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	07/01/2026

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure renovations for two of four sampled residents' rooms (Resident 1's and Resident 2's shared room) followed State regulations when: 1. Facility did not obtain prior written approval from Department of Healthcare Access and Information (HCAI, state agency that regulates the design, seismic [refers to earthquakes] safety, construction of hospitals and skilled nursing facilities) and from the California Department Public Health (CDPH, the Department) prior to initiating facility renovations. 2. Facility assigned residents in a renovated room prior to written approval from HCAI and CDPH. These deficient practices placed Resident 1 and Resident 2 at risk for unsafe conditions in a renovated room by potentially not having adequate ventilation, a working call light system, electricity, enough room space, and a restroom.During an observation on 7/1/2026 at 11:06 a.m. inside the renovated room (room [ROOM NUMBER]), the room had 2 resident beds, privacy curtains for each bed, chairs next to each bed, a closet for each resident, 1 restroom, 1 sink, a working call light system, electricity, and water sprinklers. During an interview on 7/1/2026 at 11:45 a.m. with the Administrator (ADM), the ADM stated room [ROOM NUMBER] was initially a resident room and then was used as an employee break room. The ADM stated the ADM did not inform HCAI and CDPH prior to initiating renovations in room [ROOM NUMBER] because ADM did know the facility needed to get approval from them prior to renovations. During an interview with Certified Nursing Assistant (CNA) 1 on 7/1/2026 at 12:47 p.m. CNA 1 stated room [ROOM NUMBER] had been the staff break room since CNA 1 started working in the facility four years ago. CNA 1 stated room [ROOM NUMBER] was turned into a resident room couple of months ago (unable to state exact date). During an interview with CNA 2 on 7/1/2026 at 1 p.m., CNA 2 stated the staff break room was converted into a resident room (room [ROOM NUMBER]) six months ago. During an interview on 7/1/2026 at 1:26 p.m. with the Director of Nursing (DON), the DON stated the employee break room was converted into a resident room by removing tables, chairs, and refrigerator from the room and by placing two beds and new curtains in that room. The DON stated the break room already had a restroom, sink, closets, call light system and sliding doors. The DON stated in-house staff did the repairs in the room. During an interview on 7/1/2026 at 1:50 p.m. with Maintenance Assistant (MA), MA stated MA was involved in converting the break room into a resident room. MA stated maintenance staff removed furniture from the room and replaced overbed lights and call light covers and added curtains to the room. MA stated the room was a resident room before it was used as a break room. During a concurrent observation and interview on 7/1/2026 at 2:15 p.m. with Maintenance Director (MD) in room [ROOM NUMBER], MD stated prior to renovating room [ROOM NUMBER], MD did not get approval from HCAI and CDPH because normally they did not require that. MD stated MD was not aware that HCAI and CDPH had to be notified prior to renovating any resident room. The MD stated the ADM did not tell the MD to get prior approval from HCAI and CDPH. During a review of facility's current policy and procedure (P&P) titled Maintenance Service, dated 12/2009, the P&P indicated maintenance service would be provided to all areas of the building, (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

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	grounds, and equipment. The P&P indicated maintenance staff would maintain the building in compliance with current federal, state, and local laws, regulations and guidelines.