisions) impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident was dependent (helper does all the effort) on staff for toileting, oral, and personal hygiene, dressing, and bathing.

During a concurrent observation and interview on 2/20/2025 at 2:15 p.m. with Licensed Vocational Nurse (LVN) 1in Resident 4's room, Resident 4 was lying in bed with Resident 4's enteral feeding (a method of providing nutrition directly into the gastrointestinal [GI] tract through a tube) running via Resident 4's G-tube. The HOB was raised slightly. LVN 1 stated the HOB needed to be raised to 30 - 40 degrees. LVN 1 stated LVN 1 did not know how high the HOB was raised but was sure it was not raised high enough. LVN 1 stated there were no marks on the bedframe to determine the degree of the HOB.

During an interview on 2/24/2025 at 3:15 p.m. with the Director of Nursing (DON), the DON stated the HOB must be raised to 35-45 degrees whenever residents (in general) where receiving enteral feeding.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Enteral Feedings - Safety Precautions, revised November 2018, the P&P indicated, Elevate the head of the bed (HOB) at least 30 during tube feeding and at least 1 hour after feeding. b. During a review of Resident 8's AR, the AR indicated the facility admitted Resident 8 on 7/12/2019 and readmitted Resident 8 on 6/17/2024 with diagnoses including 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), acute and chronic respiratory failure, and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 was severely impaired in cognitive skills. The MDS indicated Resident was dependent (helper does all the effort) on staff for toileting, oral, and personal hygiene, dressing, and bathing. During a review of Resident 8's Order Summary Report, dated 2/25/2025, the Order Summary Report indicated Resident 8 had active orders from the physician for medications, including: 1. Clonazepam (medication used to treat seizures [a sudden, uncontrolled electrical disturbance in the brain]) Tab 2 milligram (mg, a unit of measurement) Give 1 tablet via G-Tube two times a day for seizure. 2. Docusate Sodium (medication used to treat constipation) Oral Tablet 100 mg Give 2 tablet via G-Tube two times a day for constipation. 3. Lisinopril (medication used to treat hypertension (HTN, high blood pressure) Tab 20 mg Give 1 tablet via G-Tube one time a day for HTN. 4. Metoprolol Tartrate (medication used to treat HTN) Tab 50 mg Give 1 tablet via G-Tube two times a day 5. Levetiracetam Oral Solution (medication used to treat seizures) 100 mg/ml Give 7.5 ml via G-tube two times a day for seizures During a medication administration observation on 2/25/2025 at 8:48 a.m. with LVN 2, LVN 2 administered five medications to Resident 8 via Resident 8's G-tube. The five medications were Clonazepam, Docusate Sodium, Lisinopril, Metoprolol Tartrate, and Levetiracetam. LVN 2 administered the first medication and then flushed the G-tube with water before administering the second medication. LVN 2 failed to flush the G-tube with water between LVN 2 administering the second, third, the fourth medication. LVN 2 administered the fourth medication and flushed the G-tube with water before giving the fifth medication. During an interview on 2/25/2025 with the DON, the DON stated medications given via G-tube need to be flushed with water between medications to help with medication absorption and to keep the G-tube from clogging. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Administering Medications through an Enteral Tube, revised November 2018, the P&P indicated, If administering more than one medication, flush with 15 mL warm purified water (or prescribed amount) between medications.

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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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 44027 Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly when eight of eight facility dumpsters' lids were open, leaving the top of the dumpsters uncovered. This failure had the potential to negatively impact the health of residents by attracting rodents and pests to the facility, which could carry infectious diseases. Findings: During a concurrent observation and interview on 2/20/2025 at 2:40 p.m. with the Director of Food Services and Environmental (DOF), eight dumpsters were observed behind the facility. All the dumpsters had their lids opened. Three of the dumpsters had trash inside. The DOF stated the dumpster lids should be closed because rodents could get inside the dumpsters if left opened. During a review of the facility's policy and procedure (P&P) titled, Food-Related Garbage and Refuse Disposal, revised October 2017, the P&P indicated, Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding littler.

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F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. 44027 Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 4) received Physical Therapy (PT, specialized rehabilitative service that helps you improve how your body performs physical movements) and Occupational Therapy (OT, specialized rehabilitative service that helps you improve your ability to perform daily tasks) as indicated in the Resident 4's plan of care. This failure resulted in Resident 4 did not receive PT and OT services as indicated in Resident 4's care plan and had the potential for Resident 4 to not attain, maintain or restore Resident 4's highest practicable level of physical, mental, functional and psycho-social well-being. (Cross Reference F656 and F693) Findings: During a review of Resident 4's Admission Record (AR), the AR indicated the facility admitted Resident 4 on 8/31/2024 diagnoses including traumatic subarachnoid hemorrhage (SAH, a type of bleeding in the brain), acute respiratory failure (when the lungs can't get enough oxygen into the blood), and dysphagia (difficulty swallowing foods or liquids). During a review of Resident 4's Minimum Data Set (MDS, a resident assessment tool), dated 12/20/2024, the MDS indicated Resident 4 was severely impaired (never/rarely made decisions) impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident was dependent (helper does all the effort) on staff for toileting, oral, and personal hygiene, dressing, and bathing. During a review of Resident 4's physician orders, the physician orders indicated the following therapy orders for Resident 4: Occupational Therapy Evaluate and Treat as Indicated, dated 11/14/2024 Physical Therapy Evaluate and Treat as Indicated, dated 11/14/2024 OT eval completed awaiting authorization. Once authorized OT clarification of order for skilled services QD (every day) 6 times a week for 4 weeks for tx (treatment) ., dated 11/15/2024 PT clarification order for Skilled Physical Therapy Services QD . X 4 wks (weeks) (awaiting auth from insurance .), dated 11/15/2024. (continued on next page)

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F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 2/25/2025, at 11:27 a.m. with the Director of Rehabilitation (DOR), Resident 4's Physical Therapy (PT) Initial Evaluation (PT Eval), dated 11/15/2025 and Occupational Therapy (OT) Initial Evaluation (OT Eval), dated 11/15/2025 were reviewed. The OT Eval indicated Resident 4's rehab potential was good. The OT eval indicated Resident 4 had a treatment plan to be conducted six times a week for four weeks with OT. The OT Eval indicated Resident 4 only receive one session of OT and did not receive four weeks of treatment from. The PT Eval indicated had a treatment plan to be conducted six times a week for 4 weeks with PT. The PT Eval indicated Resident 4 only receive one session of PT and did not receive four weeks of treatment from PT. The DOR confirmed PT and PT both indicated Resident 4 would benefit from PT and OT. The DON stated Resident 4 did not receive the PT and OT treatment plan because the facility was waiting for Resident 4's insurance to authorize the PT and OT services. The DOR stated Resident 4's insurance did not approve Resident 4 to receive PT and OT. During a concurrent interview and record review on 2/25/2025, at 12:40 p.m. with the DOR, Resident 4's care plan titled Resident requires skilled physical therapy ., dated 10/11/2024 was reviewed. The care plan indicated Resident 4 required PT due to decreased strength and endurance. The care plan indicated a goal was for Resident 4 to have an increase in strength to both legs. The care plan indicated Resident 4 would receive therapeutic activities. The DOR stated the care plan was appropriate for Resident 4. The DOR stated Resident 4 still needed PT. During an interview on 2/25/2025 at 1:05 p.m. with the Director of Nursing (DON), The DON stated the decision to provide PT and/or OT to residents (in general) was not dependent on the residents' (in general) insurance authorization. The DON stated if the resident's PT eval and/or OT eval indicated the resident would benefit from PT and/or OT then the resident should receive PT and/or OT. The DON stated if the care plan indicated the resident (in general) needed PT and/or OT the resident should be provided PT and/or OT. During a review of the facility's policy and procedure (P&P) titled, Functional Impairment - Clinical Protocol, revised September 2012, the P&P indicated, Upon admission to the facility, at any time a significant change of condition occurs, and periodically during a resident's stay, the physician and staff will assess the resident's physical condition and functional status. The P&P indicated, .A physician, nurse or therapist may initiate screening for the potential to benefit from rehabilitative services such as physical and occupational therapy . Following the screening, the therapist will document whether the resident may benefit from a more detailed rehabilitation evaluation or from unskilled therapy (e.g., restorative nursing services that can be provided by caregivers or exercises with which family members can assist) .If a potential to benefit from rehabilitation therapies (either skilled or unskilled) is identified, the attending physician will order a relevant therapy evaluation (for example, by a physical or occupational therapist) In conjunction with the physician and staff, therapists will propose a rehabilitation or restorative care plan that provides an appropriate intensity, frequency and duration of interventions to help achieve anticipated goals and expected outcomes efficiently using available resources .Based on a review of available information (including results of the evaluation), the physician will determine if a resident meets the criteria for skilled therapy services .The physician will order therapy services based on the above considerations and the therapist's recommendations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Inland Valley Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198 Based on observation, interview, and record review, the facility failed to follow the facility ' s Policy and Procedure (P&P) titled, Answering the Call Light, and Maintenance Service, for 12 of 29 resident rooms (Rooms 112, 114a, 202, 208, 209, 211, 212, 216, 221, 222, 223 and 225) by failing to: a. Ensure the call lights in the resident rooms were functioning. b. Ensure the call light was accessible for one resident in room [ROOM NUMBER]a. These deficient practices had the potential to result in the delay of care for the residents affecting their safety and quality of life. Findings: During a concurrent observation and interview on 2/20/2025 at 11:31 am, with Resident 9, Resident 9 stated the call light did not work the night before (2/19/2025). Resident 9 pressed the call light, and the light did not turn on outside of Resident 9 ' s room above the door. During an observation on 2/20/2025 at 11:35 am, with the Director of Staff Development (DSD) and Maintenance Staff (MS), the facility call lights were checked in 29 resident rooms of the facility. MS checked the call light in room [ROOM NUMBER] and the light did not turn on above the room ' s door in the hallway and there was no light turning on at the call light panel in the nurses ' station. MS checked the call lights in rooms [ROOM NUMBERS], and the lights did not turn on above the rooms ' doors in the hallway. MS checked the call lights in Rooms 202, 208, 209, 211, 212, 216, 221, 222, and 223 and there were no lights turning on at the call light panel in the nurses ' station. During an observation on 2/20/2025 at 12:08 pm, MS was going to check the call light in room [ROOM NUMBER]a. The call light was observed hanging over an enteral feeding pump (a medical device that is used to deliver nutrients directly into the stomach or small intestine of a person who is unable to take food or liquids orally) on a pole next to the bed, not accessible to the resident lying in bed. During an interview on 2/20/2025 at 12:11 pm, with the DSD, the DSD stated the call lights should always be placed on the resident ' s good side and within reach. The DSD stated the call lights were the residents ' form of communication if they needed help. The DSD stated it was everyone ' s responsibility to ensure the call lights were working. During an interview on 2/20/2025 at 4:55 pm, with the Director of Nursing (DON), the DON stated the call lights were provided to the residents so their needs could be met, and their concerns immediately addressed. The DON stated, the resident would not be able to get assistance timely if the call light was not accessible. (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility ' s P&P titled, Maintenance Service, revised December 2009, the P&P indicated the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . The maintenance director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. During a review of the facility ' s P&P titled, Answering the Call Light, revised in October 2010, the P&P indicated when the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident . Report all defective call lights to the nurse supervisor promptly.