

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 12/18/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility staff members failed to provide peri-care (the cleaning and maintenance of the perineum, the area between the anus and the genitals) for two of three sampled residents (Residents 2 and 3) who required physical assistance with toileting hygiene (the ability to maintain perineal hygiene, adjust clothes before and after urinating or having a bowel movement). This deficient practice had the potential to place Residents 2 and 3 at risk for increased risk for infection, skin breakdown and further potential health complications. Findings: a. During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including epilepsy (a brain disorder that can cause people to suddenly become unconscious and have violent, uncontrolled movements of the body), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and a history of falling. During a review of Resident 2's care plan (CP) titled ADL deficit, initiated on 1/4/2025, the CP indicated a goal that Resident 2's ADL needs will be met daily and the CP interventions included for staff to keep Resident 2 clean and dry and change as needed. During a review of Resident 2's History and Physical (H&P) dated 1/6/2025, the H&P indicated Resident 2 had the capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool) dated 10/5/2025, the MDS indicated Resident 2's cognitive (the ability to think and process information) skills for daily decision making was severely impaired. The MDS indicated Resident 2 needed supervision to extensive assistance from staff for the activities of daily living (ADL- self-care tasks including bathing, dressing, toileting, transferring [mobility], continence and eating). During an interview on 12/17/2025 at 1:15 PM with Resident 2, Resident 2 stated Resident 2 was left wet during nighttime hours due to staffing shortage in the facility. b. During a review of Resident 3's AR, the AR indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes mellitus and hypertension (a long-term medical condition in which the blood pressure was persistently elevated). During a review of Resident 3's CP titled ADL deficit, initiated on 12/9/2023, the CP indicated a goal that Resident 3's ADL needs will be met daily and the CP interventions included for staff to keep Resident 2 clean and dry and change as needed. During a review of Resident 3's H&P dated 12/12/2024, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decisions making was intact. The MDS indicated Resident 3 was dependent (helper does all of the effort, the resident does no effort to complete the activity) from staff for toileting hygiene. During an interview on 12/17/2025 at 1:45 PM with Resident 3, Resident 3 stated Resident 3 was left soiled for an extended period during nighttime hours due to staffing shortage. Resident 3 could not recall how long Resident 3 had to wait to be changed. Resident 3 expressed concern for prolonged incontinence and skin breakdown. During a review of the facility's Policy and Procedures (P&Ps) titled, Activities of Daily Living (ADL), Supporting revised March 2018, the P&P indicated, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. During a review of the facility's P&P titled, Perineal Care, revised February 2018, the P&P indicated, The purpose of this procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin conditions.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide sufficient staffing, resulting in toileting and/or incontinent care not being provided for two of three sampled residents (Residents 2 and 3) in a timely manner. This failure had the potential to result in Residents 2 and 3 experiencing skin breakdown and/or placing the residents at risk for urinary tract infection (UTI, an infection in any part of the urinary system). Findings: a. During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including epilepsy (a brain disorder that can cause people to suddenly become unconscious and have violent, uncontrolled movements of the body), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and a history of falling. During a review of Resident 2's History and Physical (H&P) dated 1/6/2025, the H&P indicated Resident 2 had the capacity to understand and make medical decisions. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool) dated 10/5/2025, the MDS indicated Resident 2's cognitive (the ability to think and process information) skills for daily decision making was severely impaired. The MDS indicated Resident 2 needed supervision to extensive assistance from staff for the activities of daily living (ADL-self-care tasks including bathing, dressing, toileting, transferring [mobility], continence and eating). During an interview on 12/17/2025 at 1:15 PM with Resident 2, Resident 2 stated Resident 2 was left wet during nighttime hours due to staffing shortage in the facility. b. During a review of Resident 3's AR, the AR indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes mellitus and hypertension (a long-term medical condition in which the blood pressure was persistently elevated). During a review of Resident 3's H&P dated 12/12/2024, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decisions making was intact. The MDS indicated Resident 3 was dependent care (helper does all of the effort, the resident does no effort to complete the activity) from staff for toileting hygiene. During an interview on 12/17/2025 at 1:45 PM with Resident 3, Resident 3 stated Resident 3 was left soiled for an extended period during nighttime hours due to staffing shortage. Resident 3 could not recall how long Resident 3 had to wait to be changed. Resident 3 expressed concern for prolonged incontinence and skin breakdown. During an interview on 12/17/2025 at 2:30 PM with CNA 2, CNA 2 stated CNA 2 received residents wet and unkempt during morning handoff (transfer of responsibility) and attributed this to nighttime CNAs being unable to complete tasks due to excessive assignments. During a concurrent interview and record review on 12/17/2025 at 3:00 PM with the Staffing Assistant (SA), the facility's Station 4,5, and 6 C.N.A. Assignment Sheets (AS), dated 12/12/2025 to 12/16/2025 were reviewed. The AS dated 12/12/2025 to 12/16/2025 indicated night shift CNAs were assigned to care for more than 16 residents during the 11PM - 7 AM shift. The SA stated CNAs were assigned to care for 14-16 residents (in general) during the 11 PM - 7 AM shift. The SA stated due to excessive workload, CNAs were unable to complete all assigned care tasks. The SA stated CNA assignments exceeded the facility staffing assessment. During a review of the facility's undated Facility Assessment (FA) titled, HSAG-File--Facility Assessment Tool, undated, the FA indicated the facility's staffing plan included CNAs would be assigned to care for 14-16 residents during the 11 PM - 7 AM shift. During a review of the facility's Policy and Procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, revised August 2022, the P&P indicated, the facility provides sufficient numbers of nursing staff . to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. The P&P indicated staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment. During a review of the facility's P&P titled, Perineal Care, revised February 2018, the P&P indicated, The purpose of this procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin conditions.</p>		