STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307 Based on interview and record review, the facility failed to ensure an alleged violation involving abuse, for one of four sampled residents (Resident 1), was reported immediately but no later than 2 hours after the allegation was made, to the facility's administrator (ADM) and other proper authorities as indicated in the facility's policy and procedure (P&P), titled, Adult Abuse. This deficient practice resulted in the delay of notification to the State Agency (CDPH, California Department of Public Health) and the Ombudsman (an official, public advocate, helps to resolve issues between parties through various types of informal mediation) and had the potential to result in compromised safety to Resident 1 due to the facility's failure to take corrective actions to prevent further potential abuse. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated, Resident 1was admitted to the facility on [DATE] with multiple diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), unspecified, and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) not due to a substance or known physiological condition. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/21/25, the MDS indicated, Resident 1's cognitive skills (ability to think and process information) for daily decision making were severely impaired. The MDS indicated, Resident 1 used a wheelchair. During a concurrent interview on 3/11/25 at 11:30 a.m. with the ADM and the Director of Nursing (DON), the ADM stated, an incident of abuse happened on 1/20/25. The ADM stated, the abuse allegation was not reported to the ADM on 1/20/25. During an interview on 3/11/25 at 1:22 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, while LVN 1 was counting narcotics (drugs used to treat moderate to severe pain and have numbing or paralyzing properties), Resident 1 was trying to get up, so I said please sit down. LVN 1 stated, LVN 1 was not yelling at Resident 1, cuz my tone of voice is high tone. LVN 1 stated, abuse allegations were to be reported as soon as possible, within 2 hours for the safety and protection of the residents. (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

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 03/11/2025
NAME OF PROVIDER OR SUPPLIER: Claremont Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 621 W Bonita Ave, Claremont, CA 91711	

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/11/25 at 2:00 p.m. with LVN 2, LVN 2 stated, allegations of abuse must be reported within 2 hours, is the protocol to prevent the abuse from happening for the safety of the residents. During an interview on 3/11/25 at 3:30 p.m. with Certified Nursing Assistant (CNA) 2, CNA 2 stated, Resident 1 was in the wheelchair by the nursing station and Resident 1 was trying to get up. CNA 2 stated, CNA 2 heard LVN 1 saying with a loud, strong voice sit down, sit down, you gonna fall to Resident 1. CNA 2 stated, CNA 2 could not remember the exact date of the incident, but CNA 2 stated, the incident happened on the same day Resident 1 fell . CNA 2 stated, abuse allegations should be reported within 2 hours so the facility could investigate. During a review of Resident 1's Change in Condition (COC), dated 1/20/25, timed at 4:30 p.m. documented in the Progress Notes, the COC indicated, Resident 1 was found on the floor next to Resident 1's bed in a prone position (face down) on Resident 1's right side. During an interview on 3/11/25 at 3:48 p.m. with the Director of Staff Development (DSD), the DSD stated, during the DSD's follow-up meeting on 1/21/25 with CNA 1 about Resident 1's fall incident that happened on 1/20/25, CNA 1stated, one of the LVNs was raising her voice at Resident 1. The DSD stated, raising the voice was inappropriate and unprofessional and could be a form of verbal abuse. The DSD stated, the DSD notified the ADM about the LVN's voice raising on the same day (1/21/25) of the follow-up meeting with CNA 1. During an interview on 3/11/25 at 3:55 p.m. with the ADM, the ADM stated, it was possible the DSD reported to the ADM on 1/21/25 but the ADM, just can't remember. The ADM stated, facility was mandated to report allegations of abuse immediately, within 2 hours for the safety of the residents. During a review of the facility's Report of Suspected Dependent Adult/Elder Abuse (SOC 341), date completed 2/25/25, the SOC 341 indicated, the ADM was notified on 2/25/25 at 11:45 a.m., of an incident that occurred on 1/20/25 at approximately 4:00 p.m. about a CNA (unnamed), who overheard, LVN 1 repeatedly and loudly instructing Resident 1 to sit down in Resident 1's wheelchair. The SOC indicated, LVN 1 was suspended immediately upon notification, pending investigation. The SOC 341 was the facility's report submitted to the State Agency. During a review of the facility's Statement (ST - interview report), of CNA 1, dated 2/26/25, the ST indicated, CNA 1 stated, CNA 2 told CNA 1 that the charge nurse was yelling at the resident [Resident 1] on 1/20/25. The ST indicated, CNA 1 stated, CNA 1 felt that yelling at a resident (in general) was a form of abuse. During a review of the facility's ST, of CNA 2, dated 2/26/25, the ST indicated, CNA 2 stated, on 1/20/25, CNA 2 observed a resident (Resident 1) tried to stand up from the wheelchair and CNA 2 heard LVN 1 kept yelling at Resident 1 to sit down. During a review of the facility's latest in-service lesson plan (LP), titled, Types of Abuse, Reporting protocol & SOC 341, dated 2/26/25, the LP indicated, to immediately report to the Abuse Coordinator (the ADM) who would complete the SOC 341, report to the Ombudsman, and report to CDPH (the State Agency) within two hours. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P, titled, Adult Abuse, date revised 4/2018, the P&P indicated, any person having information, either by direct observation or by report, of any act or suspected act that may be considered to be a form of abuse was responsible for reporting the information immediately to the individual's department head or Executive Director/ADM, or their designee, regardless of the time of day. The P&P indicated, anyone who was an owner, operator, employee, manager, agent of the facility who had observed, suspected, or had knowledge of an allegation of abuse should report to the Department of Public Health (CDPH) Licensing Division, the Ombudsman, law enforcement, and the ADM immediately, but not later than 2 hours.