| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056431 | A. Building<br>B. Wing | 06/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Inland Valley Care and Rehabilitation Center | 250 W. Artesia Street<br>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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>Based on interview and record review, the facility failed to ensure one of nine sampled residents (Resident 2) and Family Member 1 (FM 1) was informed and involved in the resident's ongoing treatment plan.This failure violated Resident 2's rights and resulted in Resident 1 and FM 1 being unaware of Resident 2's current treatment plan.During a review of Resident 2's admission Record (AR), the AR indicated Resident 2 was admitted by the facility on 5/19/2026, with diagnoses that included fracture of the neck of the right femur (a break near the ball of the right hip joint) and dislocation of the right shoulder (when the ball of right upper arm bone popped out of the shoulder socket).During a review of Resident 2's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 5/19/2026, the H&P indicated Resident 2 had the mental capacity to make medical decisions.During a review of Resident 2's Minimum Data Set (MDS-a resident assessment tool), dated 5/25/2026, the MDS indicated Resident 2's cognitive (the ability to think and process information) skills for daily decisions making were intact. The MDS indicated Resident 2 was dependent on staff for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).During a telephone interview on 6/18/2026 at 8:30 AM, with Family Member 1 (FM 1), FM 1 stated FM 1 requested updates regarding Resident 2's condition and treatment plan. FM 1 stated no one informed FM 1 regarding the status of Resident 2's orthopedic care.During an interview on 6/18/2026 at 10 AM with Resident 2, Resident 2 stated Resident 2 was unaware of the current plan regarding Resident 2's shoulder and hip condition. Resident 2 stated Resident 2 did not know if an orthopedic (physician who treats injuries and diseases of the bones) appointment had been scheduled and was unable to describe Resident 2's current treatment plan. Resident 2 stated Resident 2 was not informed regarding the status of an orthopedic follow-up appointment.During an interview on 6/18/2026 at 11 AM with Social Worker (SW) 1, SW 1 stated FM 1 contacted SW 1 regarding concerns about Resident 2's care. SW 1 stated SW 1 verbally relayed FM1's request for updates to nursing staff (in general) and requested nursing staff (in general) to contact FM 1 regarding Resident 2's treatment plan. SW 1 stated after FM 1 expressed concerns regarding Resident 2's orthopedic care, a physician's order for an orthopedic referral was obtained. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 056431 | A. Building<br>B. Wing | 06/22/2026 |

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| Inland Valley Care and Rehabilitation Center | 250 W. Artesia Street<br>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 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>Based on observation, interview, and records review the facility failed to provide sufficient staffing to accommodate residents' needs when the facility failed to appropriately redistribute resident assignments after Licensed Vocational Nurse 1 (LVN 1) left the facility prior to the completion of LVN 1's shift, resulting in LVN 3 being responsible for approximately 14 residents for one of three shift (Shift 1/Day Shift, 7 am to 3:30 pm).This deficient practice had the potential to result in residents not receiving needed services timely and efficiently during the day shift on 6/14/2026.Findings:During a review of staffing schedules, assignment sheets, and time records for 6/14/26, the records indicated Licensed Vocational Nurse 1 (LVN 1) left the facility prior to completion of LVN 1's scheduled shift (Day Shift). During an interview on 6/18/2026 at 9:30AM with Registered Nurse 1 (RN 1), RN 1 stated it was unsafe for one nurse to be responsible for both assignments (assignments for two Nurses), as resident assignments should be redistributed among the nursing staff to ensure residents' needs are met and residents' safety were maintained. RN 1 stated leaving one LVN responsible for 14 residents could place the residents' safety at risk, particularly in the event of an emergency or change in condition, as the nurse may not be able to respond timely to all resident needs.During an interview on 6/18/26 at 11:50AM with LVN 1, LVN 1 stated she endorsed her assigned residents to LVN 3 before leaving the facility due to a family emergency.During an interview on 6/18/2026 at 3 PM with the Staffing Scheduler (SS), the SS stated on 6/14/2026, when LVN 1 left the facility before LVN 1's shift ended due to an emergency, the replacement staff were not obtained. The SS stated endorsement of all residents to one nurse would not be acceptable and resident assignments should have been distributed among the remaining nursing staff. The SS stated assigning all residents to one nurse could potentially place all the residents' safety at risk in the event of an emergency.During an interview on 6/18/2026 at 3:20 PM with LVN 3, LVN 3 stated (on 6/14/2026) LVN 1 endorsed all LVN 1's assigned residents to LVN 3. LVN 3 stated LVN 3's temporary assignment resulted in LVN 3 caring for both LVN 3's resident assignment and LVN 1's resident assignment for a total of 14 residents.During an interview on 6/22/26 at 10 AM with Director of Nursing (DON), the DON stated assigning one LVN responsibility for 14 residents would constitute a heavy assignment and resident assignments should be redistributed among nursing staff to ensure resident safety and residents' needs are met. The DON stated leaving one nurse responsible for both assignments could place the residents at risk and affect the facility's ability to meet residents' needs.During a review of the facility's policy and procedure titled, Facility Assessment, revised October 2018, the policy indicated the facility shall determine and update its capacity to meet the needs of residents during day-to-day operations. The policy further indicated the facility assessment includes evaluating resident acuity and determining the staffing needed to meet residents' needs and to ensure available resources are aligned with resident care needs. |