

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 03/03/2026
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe, clean, and sanitary environment for two of two sampled residents (Residents 1 and 2), when Residents 1 and 2's shared bathroom was found with approximately 50 dead gnats (term for many species of tiny, two winged flies) on the shower floor, and Resident 1 and 2's shared room had evidence of termites found on the vinyl floorings. This failure has the potential to place Residents 1 and 2's health and safety at risk. Findings: During a review of Resident 1's face sheet (contains demographic and medical information) indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included tracheostomy status (the person has a breathing tube placed through a hole in the neck to help them breathe), hemiplegia (complete paralysis on one side of the body) and hemiparesis (weakness on one side of the body) effecting right dominant side. During a review of Resident 2's face sheet (contains demographic and medical information) indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included encephalopathy (damage or malfunction of the brain that alters its structure or function), and tracheostomy status. During a concurrent observation and interview on March 3, 2026, at 2:54 PM, with Certified Nursing Assistant (CNA 1), in Residents 1 and 2's shared bathroom, CNA 1 inspected the bathroom and verified that there were approximately 50 dead gnats on the shower floor. During a concurrent observation and interview on March 3, 2026, at 3:16 PM, with License Vocational Nurse (LVN 1), in Residents 1 and 2's shared bathroom, LVN 1 inspected the bathroom and confirmed that there were approximately 50 dead gnats on the shower floor. LVN 1 stated she found evidence of termites on one of the vinyl floorings in Resident 1's and 2's bedroom. During a concurrent observation and interview on March 3, 2026, at 3:54 PM, with the Maintenance Supervisor (MS 1), in Residents 1 and 2's room, MS 1 inspected the floor close to the sliding door and found that one of the vinyl floorings had cracked and had a missing section. MS 1 stated there was evidence of termites on the missing section of the vinyl flooring. MS 1 stated the missing section of the vinyl flooring was approximately 2 inches wide and 8 inches long. He stated the situation was unacceptable and should have been addressed promptly. During a concurrent telephone interview and record review, on March 4, 2026, at 10:10 AM, with the Director of Nursing (DON), the DON reviewed the facility's Policy and Procedure (P&P) titled, Pest Control, dated May 2008, which indicated, 1. This facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents. The DON acknowledged the policy and stated that residents' rooms should be free from gnats and termites. She further added that it was also their expectation for the building to be in good condition and free from hazards, as outlined in the policy. A review of the facility's P&P titled, Maintenance dated 2015, indicated, a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. b. Maintaining the building in good repair and free from hazards.</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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