

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC accepted 7/9/25
HFEN 44027

PRINTED: 06/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/09/2025
NAME OF PROVIDER OR SUPPLIER CHINO VALLEY HEALTH CARE CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 S TOWNE AVENUE POMONA, CA 91766		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for two Facility Reported Incidents and three Complaints. Facility Reported Incident Numbers: CA00965662 and CA00966426 Complaint Numbers: CA00965517, CA00967052 and CA00966451 The inspection was limited to the specific Facility Reported Incidents and Complaints investigated and does not represent the findings of a full inspection of the facility. No deficiencies were identified for Facility Reported Incident Number: CA00965662 No deficiencies were identified for Complaint Numbers: CA00965517, CA00967052 and CA00966451. One deficiency was issued for Facility Reported Incident : CA00966426.	F 000	The signing of this plan of correction is not an admission or agreement by this facility of the truth of the facts alleged in this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as our written credible allegation of compliance.		
F 776 SS=D	Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii) §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own	F 776	Immediate Action: Resident 1 was discharged to the hospital on 6/9/25. On 6/9/25, the D.O.N provided 1 :1 inservice training and re-education to R.N. 1 with emphasis on availability and timeliness of clinical laboratory and radiology services to meet the needs of the resident's provided by the facility. On 6/9/25, notified Diagnostic lab account executive the importance of communication with the facility Licensed Staff if Radiology Technician unable to get x-ray. On 6/10/25, an x-ray of left wrist was performed at the hospital indicating no acute osseous or soft tissue abnormality; osteopenia.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **7-3-25**

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.

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F 776	<p>Continued From page 1</p> <p>diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 1) who had an order of X-ray (an imaging test to create detailed pictures of the organs) of the left hand was implemented in a timely manner, as ordered.</p> <p>This failure had the potential for Resident 1 not to receive necessary care and services to immediately meet the resident's medical needs.</p> <p>Findings:</p> <p>During a review of Resident 1's "Admission Record (AR)," the "AR" indicated the facility admitted Resident 1 on 8/9/2023 and readmitted on 4/8/2025 with diagnoses including dementia (a group of thinking and social symptoms that interfere with daily functioning), history of falling, and age-related osteoporosis (a medical condition in which the bones become brittle and fragile)</p> <p>During a review of Resident 1's "Minimum Data Set (MDS, a resident assessment tool)," dated 4/30/2025, the "MDS" indicated Resident 1 had severely impaired cognitive skills (ability to make daily decisions). The "MDS" indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) from staff for bathing and toileting hygiene. The "MDS" indicated Resident 1 required partial/moderate (helper does less than half the effort) assistance</p>	F 776	<p>Identification Of Others at Risk:</p> <p>On 6/9/25 the DON reviewed all current lab/radiology orders ensure timeliness of services to meet the needs of residents provided by the facility. No other resident were identified with the same deficient practice.</p> <p>Process to Prevent Recurrence:</p> <p>On 6/9/25 and 6/24/25; the DON provided inservices to Licensed Nurses, (RN, LVN) to reinforce the facility's policy and procedure of availability of services Diagnostic;Clinical Laboratory and Radiology services meet the needs of the residents provided by the facility.</p> <p>Orders for diagnostic services will be promptly carried out as instructed by the physician's order.</p> <p>Monitoring Process:</p> <p>The DON will conduct random weekly audits on 5 residents for 4 weeks and then randomly for 3 months to ensure orders for clinical laboratory and radiology services are met quality and timely manner.</p> <p>The DON will report the finding to the QAPI committee monthly for further recommendations and resolutions x3 months.</p> <p>Completion date: 6/24/25</p>		

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F 776	<p>Continued From page 2 from staff for dressing and personal and oral hygiene.</p> <p>During a review of Resident 1's "COC/INTERACT ASSESSMENT FORM (COC)," dated 6/6/2025, the "COC" indicated Resident 1 had swelling of the left hand. The "COC" indicated Resident 1's physician (MD- medical doctor) ordered a STAT (immediate/urgent) x-ray of Resident 1's left hand on 6/6/2025 at 4:44 pm.</p> <p>During a review of Resident 1's physician's orders (PO) dated 6/6/2025, the PO indicated Resident 1's physician ordered STAT X-ray of Resident 1's left hand. The x-ray was ordered on 6/6/2025 at 4:38 p.m.</p> <p>During an interview on 6/9/2025 at 10:27 a.m. with the Director of Nursing (DON), the DON stated the DON asked Registered Nurse 1 (RN 1) to follow up on the results of Resident 1's left hand x-ray on 6/8/25 because the Radiology Technician (RT) had not done Resident 1's ordered x-ray. The DON stated the radiology company claimed Resident 1 was combative and uncooperative on 6/6/2025 when the RT tried to get the x-ray. The DON stated the RT did not inform the facility staff that the RT was unable to get the x-ray of Resident 1's left hand on 6/6/2025.</p> <p>During an interview on 6/9/2025 at 12:53 p.m. with the DON, the DON stated, STAT x-rays needed to be carried out within four hours from the time ordered. The DON stated the facility staff should have followed up on Resident 1's left hand x-ray results when the results were not received within four hours of the x-ray being ordered. The DON stated the RT should have informed</p>	F 776			

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F 776	<p>Continued From page 3</p> <p>Resident 1's licensed nurse if the RT was not able to get the x-ray of Resident 1's left hand.</p> <p>During a telephone interview on 6/9/2025 at 1:32 p.m. with RN 1, RN 1 stated RN 1 put in the order for x-ray of Resident 1's left hand on 6/6/2025. RN 1 stated the RT arrived at the facility after 8:00 p.m. on 6/6/2025 to get the x-ray of Resident 1's left hand. RN 1 stated RN 1 assisted the RT to get the x-ray of Resident 1's left hand. RN 1 stated the RT asked RN 1 to step out of the room during the x-ray procedure. RN 1 stated RN 1 walked the RT out of the facility and the RT did not inform RN 1 that the RT was not able to get the x-ray of Resident 1's left hand. RN 1 stated RN1 called the radiology company for Resident 1's x-ray results later on 6/6/2025 but was not able to speak to anyone. RN 1 stated RN 1 was off the next day (6/7/2025) and returned to work at the facility on 6/8/2025. RN 1 stated RN 1 was notified on 6/8/2025 that Resident 1 did not get an x-ray as ordered on 6/6/2025.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, "Availability of Services, Diagnostic," revised December 2009, the P&P indicated, clinical laboratory and radiology services meet the needs of the residents provided by the facility. The P&P indicated radiology services were available 24 hours a day, 7 days a week, including holidays.</p> <p>During a review of the facility's P&P titled, "Request for Diagnostic Services," revised December 2009, the P&P indicated, "Orders for diagnostic services will be promptly carried out as instructed by the physician's order."</p>	F 776			