

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/27/2025
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NAME OF PROVIDER OR SUPPLIER INLAND VALLEY CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 W. ARTESIA STREET POMONA, CA 91768
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for one Facility Reported Incident and four complaints.</p> <p>Facility Reported Incident Number: CA00961585</p> <p>Complaint Numbers: CA00961700, CA00962501, CA00962790, and CA00963608</p> <p>The inspection was limited to the specific complaints and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for the Facility Reported Incident: CA00961585.</p> <p>No deficiencies were issued for the complaint numbers: CA00961700, CA00962501, and CA00963608.</p>	F 000	<p>Disclaimer Statement:</p> <p>Preparation and submission of this plan of correction does not constitute an admission or agreement of the provider of the truth of the facts alleged or the correctness of the conclusion set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirement under state and federal law. This plan of correction hereby constitutes the facility's credible allegation of compliance.</p> <p>F-689 Free of Accident Hazards/Supervision CFR(s): 483.25(d)(1)(2)</p>	
F 689 SS=D	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:</p>	F 689	<p>CORRECTIVE ACTION: On 05/22/2025 upon notification, maintenance staff went into Resident 2 room and removed the eight plug that were connected to the two electrical outlets at the head of the bed.</p> <p>Maintenance staff explained to Resident 2 the risk of fire/accident when numerous items are plugged into one outlet. Resident 2 was explained about not using extension cords and was advised to contact maintenance so they can inspect and give clearance before plugging any electrical items.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE M. Korouzum	TITLE Administrator	(X6) DATE 06/13/2025
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 1 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 689	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 2) had a clutter-free room environment and did not have multiple plugs in the electrical outlet.</p> <p>These deficient practices placed Resident 2 at risk for accident hazards from a possible overloaded electrical circuit and heightened risk of fire with a cluttered area of flammable materials (ability to ignite easily and burn rapidly) surrounding Resident 2's bed.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record (AR), the AR indicated Resident 2 was admitted to the facility on 5/27/23, with diagnoses that included type 2 diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), acute kidney failure (kidneys suddenly lose their ability to filter waste and balance fluids and electrolytes), anxiety disorder (excessive and persistent fear or worry), depression (persistent sadness, loss of interest, and difficulty functioning) , and nicotine dependence (substance dependence on nicotine).</p> <p>During a review of Resident 2's "History and Physical" (H&P) dated 5/20/24, the "H&P" indicated Resident 2 had the capacity to make decisions.</p> <p>During a review of Resident's 2's Minimum Data Set (MDS, a resident tool) dated 2/19/25, the MDS indicated Resident 2 was independent with eating, upper/lower body dressing, personal hygiene, oral hygiene, toileting hygiene,</p>	F 689	<p>On 05/22/2025 SSA met with the Resident 2 and discussed room being crowded and cluttered. SSA offered to assist Resident 2 in boxing and packaging some of the unnecessary items.</p> <p>On 05/27/2025 an interdisciplinary Conference was conducted with Resident 2. During the conference with Resident 2, room being cluttered and too many electrical items being plugged into receptacle were discussed. There was no ill effect to Resident 2 from this deficient practice.</p> <p><u>IDENTIFYING OTHER RESIDENTS AT RISK & CORRECTIVE ACTION</u> On 05/23/2025, Maintenance Team conducted spot check on resident's rooms focusing on room environment and electrical items being plugged and connected to electrical outlets in an unsafe manner.</p> <p>On 05/23/2025 Social Service Team conducted a spot check and observation of resident's rooms to ensure they are clutter free. No other residents were identified to be affected by this deficient practice.</p> <p><u>SYSTEMIC CHANGES</u> On 05/29/2025 Administrator provided In-services to managers that during their weekly Angel Room Rounds to their assigned rooms ensure the appropriate use of electrical items and ensuring resident's surrounding is clutter free.</p> <p>On 05/29/2025 Administrator provided in-</p>		

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F 689	<p>Continued From page 2</p> <p>shower/bathe self, and putting on/taking off footwear.</p> <p>During an observation on 5/22/25, at 2:30 p.m., Resident 2 was observed alert and oriented sitting in a wheelchair next to Resident 2's bed. Resident 2's room environment was observed to be crowded with multiple personal items surrounding Resident 2's bed. There were eight (8) plugs observed connected to the two electrical outlets at the head of the bed.</p> <p>During an interview on 5/22/25 at 3:49 p.m. with Registered Nurse (RN) 1, RN 1 stated RN 1 was aware of all the personal items crowding around Resident 2's bed in Resident 2's room. RN 1 stated the Social Services Director (SSD) and Administrator were informed, and the responsibility of addressing the resident's many items was handed off to the SSD and Administrator.</p> <p>During an interview on 5/22/25 at 4:03 p.m. with the SSD, the SSD stated the SSD was aware that Resident 2 had many items in Resident 2's room, but none were blocking the paths to go in and out of Resident 2's room nor did any nursing staff inform the SSD about any issues giving Resident 2's care. The SSD stated the SSD was unaware that Resident 2 had multiple plugs connected to the two outlets at the head of Resident 2's bed. The SSD stated the SSD would let the Maintenance Department know about the multiple plugs because it was a fire hazard and safety issue. The SSD further stated, "All staff have the responsibility to keep residents in the facility safe and their environments clutter free."</p> <p>During a review of the facility's P&P titled,</p>	F 689	<p>service to social service staff related to providing spot check and observation during their routine weekly rounds to ensure the appropriate use of electrical items and ensuring resident surrounding is clutter free.</p> <p>SSA and Maintenance staff will continue monitoring Resident 2 room through weekly inspection for appropriate and proper use of electrical items and to ensure room is clutter free. Any non-compliance with Resident 2 room will be addressed with corrective actions.</p> <p>Maintenance staff, social service staff, managers and administrator will monitor the compliance by conducting weekly spot checks of resident's rooms to ensure appropriate use of electrical items and ensuring residents surroundings are clutter free.</p> <p>Any non-compliance with this requirement will be reported to DON and/or DSD for immediate corrective action and additional training will be provided if deemed necessary.</p> <p>MONITORING EFFECTIVENESS The results of spot checks and inspections will be analyzed by Maintenance Supervisor and/or Administrator and any findings or non-compliance identified with this deficient practice will be reported to the QAPI Committee quarterly for review and further recommendations. Reporting will continue for three months to ensure compliance is maintained.</p> <p>COMPLETION DATE: 05/29/2025</p>		

05/29/25

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F 689	Continued From page 3 "Maintenance Service," revised 12/2009, the P&P indicated, "The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times." The P&P further indicated, "Functions of maintenance personnel include, but are not limited to ... maintaining the building in good repair and free from hazards." During a review of the facility's policy and procedures (P&P) titled, " Homelike Environment," revised 2/2021, the P&P indicated, "Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible." The P&P further indicated, "The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include ... a clean, sanitary and orderly environment."	F 689	F-921 Safe/Functional/Sanitary/Comfortable Environment CFR(s): 483.90(i) CORRECTIVE ACTION On 05/23/2025, the Maintenance team repaired the two holes in the shower wall at the base of the tile. There was no ill effect on any residents because of these deficiencies. IDENTIFYING OTHER RESIDENTS AT RISK & CORRECTIVE ACTION On 05/23/2025 The Maintenance team made rounds around the facility to ensure all areas of the building, grounds and floors are maintained in good repairs and in a safe and operable manner. No other area was identified to need immediate repairs. No residents were affected by this deficient practice.		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a safe and functional shower for one (1) out of four (4) shower rooms in the facility with two holes in the wall located where the wall meets the base of the tile floor. This deficient practice had the potential for	F 921	SYSTEMIC CHANGES On 05/28 and 05/30/2025 The Administrator provided an In-service to maintenance team related to Maintenance Services Policy and Procedure. They were re-educated on making routine rounds, inspecting the building, and work orders and completing them as soon as practically possible. On 05/29/2025 Administrator provided an in-service to managers that during their weekly Angel Room Rounds to provide a complete and detailed inspections of their assigned rooms, grounds and floors and log any needed		

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F 921	<p>Continued From page 4</p> <p>residents to be placed at risk for injury.</p> <p>Findings:</p> <p>During an observation on 5/22/25 at 1:40 p.m., two (2) holes in the shower wall at the base of the tile where it meets the wall were observed.</p> <p>During a concurrent interview and record review on 5/22/25, at 1:46 p.m. with the Maintenance Worker (MW), the maintenance logs dated 1/2024 to 5/2025 were reviewed. The MW stated there was no documentation that staff requested shower or wall repairs in the maintenance logs. The MW stated the MW would have the wall repaired right away because it was a safety hazard to the residents who showered in that room.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Maintenance Service," revised 12/2009, the P&P indicated, "The maintenance department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times." The P&P further indicated, "Functions of maintenance personnel include, but are not limited to maintaining the building in good repair and free from hazards."</p>	F 921	<p>repairs in the Daily Maintenance Log to ensure prompt repair by maintenance team.</p> <p>The Maintenance Director will monitor the process by weekly walk throughout the facility and inspecting areas that may require repairs and to ensure the facility is safe and is in operable manner. The result of the inspection will be logged on to the Weekly Preventative Maintenance Checklist and records will be maintained in the maintenance office.</p> <p>The Administrator will monitor the process by walking throughout the facility with the maintenance team on a weekly basis. Any concerns or areas that need repairs will be discussed and scheduled with the maintenance team so repairs can be completed as soon as practically possible.</p> <p>Any non-compliance with this requirement will immediately be addressed by Maintenance team and additional training will be provided if deemed necessary.</p> <p>MONITORING EFFECTIVENESS The results of walk through and inspections will be reviewed by the Administrator and/or Maintenance Supervisor and any findings or non-compliance identified with this deficient practice will be reported to the QAPI Committee quarterly for review and further recommendations. Reporting will continue for three months to ensure compliance is maintained.</p> <p>COMPLETION DATE: 05/30/2025</p>	05/30/25	