

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 07/24/2025
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a clean and stain-free privacy curtain and window curtain for two of seven sampled residents (Resident 2 and Resident 3). This failure resulted in an unsanitary and non-homelike environment for the residents.a). During a review of Resident 2's admission Record (AR), the AR indicated the facility readmitted Resident 2 to the facility on [DATE] with diagnoses that included amyotrophic lateral sclerosis (nervous system disease), respiratory failure (lungs cannot properly exchange gases), and adult failure to thrive (syndrome characterized by weight loss, decreased appetite, poor nutrition). During a review of Resident 2's History & Physical (H&P), dated 2/23/25, the H&P indicated Resident 2 had the capacity to make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 6/4/25, the MDS indicated Resident 26 was cognitively intact (ability to understand and process thoughts), and was dependent in mobility and hygiene needs.b). During a review of Resident 3's admission Record (AR), the AR indicated the facility readmitted Resident 3 to the facility on 5/24/24 with diagnoses that included encephalopathy (neurologic disease), chronic obstructive pulmonary disease (lung diseases that block airflow), and epilepsy (disturbance in brain nerve cell activity). During a review of Resident 3's History & Physical (H&P), dated 5/25/25, the H&P indicated Resident 3 was awake and alert. During a review of Resident 3's Minimum Data Set (MDS, a resident assessment tool), dated 7/4/25, the MDS indicated Resident 3 was moderately cognitively impaired (ability to understand and process thoughts), and mobility, hygiene, and transfers were independent. During a concurrent observation and interview, on 7/23/25, at 5:02 p.m., with Family (FAM 1), FAM 1 stated FAM 1 told staff about three months ago about Resident 2's soiled window curtain. During a subsequent concurrent observation and interview, with FAM 1, an ivory-colored curtain was observed with a large brown stain on the interior white side of the window curtain. FAM 1 stated the window curtain had the large brown stain since January 2025. FAM 1 stated Resident 2's room should be clean and neat. During a concurrent observation and interview, on 7/24/25, at 11:56 a.m., with Resident 3, Resident 3 stated Resident 3's curtains were dirty. Two or three grease-looking stains were observed on Resident 3's privacy curtain and a circular shaped black spot was observed on Resident 3's window curtain. Resident 3 stated they kept saying Resident 3 was on the list but housekeeping never did it and they have even told me they were going to fix them up but never did. Resident 3 stated Resident 3 has asked many times. Resident 3 stated Resident 3 had been in the facility for seven months and Resident 3's privacy curtain had never been cleaned. Resident 3 stated Resident 3 felt disappointed, and it does not feel like home. During a concurrent observation of Resident 3's privacy curtain, with the Housekeeping Supervisor (HS), on 7/24/25, at 2:20 p.m., Resident 3 stated Resident 3 has been in the room for seven months and privacy and the window curtains have not been changed and have spots on them. The HS stated there are spots on Resident 3's privacy curtain and the window curtain is just old. During a concurrent observation and interview, on 7/24/25, at 2:30 p.m., with the HS, Resident 2's window curtain was observed with a large brown stain on its interior. The HS stated No, Resident 2's window curtain is not clean. The HS stated this is not a homelike environment, this is their home, and it should be clean. The HS stated they must not have opened the curtains and checked the inside, only outside but, they should check inside. During a record review of the facility's Policy & Procedure (P&P), titled, Homelike Environment, revised on February 2021, the policy indicated residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, 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>		