

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  07/14/2025
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)
F 0600  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  (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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to prevent one of three sampled residents (Resident 1) from being verbally abused when Resident 2 threatened, cursed, and yelled at Resident 1. This failure resulted in Resident 1 being scared and angry and had the potential to result in Resident 1 experiencing feelings of decreased self-worth. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 11/10/2023 with diagnoses including chronic obstructive pulmonary disease (a group of lung diseases that cause long-term breathing problems) and muscle weakness (a reduced ability of one or more muscles to exert force). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 5/14/2025, the MDS indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making were intact. The MDS indicated Resident 1 was independent (the resident completes the activity by themselves with no assistance from a helper) with toileting hygiene, partial/moderate assistance (helper does less than half the effort) with shower/bathing, upper/lower body dressing, putting on/taking off footwear, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes the activity) with personal hygiene, and set up or clean-up assistance (helper sets up or cleans up, resident completes activity) with eating and oral hygiene. During a review of Resident 2's AR, the AR indicated the facility admitted Resident 2 on 10/19/2023 with diagnoses including polyneuropathy (a condition where the nerves outside of the brain and spinal cord are damaged or diseased) and muscle weakness. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decision making were moderately impaired (decisions poor; cues/supervision required). The MDS indicated Resident 2 required partial/moderate assistance with toileting hygiene, shower/bathing, lower body dressing and putting on/taking off footwear, set up or clean up assistance with eating, oral hygiene, and upper body dressing, and was independent with personal hygiene. During a review of Resident 2's Situation, Background, Assessment, Recommendation form (SBAR-a communication tool used by healthcare workers when there is a change of condition among the residents) dated 7/1/2025, the SBAR indicated Resident 2 displayed verbal aggression in an altercation with another resident (Resident 1). During an interview on 7/14/2025 at 10:25 am with Resident 1, Resident 1 stated Resident 1 was in the activities room with Resident 2 on 7/1/2025 when Resident 2 started yelling at Resident 1. Resident 1 stated Resident 2 wanted to fight Resident 1. Resident 1 stated Resident 1 became scared and upset after Resident 2 threatened Resident 1. During an interview on 7/14/2025 at 11 am with Resident 2, Resident 2 stated Resident 2 spoke in a raised voice to Resident 1 on 7/1/2025. During an interview on 7/14/2025 at 11:22 am with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 7/1/2025 LVN 1 heard yelling coming from the activities room. LVN 1 stated LVN 1 went into the activities room and observed Resident 2 yelling at Resident 1. LVN 1 stated after the incident LVN 1 observed Resident 1's behavior was quiet the rest of LVN 1's shift. LVN 1 stated this behavior was out of the ordinary for Resident 1. During an interview on 7/14/2025 at 11:36 am with the Activities Director (AD), the AD stated during a class in the activities room on 7/1/2025, Resident 2 became upset with Resident 1. The AD stated Resident 2 was screaming at Resident 1. During an interview on 7/14/2025 at 12:30 pm with the Director of Nursing (DON), the DON stated on 7/1/2025, the DON had observed Resident 2 yelling and cursing at Resident 1. The DON stated Resident 2 was trying to get out of Resident 2's wheelchair and threatening to hurt Resident 1. The DON stated Resident 1 appeared angry after the incident. The DON stated verbal abuse would be defined as yelling, cursing, and threatening another resident. During a review of the facility's Policy and Procedure (P&amp;P) titled, Adult Abuse, dated April 2018, the P&amp;P indicated, This community will enforce a non-tolerance of any form of behavior that might be construed as abuse by any individual, family member, staff member, visitor, volunteer, student, or other person, including resident to resident abuse of any type. Definitions of types of abuse: The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. It includes verbal abuse.</p>		