

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 04/03/2025
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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198</p> <p>Based on observation, interview, and record review, the facility failed to follow the facility ' s policy and procedure (P&P) titled, Maintenance Service, by failing to ensure floor tiles in two of six stations (Station 4 and Station 6) of the facility were free of holes and cracks.</p> <p>This deficient practice had the potential to place the safety of residents, staff, and visitors at risk.</p> <p>Findings:</p> <p>During an observation on 4/3/2025 at 1:50 pm, with the Maintenance Staff (MS), the following were observed:</p> <ul style="list-style-type: none"> a. The floor at the doorway of room [ROOM NUMBER] in Station 4 had a hole which measured two by 24 inches. b. There was a hole around the drain in a hallway of Station 4 with a measurement of four inches. c. There were cracks on the floor tiles in the hallway in front of the facility ' s beauty salon on Station 6. d. The floor at the doorway of room [ROOM NUMBER] in Station 6 had a hole with a measurement of three by eight inches. <p>During an interview on 4/3/2025 at 4:06 pm, with the Administrator (ADM), the ADM stated the holes on the floor indicated the environment was not homelike. The ADM stated the holes on the floor could cause staff or residents to have a fall.</p> <p>During a review of the facility ' s P&P titled, Maintenance Service, revised in December 2009, the P&P indicated Maintenance service shall be provided to all areas of the building, grounds, and equipment. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Functions of maintenance personnel include but are limited to maintaining the building in good repair and free from hazards.</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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have policies on smoking.</p> <p>37198</p> <p>Based on observation, interview, and record review, the facility failed to follow the facility ' s policy and procedure (P&P) titled, Smoking by Residents, for one of three sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 was supervised while smoking in the smoking patio. 2. Ensure Resident 1 ' s smoking materials were stored in a locked box or drawer. <p>These deficient practices had the potential to place Resident 1 and other residents ' safety at risk.</p> <p>Findings:</p> <p>During an observation on 4/3/2025 at 2:56 pm of the smoking patio, there were three residents sitting up in a wheelchair in the smoking patio. Resident 1 was observed smoking a cigarette. There was no staff observed supervising Resident 1 while smoking.</p> <p>During an observation on 4/3/2025 at 5:09 pm of Resident 1 ' s room, there was a lighter observed on Resident 1 ' s bed.</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 9/5/2024 and recently admitted Resident 1 on 2/23/2025 with diagnoses that included encephalopathy (damage or disease that affects the brain), respiratory failure (a condition where there is not enough oxygen or too much carbon dioxide in the body), and asthma (a long-term condition that affects the airways in the lungs).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool), dated 3/7/2025, the MDS indicated Resident 1 was understood by others and had the ability to understand others. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, showering/bathing self, and lower body dressing.</p> <p>During a review of Resident 1 ' s Smoking and Safety (SAS), dated 3/12/2025, the SAS indicated Resident 1 followed the policy ' s location and time of smoking.</p> <p>During a review of Resident 1 ' s Interdisciplinary Team Conference Record (IDT), dated 3/12/2025, the IDT indicated the IDT was conducted secondary to education regarding smoking policy and need for supervision. The IDT indicated the purpose of the IDT was to enhance resident/responsible party awareness of the facility smoking policy and resident ' s responsibility related to smoking that included: smoking under supervision, adherence to facility policy on smoking, including scheduled smoking times, and possibility of limiting the accessibility of matches and lighters.</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s Smoking Schedule (SS), the SS indicated to please follow the designated smoking times, which were from 9 am to 9:30 am, 11 am to 11:30 am, 1:30 pm to 2 pm, 3:30 pm to 4 pm, and 6 pm to 6:30 pm, with activities staff as designee (a person who has been formally chosen or appointed to perform a specific duty or role).</p> <p>During an interview on 4/3/2025 at 3:54 pm, with the Administrator (ADM), the ADM stated activities staff were assigned to supervise residents who smoked in the smoking patio. The ADM stated even if a resident was alert and oriented, they should still be supervised during smoking.</p> <p>During an interview on 4/3/2025 at 5:19 pm, with the Activities Director (AD), the AD stated the AD did not know how Resident 1 got a lighter. The AD stated Resident 1 used to have the smoking materials locked up. The AD stated Resident 1 having a lighter could hurt or harm Resident 1 or other residents.</p> <p>During a telephone interview on 4/7/2025 at 3:47 pm, with the Director of Nursing (DON), the DON stated regardless of if a resident was alert or not, the resident still needed to be supervised while smoking. The DON stated smoking materials needed to be locked for safety reasons because another resident could access the smoking materials.</p> <p>During a review of the facility ' s P&P titled, Smoking by Residents, dated September 2018, the P&P indicated as identified by the Safe Smoking Assessment, residents who require assistance and/or monitoring for smoking safety are not allowed to smoke unaccompanied/unsupervised. The IDT will develop an individualized plan for safe storage and use of smoking materials, assistance and required supervision, if necessary. This information will be documented on the resident ' s safe smoking assessment, in the resident ' s care plan, and discussed with resident ' s/responsible party during care conference meetings. Residents will not be permitted to keep smoking materials in their possession, unless the IDT determines that they can manage them safely. If the smoking materials are to be kept in the resident ' s possession, they must be stored in a locked box or drawer.</p>