

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2025
NAME OF PROVIDER OR SUPPLIER Clara Baldwin Stocker Home for Women		STREET ADDRESS, CITY, STATE, ZIP CODE 527 S Valinda Avenue West Covina, CA 91790	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to implement its Policy and Procedure (P&P) titled, Abuse Prevention Policy for one of three sampled residents (Resident 1) when the facility did not report a staff to resident abuse allegation (a claim that abuse has occurred) to the State Agency (SA-the state health inspection team that ensures healthcare providers are following federal laws) within two hours. This failure had the potential to result in Resident 1 experiencing abuse and to affect Resident 1's psychosocial (the emotional and social requirements that individuals must have to feel safe, supported, and capable of functioning well in their environment) wellbeing. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted the resident on 1/12/2024 with diagnoses including hypertensive heart disease (a heart problem resulting in high blood pressure) with heart failure (condition in which the heart cannot pump enough blood to all parts of the body) and rheumatoid arthritis (a disease affecting the joints resulting in painful deformity and immobility). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 7/18/2025, the MDS indicated Resident 1 had severely impaired cognitive skills for daily decision making (problems with ability to think and process information). During an interview on 9/16/2025 at 11:10 AM and 3:40 PM, Licensed Vocational Nurse (LVN) 1 stated on the morning of 9/10/2025 LVN 1 observed a discoloration on Resident 1's right arm. LVN 1 stated Resident 1 stated the discoloration was caused by Certified Nursing Assistant (CNA) 1 during a transfer. LVN 1 stated Resident 1 appeared upset and kept pointing at the discoloration on Resident 1's arm while stating CNA 1's name several times. LVN 1 stated Resident 1 did not have a discoloration on Resident 1's forearm when LVN 1 had assessed Resident 1 earlier the same morning of 9/10/2025. LVN 1 stated discolorations or bruises could be an indication of physical abuse. During an interview on 9/16/2025 at 11:49 AM, LVN 2 stated that on the morning of 9/10/2025, Resident 1 told LVN 2 CNA 1 grabbed Resident 1's arm causing pain when CNA 1 transferred Resident 1 from the bed to the shower chair (a moveable chair). LVN 2 stated LVN 2 observed redness on Resident 1's right forearm. LVN 2 stated Resident 1 appeared upset and frustrated. During an interview on 9/16/2025 at 2:39 PM and 4:24 PM, the Director of Nursing (DON) stated LVN 1 reported the incident involving CNA 1 and Resident 1 to the DON on 9/10/2025. The DON stated that since Resident 1 had stated CNA 1 grabbed Resident 1's right arm causing pain it was possible that CNA 1 had abused Resident 1. The DON stated bruising was a sign of physical abuse. The DON stated it was the policy of the facility to report allegations of physical abuse to the SA within two hours. The DON stated the allegation of physical abuse involving Resident 1 and CNA 1 on 9/10/2025 was not reported to the SA until 9/12/2025. The DON stated it was important to report allegations of abuse within the required timeframe to ensure the resident's safety. During a review of the facility's policy and procedure titled, Abuse Prevention Program, dated 2001, revised December 2016, the P&P indicated, Our residents have the right to be free from abuse. This includes physical abuse. The P&P indicated the facility should identify and assess all possible incidents of abuse and investigate and report any allegations of abuse within the federal requirement timeframe.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555832
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