| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055126 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHINO VALLEY HEALTH CARE CENTE | 2351 S TOWNE AVENUE , POMONA, California, 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 |
|---|---|---|---|---|
| F0000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health during the investigation of four complaints.<br><br>Complaint numbers: CA00968878, CA00969543, CA00969907, and CA00971609.<br><br>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.<br><br>One deficiency was issued for complaints: CA00968878 and CA00969907 (F684).<br><br>No deficiencies were issued for complaints: CA00969543 and CA00971609. | F0000 | 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. | |
| F0684<br>SS = D | Quality of Care<br><br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br><br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to identify a skin rash (an area of irritated or swollen skin that can be red, itchy, painful, or bumpy) for one of one sampled resident (Resident 1) when Licensed Vocational Nurse (LVN) 1 discharged Resident 1 without doing a skin check (a visual examination of the skin surface) on 5/29/2025.<br><br>This failure resulted in delayed treatment for Resident 1's skin rash and had the potential to result in physical decline to Resident 1. | F0684 | F0684-Quality of Care<br><br>Corrective Immediate Action:<br><br>LVN1 was immediately in -serviced by the Administrator on 07-09-25 ensuring that discharge summary will include a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of the discharge, emphasizing the resident's skin assessment.<br><br>Others Affected:<br><br>On 07-09-25 the Licensed Treatment Nurses did a body check on all residents and no new rashes were identified. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055126 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHINO VALLEY HEALTH CARE CENTE | 2351 S TOWNE AVENUE , POMONA, California, 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 |
|---|---|---|---|---|
| F0684 SS = D | Continued from page 1<br>Findings:<br><br>During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 11/21/2023 and readmitted the resident 1/12/2024 with diagnoses including type 2 diabetes mellitus (a chronic [persistent or long-lasting] disease characterized by high blood sugar levels due to insufficient insulin [a hormone which regulates the amount of sugar in the blood] production) and major depressive disorder (mental health condition where a person experiences a persistent low mood, loss of interest in activities and other symptoms that significantly impact daily life).<br><br>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 5/29/2025, the MDS indicated Resident1's cognitive (the ability to think and process information) skills for daily decision making were moderately impaired. The MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with oral hygiene, toileting hygiene, shower/bathing, upper/lower body dressing, putting on/taking off footwear, and personal hygiene.<br><br>During a review of Resident 1's Post Discharge Plan of Care, dated 5/29/2025, the care plan indicated Resident 1 was discharged home 5/29/2025. The Plan of Care indicated the skin condition assessment was left blank (a space left to be filled in on a document).<br><br>During a review of Resident 1's Care Plan (CP) titled "Pressure sore. (Resident 1) is at risk to develop pressure sores related to aging process…fragile skin…," initiated 11/21/2023, revised 6/12/2025, the CP's goal indicated Resident 1's risk to having skin breakdown would be reduced with appropriate interventions. The CP's interventions indicated that staff would assess [Resident 1's] skin condition daily during care and [conduct] weekly body checks.<br><br>During an interview on 7/7/2025 at 10:18 am with Family Member (FM) 1, FM 1 stated FM 1 took Resident 1 home from the facility on 5/29/2025. FM 1 stated FM 1 gave Resident 1 a shower on 5/29/2025 at FM 1's home and observed Resident 1's entire body was covered with bleeding scabs. FM 1 stated this made FM 1 angry because no one at the facility told FM 1 Resident 1 had a rash and FM 1 did not know how to treat the rash. | F0684 | Preventative Measures:<br><br>On 07-08-25 and 7-10-25, the Quality Assurance and Staff Developer conducted an in-service training for the Licensed Nurses on focusing on facility's policy and procedure on Discharge Summary Planning with emphasis on the following:<br><br>1.Proper completion of discharge summary records. 2. The critical importance of assessing and documenting the resident's skin condition prior to discharge, whether the resident is leaving for home, a hospital or a lower level of care.<br><br>Monitoring Performance:<br><br>The Medical Records Director will review all discharge records the day after a resident has been discharged whether to home, a hospital or a lower level.<br><br>The review ensures that licensed nurses are complying with facility policies and procedures, particularly the completion of the required skin assessments.<br><br>If discrepancies or issues are found during the discharge summary audit, the Medical Records Director will notify the DON. The DON will then provide counseling and re-education to the licensed nurse involved, ensuring the importance of completing skin assessments and adhering to procedures is emphasized.<br><br>The result of all discharge record audits will be reported to the QA Committee Monthly by the Director of Nursing for further review and follow-up recommendations, for a period of three months.<br><br>Corrective Action will be accomplished on 7/10/25. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055126 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/09/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHINO VALLEY HEALTH CARE CENTE | 2351 S TOWNE AVENUE , POMONA, California, 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 |
|---|---|---|---|---|
| F0684 SS = D | Continued from page 2<br><br>During an interview on 7/8/2025 at 10:53 am with Registered Nurse (RN) 1, RN 1 stated it was part of the facility's discharge process for licensed nurses to conduct skin checks on residents (in general) prior to discharge. RN 1 stated skin check [assessments] should be documented on the discharge plan of care. RN 1 stated residents needed to have skin check [assessments] prior to discharge to determine if the resident needed treatment and to educate the family members if needed.<br><br>During an interview on 7/8/2025 at 11:10 am with LVN 1, LVN 1 stated LVN 1 signed the discharge plan of care for Resident 1 on 5/29/2025. LVN 1 stated LVN 1 did not conduct a skin check [assessments] on Resident 1 prior to Resident 1's discharge.<br><br>During an interview on 7/8/2025 at 11:30 am with RN 2 (home health nurse), RN 2 stated RN 2 assessed Resident 1 in Resident 1's home on 5/30/2025. RN 2 stated Resident 1 complained of itching and RN 2 observed a rash all over Resident 1's body.<br><br>During an interview on 7/8/2025 at 1:20 pm with the Administrator (ADM), the ADM stated that according to the discharge paperwork a skin check should be completed by a licensed staff [nurse] prior to a [resident's] discharge.<br><br>During a review of the facility's Policy and Procedure (P&P) titled, "Discharge Summary and Plan," dated 2001, revised October 2022, the P&P indicated, "When a resident's discharge is anticipated, a discharge summary and post-discharge plan is developed to assist the resident with discharge….The discharge summary includes a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of discharge…."<br><br>During a review of the facility's undated Policy and Procedure (P&P) titled, "Alteration in Skin Integrity," the P&P indicated, "Residents with alterations in skin integrity will be assessed by licensed staff, orders for treatment will be obtained …Physician will be notified and appropriate orders obtained…Notification of family/responsible party." | F0684 | | |