STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555832	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clara Baldwin Stocker Home for Women	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility (Skilled Nursing Facility [SNF] 1) failed to ensure one of three sampled residents (Resident 1) was permitted for readmission to the first available private room on 4/13/2026 after Resident 1 was transferred to General Acute Care Hospital (GACH) 1 on 3/21/2026 and transferred to Long-Term Acute Care Hospital (LTACH) 1 on 3/26/2026, in accordance with SNF 1's policy and procedure (P&P) titled, Bed-Holds and Returns, dated 3/2017.This deficient practice resulted in Resident 1 remaining in LTACH 1 on 2/4/2026 following an inquiry from LTACH 1 for Resident 1 to be transferred back to SNF 1 and had the potential to cause Resident 1 distress from not being able to return to Resident 1's previous living arrangement.During a review of Resident 1's admission Record (AR), the admission Record indicated SNF 1 originally admitted Resident 1 on 8/15/2023, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (a weakness or partial paralysis affecting one side of the body) following cerebral infarction (damage to brain tissue caused by loss of blood flow to a part of the brain), and dementia (a progressive state of decline in mental abilities).During a review of Resident 1's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 8/16/2023, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 3/31/2026, the MDS indicated Resident 1 was severely impaired in cognitive skills (ability to make daily decisions) and required partial/moderate assistance (helper does less than half the effort to complete the activity) for most activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Progress Notes (PN), dated 6/4/2026, the PN indicated Resident 1 was transferred to GACH 1 on 3/21/2026 for further evaluation.During a review of Resident 1's H&P from LTACH1, dated 3/27/2026, the H&P indicated Resident 1 was transferred and admitted to LTACH 1 from GACH 1 for further care on 3/26/2026.During a review of Resident 1's Case management/Social Services notes (CMSSN) from LTACH 1, dated 4/3/2026, the CMSSN indicated Resident 1's discharge goal/plan included transferring Resident 1 back to a skilled nursing facility (SNF).During an interview on 5/22/2026 at 1PM with SNF 1's admission Coordinator Director (ACD), the ACD stated the ACD received the inquiry from LTACH 1 regarding Resident 1's readmission on [DATE]. The ACD stated Resident 1 required a private room due to Candida Auris (C. Auris- is a type of yeast that can cause severe illness and spread easily among very sick patients in healthcare facilities) status and at that time the facility did not have an appropriate bed available. The ACD stated he did not receive additional communication regarding the resident's return and was unaware LTACH 1 continued attempting to return Resident 1 to the facility.During a telephone interview on 5/22/2026 at 3:40 PM with LTACH 1's Social Worker (SW 1), SW 1 stated Resident 1 was appropriate for SNF 1's placement on 4/13/2026 and a request for return to the facility was initiated. SW 1 stated she made multiple attempts to contact the facility following the initial request. SW 1stated messages were left for facility staff and on several occasions, and she was informed the ACD was unavailable. During an interview on 5/22/2026 at 3:55 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555832	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clara Baldwin Stocker Home for Women	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PM with SNF 1's Director of Nursing (DON), the DON stated she was unaware Resident 1 continued to seek readmission to the facility following the initial inquiry. The DON stated no efforts were made to accommodate Resident 1 through room changes or bed planning because she was unaware the resident remained pending return.During a review of facility census records dated 4/13/2026 through 5/22/2026, the records indicated multiple beds, including private room availability, became available within the facility. The records further indicated the facility admitted other residents into available beds during this time period.During a review of facility admission logs for the month of April and May 2026 the records indicated the facility admitted other residents into available beds during this time period.During a review of the facility's policy and procedure titled, Bed-Holds and Returns, revised March 2017, the policy indicated, Residents may return to and resume residence in the facility after hospitalization. The policy further indicated a resident would be permitted to return to the facility immediately upon the first availability of a bed and may be offered an available bed in another area of the facility if the previous room was unavailable.