

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/09/2026
NAME OF PROVIDER OR SUPPLIER  Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1618 Laurel Ave Redlands, CA 92373	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and record review, the facility failed to maintain eight out of nine shower beds in safe working condition when eight shower beds, which lacked the required locking pins to secure its side rails, were found in three different shower rooms (Shower Rooms at Stations 3, 4, and 1). This failure had the potential to expose 127 out of 230 residents who use the shower bed at risk for falls, or pinching injuries. Findings: During a concurrent observation and interview, on February 9, 2026, at 10:31 AM, with a Certificate Nursing Assistant (CNA 1), at Station 3's Shower Room, three shower beds had plastic bags wrapped around its rails. CNA 1 stated that several locking pins, which were essential for securing the shower bed's side rails, were missing for approximately two weeks. CNA 1 further stated that currently, they were utilizing plastic bags to provide support for the rails while awaiting necessary repairs. During a concurrent observation and interview, on February 9, 2026, at 10:49 AM, with the Maintenance Director (MD 1), at Station 3's Shower Room, the MD inspected the three shower beds and confirmed all three had missing locking pins on its side rails. The MD 1 further stated he should have identified this problem because it was unsafe. During a concurrent observation and interview on February 9, 2026, at 11:00 AM, with the MD 1, at Station 4's Shower Room, the MD 1 inspected the three shower beds and confirmed that all three had missing locking pins on its side rails. During a concurrent observation and interview, on February 9, 2026, at 11:12 AM, with the MD 1, at Station 1's Shower Room, the MD 1 inspected the two shower beds and confirmed had missing locking pins on its side rails. During a concurrent telephone interview and record review, on February 10, 2026, at 12:15 PM, with the Director of Nursing (DON), the [Name of Manufacturer of Polyvinyl Chloride (PVC- a dominant, versatile material)] PVC Healthcare Equipment Owner's Manual dated January 2008 was reviewed. The manual indicated, .The improper use of this equipment or failure to comply with all directions and warnings may result in death or injury. Before use ensure the equipment has been properly assembled. After any adjustments, repairs or service make sure the equipment has been re-assembled properly before use by an individual. The DON acknowledged the shower beds had been utilized prior to its repair, which constituted a breach of the manual's guidelines. A review of the facility's undated policy and procedure (P&amp;P) titled, Maintenance dated 2015, indicated, a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines.2. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings and grounds, are maintained in a safe and operable manner.</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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