

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  04/28/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to obtain weekly weights for one of three sampled residents (Resident 2) as indicated in the facility's Policy and Procedure (P&amp;P) titled, Weight Change Protocol, undated. This failure had the potential for Resident 2 to experience unexplained/unnoticed weight loss. Findings: During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted Resident 2 on 10/8/2024 and readmitted Resident 8 on 3/31/2026 with diagnoses that included encephalopathy (brain disease that alters brain function or structure), chronic obstructive pulmonary disease (COPD, a group of diseases that cause airflow blockage and breathing-related problems), and dysphagia (difficulty swallowing foods or liquids). During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 4/3/2026, the MDS indicated Resident 2 was moderately impaired in cognitive skills (ability to make daily decisions). The MDS indicated Resident 2 was dependent (helper does all the effort) on staff for bathing, dressing, and toileting hygiene. During a review of Resident 2's Order Summary Report (OSR), dated 4/28/2026, the OSR indicated a physician order dated 3/31/2026 to weigh Resident 2 weekly for 4 weeks. During a review of Resident 2's Weights and Vitals Summary (WVS), dated 4/28/2026, the WVS indicated Resident 2 had not been weighed since 4/3/2026. During a concurrent interview and record review on 4/28/2026, at 10 AM with the Director of Nursing (DON), the facility's Weekly Weight Binder was reviewed. The binder contained the names of all residents (in general) who needed to be weighed weekly. Resident 2 was not listed in the binder. The DON stated Resident 2 needed to be weighed weekly for 4 weeks because Resident 2 was recently readmitted to the facility. The DON confirmed the facility had not weighed Resident weekly since readmitted on [DATE]. During a review of the facility's Policy and Procedure (P&amp;P) titled, Weight Change Protocol, undated, the P&amp;P indicated, Residents will be weighed on a monthly basis and weekly for those newly admitted .</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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(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 interview and record review, the facility failed to maintain a copy of a maintenance schedule for the facility's two of two air conditioner units and the facility's preventative maintenance program failed to include testing water valves (regulate or shut off water flow in plumbing systems) and pneumatic controls (utilize compressed air to measure, transmit, and actuate control signals in systems like HVAC [heating, ventilation, and air conditioning]). This failure had the potential for residents (in general) not to have a comfortable environment while at the facility. Findings: During an interview on 4/24/2026 at 12:04 Pm with the Maintenance Supervisor (MS), the MS stated the facility had two air conditioning (AC) units. The MS stated the front AC unit was currently working but the back AC unit was not working. The MS stated the MS was changing a belt for the back unit. The MS stated the front unit was not working about 2 months ago. During an interview on 4/24/2026 at 1:04 PM with the MS, the MS stated an AC technician came to the facility the last time the AC was not working. The MS stated the AC technician informed the MS the problem with the AC unit was that the water valves on the roof of the facility needed to be exercised (open and closed). The MS stated the only preventative maintenance the maintenance department did for the AC units was a daily visual inspection. The MS stated the facility did not maintain a log or documentation for the daily visual checks. During a telephone interview on 4/24/2026 at 3:02 PM with the AC Technician (AT), the AT stated the AT was called to the facility a couple weeks ago when the facility was having issues with the AC units. The AT stated the facility's AC units needed preventative maintenance monthly to include changing filters, testing water valves, and testing pneumatic controls. During a review of the facility's Policy and Procedure (P&amp;P) titled, Maintenance Service, revised December 2009, the P&amp;P indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment. The P&amp;P indicated, The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. The P&amp;P indicated, Functions of maintenance personnel include, but are not limited to. Maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order. Providing routinely scheduled maintenance service to all areas. The P&amp;P indicated, The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. The P&amp;P indicated, The Maintenance Director is responsible for maintaining the following records/ reports. Maintenance schedules.</p>		