

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Claremont Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  621 W Bonita Ave Claremont, CA 91711	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>45553</p> <p>Based on observation, interview, and record review, the facility failed to have an effective pest control program, to prevent cockroaches in one of one kitchen for a facility licensed for a 59-bed count.</p> <p>This deficient practice had the potential to expose 38 residents currently residing in the facility to foodborne illness.</p> <p>Findings</p> <p>During a concurrent observation and interview on 2/11/25 at 1:15 p.m. while in the kitchen with the head chef (HC), HC stated he has only been employed at the facility for a few weeks. HC stated he doesn't know the last time the kitchen had a deep cleaning for the floors and all areas of the kitchen. HC stated the kitchen crew does daily sweeping and mopping two times (once during the day and once in the evening after dinner). During the tour of the kitchen, in the back of the cooking areas, there was grease and dirt build up observed on the pipes. The kitchen exhaust hood was observed with grease and dirt build up on the overhead fire sprinklers.</p> <p>During an observation on 2/11/25 at 1:40 p.m. while in the kitchen near the dishwashing area, 4 gray colored plastic compartment cup racks were stacked upon each other on the floor under the stainless-steel table. When the trays were pulled aside from underneath the table, two cockroaches were observed crawling on the lower wall. The wall, pipes, baseboard and tile floor all had white and brown residue build up; the wall had black, brown and white residue/stains and the grout in the tile floor was black in color.</p> <p>During an interview on 2/11/25 at 2:10 p.m. with the Infection Preventionist (IP), the IP stated there were no reported instances of cockroaches in the resident's room or in the resident's food. IP stated she does a walk-through in the kitchen once a month. IP stated she was aware that the kitchen was closed for 48 hours due to cockroaches found in the kitchen. IP stated no food from the kitchen will be served to the residents after lunch time on 2/11/25, and the facility's administration is working on who will provide food to the residents for dinner on 2/11/25.</p> <p>During a concurrent interview on 2/11/25 at 2:22 p.m. with the Director of Environmental Services (DES) and the Housekeeping Supervisor (HKS), the DES stated a professional deep cleaning is performed by a contracted vendor twice a year in the kitchen. The DES stated the last cleaning was completed on 8/12/24.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Claremont Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  621 W Bonita Ave Claremont, CA 91711	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The HKS stated the housekeeping department does not clean the kitchen area; the kitchen/dinning staff clean the kitchen daily. HKS stated housekeeping cleans the common areas used by the residents: bathrooms, showers, hallways, and resident's rooms.</p> <p>HKS stated she completes a work order or sends a notification e-mail to the Maintenance Department for any facility repair needed.</p> <p>DES stated he will be coordinating the vendor repair work in the kitchen to ensure entry points for any pests are sealed.</p> <p>During an interview on 2/11/25 at 2:41 p.m. with the Lead/Supervisor Kitchen (LSK), LSK stated she was informed there is a 48-hour mandated kitchen closure. LSK stated, For today's dinner the facility contacted a licensed vendor, and they will prepare and bring the food, which will be served in the dinner area. LSK stated all food is being prepared offsite and will be served in disposable containers.</p> <p>During an interview on 2/11/25 at 3:46 p.m. with the Administrator (ADMIN), the ADMIN stated the facility does not have a pest control policy. The ADMIN stated he was new at the facility, and the ADMIN has only been at the facility since December 2024. The ADMIN stated he would provide vendor receipts for pest control services completed in 2024 and 2025. The ADMIN stated the facility follows the pest control company's recommendations.</p> <p>During a review of the facility's vendor receipts for pest control services, the Summary of Service (SOS) dated 2/4/25, indicated, Kitchen area, recommendation: debris collecting under (food prep tables). Please remove debris to prevent unsanitary conditions and attraction by pests. Severity = High; Status: Pending; Date: 9/13/24. The SOS further indicated, Kitchen area, recommendation: pipes extending through wall allowing pest access. Please fill in gaps between pipes and wall to prevent pest entry. Severity = High; Status: Pending; Date: 9/13/24.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Cleaning Protocol, dated, January 2017, the P&amp;P indicated, Policy: Housekeeping services will be routinely provided to provide a clean environment which prevents the spread of infection. The P&amp;P did not indicate cleaning of the kitchen area. The P&amp;P indicated the areas cleaned by housekeeping are resident's room (daily and terminal cleaning on discharge), bathroom, nursing stations, central bath/shower rooms, physical therapy room, office areas, public restrooms, storage rooms, and hallway areas.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Infection Prevention &amp; Control Program, revised, January 2024, the P&amp;P indicated, Overview: Each skilled nursing (SNF) observes its adopted and implemented Infection Prevention and Control Program (IPCP) with standard and transmission-based precautions to be followed to provide a safe, sanitary and comfortable environment that helps prevent the development, transmission and spread of communicable disease and infections. The P&amp;P indicated, The IPCP includes the following: Reviewing, establishing and monitoring environmental infection control approaches in accordance with CDC/HIPAC/OSHA guidelines and local or state requirements to provide the community with a safe and sanitary environment. The P&amp;P further indicated, The IPCP includes the following: Providing guidance for maintaining the community in a sanitary fashion: Reviewing food handling practices, laundry practices, pest control, traffic control, visiting rules for high-risk areas and sources of airborne infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Claremont Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  621 W Bonita Ave Claremont, CA 91711	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the U.S. Food &amp; Drug Administration Food Code, dated 2017, the food code indicated under 6-501.111 Controlling Pests, Insects and other pests are capable of transmitting disease to humans by contaminating food and food-contact surfaces. Effective measures must be taken to eliminate their presence in food establishments.</p>