

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2026
NAME OF PROVIDER OR SUPPLIER  Cedar Mountain Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  11970 4th St Yucaipa, CA 92399	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement their own policy regarding safety and supervision for one of three sampled residents (Resident 1) when Resident 1 had a fall incident during a transfer to a shower chair on March 14, 2026. This failure may have potentially contributed to Resident 1 sustaining acute mildly displaced fracture of the proximal tibia and proximal fibular shaft (a recent break in the upper neck of the knee and the thin shin bone). Findings: A review of Resident 1's admission RECORD indicated Resident 1 was last admitted to the facility on [DATE], with diagnoses of hemiplegia (a condition of not being able to move one side of the body) hemiparesis (a condition of weakness on side of the body affecting arms and legs, aphasia (a condition of not able to speak) and age-related cataract (a condition of the eye). A review of Resident 4's History and Physical dated, February 20, 2026, indicated, . OTHER PLAN: . Patient [Resident 1] is not able to make own decisions.A review of Resident 1's care plan dated December 5, 2025, indicated, Focus [Name of Resident 1] has an ADL (Activities of Daily Living [daily self-care tasks to remain healthy, safe and independent]) self-care performance deficit r/t (related to) right sided hemiplegia, . REQUIRES TOTAL ASSISTANCE WITH[the caregiver does all the work, such as lifting, movement and cleaning.] ADLs A review of Resident 1's care plan dated March 19, 2026, indicated, Focus The resident has had an assisted fall with injury mild fracture to left proximal tibia. A review of Resident 1's clinical record Radiology Results Report, indicated, Radiology March 19, 2026, 15:40 Left Knee, 1/2 views / Left Tibia and Fibula, two views .Impressions: . There is an acute mildly displaced fractures of the proximal tibia and proximal fibular shaft. A review of a facility provided record titled, Investigation Notes dated March 19, 2026, indicated, . [Name of CNA 2] reported that on 3/14/26 during a transfer to a shower chair in the resident's room, with assistance from [Name of CNA 3], the resident was unable to bear weight. The resident was lowered to the floor in a controlled manner. [Name of CNA 2] reported she continued her shift and did not report the incident to the charge nurse at that time. During an interview on April 2, 2026, at 1:34 PM, with the Director of Nursing (DON), the DON acknowledged Resident 1 had a fracture of the left knee and a recent fall incident. The DON further stated it was his third day at the facility and was reviewing residents' records. During a phone interview on April 8, 2026, at 2:34 PM, with the Clinical Consultant (CC), the CC stated Resident 1 had a fall incident on March 14, 2026, during care with two staff. The staff did not report the fall incident until an investigation was initiated because of an x-ray result that showed fracture of Resident 1's left knee. A review of a facility provided document titled, Summary of Incident dated, March 19, 2026, indicated, . Summary of Incident: On 03/19/2026, the facility initiated an investigation after a resident was identified with a fracture of unknown origin. Conclusion: Based on staff interviews and record review, findings indicate the resident experienced an assisted fall during a transfer. The event was not reported, which limited the ability for timely clinical assessment and intervention. During a concurrent phone interview and record review on April 15, 2026, at 2:00 PM, with the Administrator, the facility's P&amp;P titled, Safety and Supervision of Residents, dated, April 15, 2026, was reviewed. The P&amp;P indicated, Policy Statement Our facility strives to make the environment as free from (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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. 4. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents. A review of the facility's policy and procedure (P&amp;P) titled, Falls and Fall Risk, Managing dated, April 8, 2026, indicated, .Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p>		