STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555085	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAREMONT MANOR CARE CENTER	621 W BONITA AVE , CLAREMONT, California, 91711

(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
K0000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 11/23/1977 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, TYPE III-A, FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 – Life Safety Code, 2012 Edition, and NFPA 99 – Health Care Facilities Code, 2012 Edition. The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care (LTC) Facilities. Resident Certified Beds: 59 Census: 38	K0000		04/02/2026
K0353 SS = F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____	K0353	K353 – Sprinkler System Maintenance and Testing (NFPA 25) How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. There were no residents identified as directly affected by this deficient practice. Upon identification on 3/12/2026, the facility immediately contacted a licensed fire protection vendor to schedule the required 20-year sprinkler head testing. The sprinkler system remains fully operational and monitored, ensuring continued fire protection coverage while corrective actions are implemented. How the facility will identify other residents having	04/01/2026

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 reverse for further 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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K0353 SS = F	Continued from page 1 b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to conduct a 20-year sprinkler test (a test conducted on a sample of the facility's sprinkler heads to ensure that the sprinklers are still functioning properly) for heads throughout the facility, affecting four of four smoke compartments (a space within a building separated from other interior areas of the building by smoke barriers, including interior walls and doors). This deficient practice has the potential for the old, untested sprinkler heads to have a decreased effectivity when discharging water as designed, during a fire emergency, this would affect the safety residents, staff, and visitors at the facility. Findings: During a concurrent interview and record review on 3/12/2026 at 2:05 p.m., with the Director of Environmental Services (DES), the facility's Life Safety materials binder, undated, was noted to not have record of a 20-year quick response sprinkler test. A copy of the facility's most recent sprinkler test for the quick response sprinklers was requested verbally and in writing. The DES stated that the sprinklers are as old as the building which was built in 1999. The DES also stated that the required sprinkler testing may have been done in 2009, but there is no documentation for the test on site, and they will reach out to the testing company to request documentation of the required 20-year sprinkler test. During concurrent observation and interview on 3/12/2026 at 2:15 p.m., with the DES, the DES provided a sample of three spare quick-response sprinkler heads from the facility's box of extra sprinkler heads. It was observed that the three sprinkler heads had different dates, including 1996 and 1999, printed on the sprinkler heads. The DES stated that the testing company was unable to search their files dated that far back, to verify if a sprinkler test was done in 2009.	K0353	Continued from page 1 the potential to be affected by the same deficient practice and what corrective action will be taken. On 3/13/2026, the Director of Environmental Services (DES) conducted a review of all available Life Safety documentation to confirm the absence of records for the 20-year sprinkler testing across all smoke compartments. The contracted licensed vendor has been engaged and performed testing on representative sprinkler heads throughout the facility in accordance with NFPA 25 standards on 3/19/2026. Response time, response time index and water seal release all passed. The report is dated 3/20/2026. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. To prevent recurrence, the facility has implemented a Life Safety compliance tracking system that includes all required inspection, testing, and maintenance schedules in accordance with NFPA 25. On 3/13/2026, the DES re-educated staff on regulatory requirements for sprinkler system testing, including 20-year testing requirements for quick-response sprinkler heads. The facility will maintain all Life Safety documentation in a centralized, secure, and readily accessible binder and electronic file. Additionally, the facility will contract with a licensed fire protection vendor to ensure ongoing compliance with all inspection and testing requirements. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system. The DES or designee will track all required Life Safety inspections and testing through a compliance calendar and conduct monthly audits to ensure all required documentation is current and on file. Results of these audits will be reported to the Administrator and reviewed quarterly in the Quality Assurance and Performance Improvement (QAPI) committee meeting. Any identified gaps will be addressed immediately. The QAPI committee will monitor compliance until sustained. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency.	

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K0353 SS = F		K0353	Continued from page 2 4/1/2026	
K0511 SS = D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure that electrical outlets located near a sink were equipped with an operable ground-fault circuit interrupter (GFCI, protective device that shuts off electric power when it senses and electrical issue) in accordance with NFPA 70, National Electrical Code, 2011 Edition, Section 210.8, affecting one of four smoke compartments. This deficient practice has the potential to increase the risk of electrical shock and fire-related accidents affecting the health and safety of residents, staff, and visitors at the facility. Findings: During concurrent observation and interview on 3/12/2026 at 11:14 a.m., with the DES in Nursing Station 1's Med Room, there was an electrical outlet located near the sink, but the outlet was not equipped with the required ground fault circuit interrupter (GFCI). The DES verified that the outlet was 18 inches away from the sink and did not have a GFCI.	K0511	K511 – Utilities - Gas and Electric (NFPA 70) How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. There were no residents identified as directly affected by this deficient practice. Upon identification on 3/12/2026, the facility immediately removed the outlet from use and implemented interim safety measures. A licensed electrician was contacted to install a GFCI-protected outlet at Nursing Station 1 medication room sink area. The GFCI outlet was installed on 3/12/2026 to ensure compliance with NFPA 70 requirements and reduce risk of electrical shock. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On 3/12/2026, the Director of Environmental Services (DES) conducted a facility-wide audit of all electrical outlets located within proximity to water sources, including medication rooms, kitchen areas, and resident care areas. Any outlets identified as not GFCI-protected were immediately removed from service and scheduled for correction by a licensed electrician. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. To prevent recurrence, the facility has implemented a preventive maintenance program that includes routine inspection of all electrical outlets near water sources for GFCI compliance. On 3/13/2026, the DES re-educated staff on NFPA 70 requirements, specifically related to GFCI installation near sinks and wet locations. The facility will ensure that all future electrical work is reviewed for compliance with applicable codes and completed by licensed professionals. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system. The DES or designee will conduct weekly environmental rounds for 3 months to ensure all outlets near water	04/01/2026

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K0511 SS = D		K0511	Continued from page 3 sources are GFCI-protected and functioning properly. Findings will be reported to the Administrator and included in the quarterly QAPI meeting. Any deficiencies will be corrected immediately. The QAPI committee will monitor compliance until sustained. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency. 4/1/2026	
K0712 SS = E Bldg. 01	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on interview and record review, the facility failed to activate and transmit the fire alarm signal during the required hours of 6:00 a.m. to 9:00 p.m. during scheduled fire drills (method of practicing how a building should be evacuated in the event of a fire) in accordance with NFPA 101, 2012 Edition, Section 19.7.1, for three of twelve fire drills. This deficient practice has the potential to negatively affect the staff's response during an actual fire emergency, potentially affecting the health and safety of residents, staff, and visitors to the facility. Findings: During a record review on 3/12/2026 at 1:16 p.m., of the facility's Life Safety materials binder, undated, the records indicated that the following fire drills were conducted outside of the nocturnal hours between 9 p.m. and 6 a.m., but alarms were not activated:4/8/2025 conducted at 9:30 a.m.5/2/2025 conducted at 5:30 p.m.8/19/2025 conducted at 8:30 p.m.	K0712	K712 – Fire Drills (NFPA 101) How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. There were no residents identified as directly affected by this deficient practice. Upon identification on 3/12/2026, the Director of Environmental Services (DES) immediately re-educated staff responsible for conducting fire drills on requirements to activate and transmit the fire alarm signal during all drills conducted between 6:00 a.m. and 9:00 p.m. Fire drill procedures were reinforced to ensure compliance with NFPA 101 standards. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On 3/13/2026, the DES conducted a review of all fire drill documentation for the past 12 months to ensure compliance with required alarm activation and documentation standards. Any identified discrepancies were reviewed, and staff involved were re-educated on proper fire drill procedures. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. To prevent recurrence, the facility has revised its fire drill policy to clearly require activation of the fire alarm system during all drills conducted between 6:00 a.m. and 9:00 p.m. On 3/12/2026, the DES contacted the company responsible for fire drills to ensure understanding of regulatory requirements, proper documentation, and expectations. On 3/31/2026 the DES in-serviced staff on compliance with required alarm activation and documentation standards. How the facility plans to monitor its performance to	04/01/2026

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K0712 SS = E Bldg. 01	Continued from page 4 During an interview on 3/12/2026 at 3:28 p.m., with the DES, the DES stated that for the drill, dated 5/2/2025, staff may have chosen not to pull the alarm because it was done around dinner time. The DES also stated that the technician may have mistakenly marked that alarms were not activated, and the DES did not know why they were marked that way.	K0712	Continued from page 4 make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system. The DES or designee will review all fire drill documentation monthly for 3 months to ensure compliance with alarm activation requirements and proper documentation. Findings will be reported to the Administrator and included in the quarterly QAPI meeting. Any identified issues will be corrected immediately. The QAPI committee will monitor compliance until sustained. Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Agency. 4/1/2026	

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E0000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. The facility is in substantial compliance with 42 CFR 483.73, Requirement for Long Term Care (LTC) Facilities. Census: 38	E0000		04/02/2026

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