

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 05/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45553</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 2) had a clutter-free room environment and did not have multiple plugs in the electrical outlet.</p> <p>These deficient practices placed Resident 2 at risk for accident hazards from a possible overloaded electrical circuit and heightened risk of fire with a cluttered area of flammable materials (ability to ignite easily and burn rapidly) surrounding Resident 2's bed.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included type 2 diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), acute kidney failure (kidneys suddenly lose their ability to filter waste and balance fluids and electrolytes), anxiety disorder (excessive and persistent fear or worry), depression (persistent sadness, loss of interest, and difficulty functioning) , and nicotine dependence (substance dependence on nicotine).</p> <p>During a review of Resident 2's History and Physical (H&P) dated 5/20/24, the H&P indicated Resident 2 had the capacity to make decisions.</p> <p>During a review of Resident's 2's Minimum Data Set (MDS, a resident tool) dated 2/19/25, the MDS indicated Resident 2 was independent with eating, upper/lower body dressing, personal hygiene, oral hygiene, toileting hygiene, shower/bathe self, and putting on/taking off footwear.</p> <p>During an observation on 5/22/25, at 2:30 p.m., Resident 2 was observed alert and oriented sitting in a wheelchair next to Resident 2's bed. Resident 2's room environment was observed to be crowded with multiple personal items surrounding Resident 2's bed. There were eight (8) plugs observed connected to the two electrical outlets at the head of the bed.</p> <p>During an interview on 5/22/25 at 3:49 p.m. with Registered Nurse (RN) 1, RN 1 stated RN 1 was aware of all the personal items crowding around Resident 2's bed in Resident 2's room. RN 1 stated the Social Services Director (SSD) and Administrator were informed, and the responsibility of addressing the resident's many items was handed off to the SSD and Administrator.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/22/25 at 4:03 p.m. with the SSD, the SSD stated the SSD was aware that Resident 2 had many items in Resident 2's room, but none were blocking the paths to go in and out of Resident 2's room nor did any nursing staff inform the SSD about any issues giving Resident 2's care. The SSD stated the SSD was unaware that Resident 2 had multiple plugs connected to the two outlets at the head of Resident 2's bed. The SSD stated the SSD would let the Maintenance Department know about the multiple plugs because it was a fire hazard and safety issue. The SSD further stated, All staff have the responsibility to keep residents in the facility safe and their environments clutter free.</p> <p>During a review of the facility's P&P titled, Maintenance Service, revised 12/2009, the P&P indicated, The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The P&P further indicated, Functions of maintenance personnel include, but are not limited to . maintaining the building in good repair and free from hazards.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Homelike Environment, revised 2/2021, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The P&P further indicated, The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include . a clean, sanitary and orderly environment.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>45553</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe and functional shower for one (1) out of four (4) shower rooms in the facility with two holes in the wall located where the wall meets the base of the tile floor.</p> <p>This deficient practice had the potential for residents to be placed at risk for injury.</p> <p>Findings:</p> <p>During an observation on 5/22/25 at 1:40 p.m., two (2) holes in the shower wall at the base of the tile where it meets the wall were observed.</p> <p>During a concurrent interview and record review on 5/22/25, at 1:46 p.m. with the Maintenance Worker (MW), the maintenance logs dated 1/2024 to 5/2025 were reviewed. The MW stated there was no documentation that staff requested shower or wall repairs in the maintenance logs. The MW stated the MW would have the wall repaired right away because it was a safety hazard to the residents who showered in that room.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, revised 12/2009, the P&P indicated, The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The P&P further indicated, Functions of maintenance personnel include, but are not limited to maintaining the building in good repair and free from hazards.</p>		