STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027 Based on interview and record review, the facility failed to maintain the dignity of two of two sampled residents (Residents 14 and 17): a. For Resident 14, facility staff failed to promptly respond to Residents 14's call light (a device used by a resident to signal his or her need for assistance from staff). Resident 14 felt rushed when staff provided care for Resident 14. b. For Resident 17, facility staff failed to promptly respond to Resident 17's call light during the night shift. These failures resulted with feeling frustration to Residents 14 and Resident 17 to felt like Resident 17 wanted to die. The failures had the potential to result in both residents to feel like their concerns were unheard and disrespected. Findings: a. During a review of Resident 14's Face Sheet (FS, Admission Record), the FS indicated Resident 14 was admitted to the facility on [DATE] with multiple diagnoses including Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and muscle weakness. During a review of Resident 14's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/6/23, the MDS indicated Resident 14 had no impairment in cognitive skills (the ability to make daily decisions). The MDS indicated Resident 14 required substantial/maximal assistance (helper does more than half the effort) from staff for toileting, dressing, and bathing. During an interview on 1/9/24 at 9:36 a.m. with Resident 14, Resident 14 stated Resident 14 needed help from staff because Resident 14 shook a lot and could not reach Resident 14's bedside table easily. Resident 14 stated sometimes Resident 14 needed help from staff to get a drink of water. Resident 14 stated sometimes Resident 14 had to wait a long time to receive help after pressing Resident 14's call light. Resident 14 stated Resident 14 felt frustrated whenever Resident 14 had to wait a long time to receive help. Resident 14 stated staff were always in a rush, and it made him forget to ask for everything he needed when staff finally came to assist Resident 14. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 17's FS, the FS indicated Resident 17 was admitted to the facility on [DATE] and readmitted on [DATE] with multiple diagnoses including dysphasia (difficulty swallowing foods or liquids) following cerebral infarction (also called ischemic stroke, occurs as a result of disrupted blood flow to the brain), chronic respiratory failure (when the lungs can't get enough oxygen into the blood), and asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe). During a review of Resident 17's MDS, dated [DATE], the MDS indicated Resident 17 had no impairment in cognitive skills. The MDS indicated Resident 17 was dependent (helper does all the effort) on staff for toileting hygiene and bathing. During an interview on 1/9/24 at 12:02 p.m. with Resident 17, Resident 17 stated Resident 17 had to wait as long as an hour to get assistance from staff after pressing Resident 17's call light button. Resident 17 stated Resident 17 needed help from staff to change Resident 17 after soiling (incontinence, lack of control over urination and defecation) Resident 17's briefs (diaper). Resident 17 stated the nighttime was the worst time to get help from staff. Resident 17 stated Resident 17 wished someone would come at nighttime to see how bad things were for the residents (in general) to get help from staff. Resident 17 stated that on some occasions, Resident 17 wondered if the call light button was broken because staff took such a long time to respond. Resident 17 stated Resident 17 felt like Resident 17 wanted to die when it took a long time to get help. During an interview on 1/11/24 at 9:24 p.m. with the Director of Nursing (DON), the DON stated residents (in general) should not have to wait longer than 15 minutes to be changed after soiling their briefs. The DON stated if a resident's brief was left soiled, the residents could experience skin breakdown or urinary tract infections (UTI, an infection in any part of the urinary system, including the kidneys, bladder, or urethra). The DON stated residents could feel bad about themselves if their briefs were soiled. The DON stated the DON would feel very bad if that were to happen to her. During a review of Resident 17's care plan titled, Skin Breakdown, At Risk for ., dated 2/28/23, the care plan indicated staff were to monitor for incontinent episodes and assist Resident 17 to stay dry. During a review of the facility's P&P titled, Resident Rights and Community Responsibilities, revised November 2016, the P&P indicated, residents have the right to dignity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38108 Based on observation, interview and record review, the facility failed to provide Resident 22 appropriate accommodations when Resident 22's call light cord was not with-in reach. This failure had the potential to result in delayed care and treatment to Resident 22 and Resident 22's needs not being met. Findings: During an observation, on 1/8/24 at 11:44 am, Resident 22 was observed sitting on a wheelchair positioned by the foot of the bed and Resident 22 was approximately 3 feet away from the bed. Resident 22's call light cord was observed on the middle of the Resident 22's bed and not within the resident's reach. During a review Resident 22's Face Sheet (FS, admission record), the FS indicated Resident 22 was readmitted to the facility on [DATE] with diagnosis that included history of falling, Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors on hands), and repeated falls. During a review of Resident 22's History and Physical (H&P), dated 12/18/23, the H&P indicated Resident 22 did not have the capacity to understand and make decisions. During a review of Resident 22's Rehabilitation: Functional Range of Motion (ROM, how far you can move a joint or muscle in various directions) and Voluntary Movement Screen with Progress Notes, dated 11/6/23, indicated Resident 22 had left side limitations on one side of the body. During a review of the Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 11/8/23, the MDS indicated Resident 22 needed substantial/maximum (greatest highest amount possible) assistance (staff provided more than half the effort) to roll from left to right, sit to laying, ling to sit on side of bed, sit to stand, chair to bed and toilet transfers (moving a resident from one flat surface to another). During an observation and concurrent interview with Certified Nurse Assistant 1 (CNA 1, physical support residents in performing daily living activities such as bathing, dressing, eating) at Resident 22's bedside on 1/8/23 at 11:47 am, CNA 1 stated Resident 22 usually sat closer to Resident 22's bed and had the call light cord close to Resident 22. CNA 1 stated Resident 22 was not able to reach the call light cord and it was important for call light cord to be within reach to ensure staff was reached if or when Resident 22 needed something or Resident 22 needed assistance from us (staff). During an interview with the Director of Nursing (DON), on 1/11/24 at 10:51 am, the DON stated the call light cords should be within [resident's] reach to easily call the nurse or [use the call light] if there was a case of emergency and the resident could call the nurse as soon as possible. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy, titled Call System, revised on 2/2009, indicated it was the policy of the facility to provide each resident with a call system to enable them to request assistance. Make sure call cords are placed within the resident's reach at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027 Based on interview and record review, the facility failed to transmit a Minimum Data Set (MDS) within 14 days after a resident's Discharge Assessment was completed for one of one sampled resident (Resident 7). This failure had the potential to result in an inaccurate assessment of the facility's quality indicators and/or care area concerns for review. Findings: During a review of Resident 7's Face Sheet (FS, Admission Record), the FS indicated Resident 7 was admitted to the facility on [DATE] with multiple diagnoses including unspecified fracture (broken bone) of T5-T8 (bones of the spine [backbone]) and history of falling. The FS indicated Resident 7 was discharged from the facility on 9/10/2023. During an interview on 1/11/24 at 1:56 p.m. with the MDS Nurse (MDSN), the MDSN stated Resident 7 was discharged from the facility on 9/10/23. The MDSN stated the Discharge Assessment had not been submitted to CMS (Centers for Medicare and Medicaid Services) since Resident 7 was discharged from the facility. The MDSN stated the Discharge Assessment needed to be completed within 14 days after Resident 7's discharge from the facility. The MDSN stated the Discharge Assessment needed to be submitted to CMS within 14 days after Resident 7's Discharge Assessment was completed. The MDSN stated it was important to submit the reports timely, so that CMS would know the status of the resident and know Resident 7 was no longer at the facility. During a review of the facility's Manual titled, CMS's RAI Version 3.0 Manual, dated June 2010, the Manual indicated, the Discharge Assessment needed to be submitted within 14 days after the completion of the assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027 Based on interview and record review, the facility failed to revise the comprehensive care plan for falls for one of one sampled resident (Resident 14), as indicated in the facility's policy and procedure (P&P), titled, Fall Prevention and Management. Resident 14's care plan for falls was not updated to include additional or different interventions following Resident 14's fall at the facility on 10/10/2023. This failure had the potential for Resident 14 to not receive appropriate care and interventions to prevent further incidents of falls. (Cross reference F689) Findings: During a review of Resident 14's Face Sheet (FS, Admission Record), the FS indicated Resident 14 was admitted to the facility on [DATE] with multiple diagnoses including Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and muscle weakness. During a review of Resident 14's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/6/23, the MDS indicated Resident 14 had no impairment in cognitive skills (the ability to make daily decisions). The MDS indicated Resident 14 required substantial/maximal assistance (helper does more than half the effort) from staff for toileting, dressing, and bathing. The MDS indicated Resident 14 had two falls at the facility since Resident 14 was admitted . During an interview on 1/9/24 at 12:19 p.m. with Resident 14, Resident 14 stated Resident 14 fell at the facility. Resident 14 stated Resident 14 did not remember the date of the fall. During an interview on 1/9/24 at 12:19 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 14 fell on a day LVN 1 was working. LVN 1 stated Resident 14 was sitting on the edge of Resident 14's bed and slid off the bed to the floor. During a concurrent interview and record review on 1/10/24 at 12:47 p.m. with the MDS Nurse (MDSN), Resident 14's care plan, At Risk for Falls, dated 7/1/23, was reviewed. The care plan indicated interventions for falls were updated on 7/14/23, 9/6/23, and 10/29/23. The MDSN stated Resident 14 fell at the facility on 7/13/23, 9/6/23, 10/10/23, and 10/29/23. The MDSN stated the care plan was not updated after Resident 14 fell on [DATE]. During an interview on 1/10/24 at 12:55 p.m. with the Director of Nursing (DON), the DON stated the interdisciplinary team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of the resident) needed to update Resident 14's care plan for falls after each incident of a fall to include updated interventions to prevent further falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Fall Prevention and Management Program, revised 12/14/22, the P&P indicated, The nursing function in a fall prevention program included but was not limited to: . Developing a plan of care to minimize a resident's fall risk . The P&P indicated, If falling recurs despite initial interventions, staff will implement additional or different interventions or document why the current approach remains relevant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38108 Based on interview and record review, the facility failed to provide the necessary care and services for two of two sampled residents (Resident 35 and Resident 37) by failing to ensure: a.A physician's order, that indicated continuous oxygen (O2, gas that the body needs to live) administration through a nasal cannula (NC, a device that gives you additional oxygen through your nose) two liters (L, measurement of volume) per minute (2L/min), was followed for Resident 35. On 1/8/24, Resident 35's NC was attached to an empty O2 tank. b.For Resident 37, the facility failed to conduct a comprehensive weekly assessment and take vital signs monthly as indicated in the facility's policy and procedure titled, Assessment, Licensed Weekly Summary, and Vital Signs, Monitoring of. These failures had the potential to result in Resident 35 to experience shortness of breath and had the potential to result in a delay in treatment, a decline in physical, and overall wellbeing for Residents 35 and 37. Findings: During a review of Face Sheet (FS, admission record), the FS indicated Resident 35 was readmitted to the facility on [DATE] with diagnosis that included acute (severe and sudden in onset) and chronic (persistent or long-lasting) respiratory failure (a serious condition that happens when your lungs cannot get enough oxygen into your blood), acute congestive heart failure (heart doesn't pump enough blood for your body's needs) and generalized muscle weakness. During a review of Resident 35's Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 12/15/23, the MDS indicated Resident 35's cognition (ability to understand and process information) was moderately impaired. Resident 35 had clear speech, had the ability to express ideas and usually understood verbal content, however able (with hearing aid or device if used). During a review of Resident 35's Care Plan (CP) titled, Alteration in Breathing Patters, initiated on 6/9/23, the CP indicated to administer 02 as ordered. During a review of Resident 35's Physician Orders (PO), dated 6/9/23, the PO indicated to administer O2 2L per min continuously by NC. During an observation in the facility dining room, on 1/8/23 at 12:06 pm, Resident 35 was sitting on Resident 35's wheelchair, eating lunch. Resident 35 had a NC tubbing in Resident 25's nares and the tubbing was attached to an O2 tank attached to the back of Resident 25's wheelchair. The tank had a gauge located at the top and indicated red in color. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and concurrent observation of Resident 35's O2 tank, with Licensed Vocational Nurse 1 (LVN 1) on 1/8/24 at 12:09 pm, LVN 1 stated Resident 35's physician orders indicated, Resident 35 needed [to receive] continuous O2. LVN 1 stated Resident 35's tank, attached to Resident 35's NC was empty [red color to indicate empty] and shortness of breath (sensation of not being able to get enough air) may occur and may lead to respiratory distress (a life-threatening lung injury). LVN 1 stated it was important to follow the physicians' orders for the health and safety Resident 35. During an interview with the Director of Nursing (DON) on 1/11/24 at 10:45 am, the DON stated Resident 35 was on continuous O2. The DON stated O2 was a medication and stated O2 tanks should be checked every four hours to ensure there was O2 in the tank. The DON stated physicians' orders should be followed for the overall benefit and to maintain and prevent the decline of medical condition [residents, in general]. During a review of the facility's policy and procedure (P&P), titled Oxygen Therapy, revised on 7/2022, indicated oxygen therapy is administered by a licensed nurse as ordered by the physician. Procedure: set oxygen flow rate as ordered and assess equipment for proper functioning. 42307 b. During a review of Resident 37's FS, the FS indicated, Resident 37 was admitted to the facility on [DATE] with multiple diagnoses including muscle weakness (generalized), history of falling and hypertensive chronic kidney disease (high blood pressure resulting in gradual damage and function of the kidneys). During a review of Resident 37's History and Physical Examination (H&P), dated 9/20/23, the H&P indicated, Resident 37 had the capacity to understand and make decisions. During a review of Resident 37's MDS, dated [DATE], the MDS indicated, Resident 37's cognitive (ability to think and process information) skills for daily decision making was intact. During a review of Resident 37's Vital Signs Entry (VSE), dated 10/12/23 to 1/11/24, the VSE indicated, a summary of Resident 37's vital signs (measurements of the body's most basic functions including heartbeat, breathing rate, temperature, and blood pressure) for the last 3 months. The VSE indicated, the last vital signs documented were on 10/22/23. During a concurrent interview and record review on 1/11/24 at 10:01 a.m. with the MDS Nurse (MDSN), Resident 37's medical records were reviewed. The MDSN stated, the Licensed Nurse Weekly Summary (LNWS), LNWS was a weekly summary that showed the status of a resident (in general) for the past 7 days and included an assessment, observation, and change of condition for that week. The MDSN stated, vital signs were done weekly and every shift for 72 hours if there was a change in [resident, in general] condition and included (documented) in the LNWS. The MDSN stated, the last LNWS documented for Resident 37 was on 12/23/23 and there should have been a LNWS completed on 12/30/23. The MDSN was unable to provide or find documentation (paper charting or electronically) that indicated a weekly assessment was completed for 12/30/23 or provide monthly vital for Resident 37, it was a registry nurse (employed by an outside agency) who worked that day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/11/24 at 1:50 p.m. with LVN 1, LVN 1 stated, it was important to do a weekly summary assessment and document the assessment in the LNWS because staff had to check and do assessments to know the condition of the residents and know if there were any issues residents needed to be treated for to prevent harm. LVN 1 stated, if there was no documentation, the assessment was not done. During a review of the facility's policy and procedure (P&P) titled, Assessment, Licensed Weekly Summary, revised 2/2009, the P&P indicated, licensed nurses will complete a resident assessment weekly to assess for changes in condition and document the resident's status in relation to the care plan goals. The P&P indicated, prior to completing the weekly summary, visit the resident with the CNA (Certified Nursing Assistant) and complete a total body assessment. The P&P indicated, to document the resident's overall status for the preceding week covering each area addressed on the care plan. During a review of the facility's P&P titled, Vital Signs, Monitoring of, revised 2/2009, the P&P indicated, resident vital signs will be monitored on admission, on a monthly basis, and with a change of condition unless otherwise indicated by physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307 Based on observation, interview, and record review, the facility failed to ensure assistive hearing devices were available to maintain hearing for two of two sampled residents (Residents 34 and Resident 35). a. Resident 34 was hard of hearing (HOH) and was not provided with hearing aids during activities as indicated in the care plan, titled, Communication, Alteration in related to Hard of Hearing. b. Resident 35 was HOH and was not provided with audiology services to address Resident 35's hearing impairment nor provided with hearing aids. These failures resulted in Resident 34 looking frustrated, not being able to hear, and unable to participate in activities. The failures had the potential to result in further hearing loss and impact Residents 34 and Resident 35's psychosocial wellbeing. Findings: a. During a review of Resident 34's Face Sheet (FS, admission record) the FS indicated, Resident 34 was admitted to the facility on [DATE] with multiple diagnoses including muscle weakness (generalized), lumbago with sciatica (characterized by pain radiating from the lower back down into your leg) and unspecified cataract (a cloudy area in the lens of your eye [clear part of the eye that helps to focus light]). During a review of Resident 34's Care Plan (CP, provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan), titled, Communication, Alteration in related to Hard of Hearing dated 9/27/23, the CP indicated, a goal for Resident 34 to be able to interact with staff and other residents. During a review of Resident 34's Inventory List (IL), dated 9/28/23, the IL indicated Resident 34 had one hearing aid and one pair of the brand Miracle Ears (a reputable hearing aid provider) for both ears. During a review of Resident 34's History and Physical Examination (H&P), dated 9/29/23, the H&P indicated, Resident 34 did not have the capacity to understand and make decisions. During a review of Resident 34's Minimum Data Set (MDS, an assessment and screening tool), dated 1/3/24, the MDS indicated Resident 34's cognitive (ability to think and process information) status was severely impaired and Resident 34 had moderate difficulty in hearing. The MDS indicated, Resident 34's mood indicated no symptoms of exhibiting little interest or pleasure in doing things or feeling down, depressed (feeling of sadness and loss of interest, which stops you doing your normal activities) or hopeless. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 1/8/24 at 2:40 p.m. in the Activity Room, there were multiple residents being entertained by the Life Enrichment Specialist (LES) who was singing while playing the piano. The residents were sitting up in their wheelchairs and noted to be enjoying and participating along and a few of the residents playing hand musical instruments such as maracas, tambourine, and percussion during the activity. Resident 34 was observed to be sitting up in a wheelchair and had a flat affect (severely restricted or nonexistent expression of emotion) and looking at the LES. Resident 34 was not participating or engaging during the activity. During a concurrent observation and interview on 1/8/24 at 2:45 p.m. Resident 34 was sitting on Resident 34's wheelchair in the Activity Room, Resident 34 stated, I can't hear! and appeared frustrated [facial expressions] while gesturing to his ears. Resident 34 had no hearing aids on. During an interview on 1/8/24 at 2:53 p.m. with Certified Nursing Assistant (CNA) 4, CNA 4 stated Resident 34 had hearing aids and staff (either CNAs or the LES) who brought residents (in general) to the Activity Room were to check Residents [were wearing] their hearing the aids because they can't hear, why sit there (Activity Room) if you [the residents] don't know what's going on. During a concurrent observation and interview on 1/8/24 at 2:56 p.m. with the Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated, LVN 2 had to check if Resident 34's family brought the batteries for Resident 34's hearing aids. LVN 2 took Resident 34 back to Resident 34's room then brought Resident 34 back to the activity room with one hearing aid located in Resident 34's right ear. Resident 34 was observed smiling, participating, and singing along to the song Somewhere Over The Rainbow. Resident 34 pretended to be a symphony conductor and enjoyed the activity while sitting up in his wheelchair. During an interview on 1/9/24 at 3:45 p.m. with the LES, the LES stated, LES told the staff to ensure Resident 34 had his hearing aids on during activities. The LES stated, Resident 34 was able to hear sometimes but yesterday we were making too much music. The LES stated, it was important to check if Resident 34 had hearing aids on during activities so that Resident 34 heard and participated. The LES stated, Resident 34 was one of the LES's singers. During a review of the facility's policy and procedure (P&P) titled, Hearing Aid, Care Of, revised 2/2009, the P&P indicated, hearing aid care would be provided to enhance the quality of life of the residents. 38108 b. During a review of Resident 35's FS, the FS indicated Resident 35 was readmitted to the facility on [DATE] with diagnosis that included acute (severe and sudden in onset) and chronic (persistent or otherwise long-lasting) respiratory failure (a serious condition that happens when your lungs cannot get enough oxygen into your blood), acute congestive heart failure (heart doesn't pump enough blood for your body's needs) and generalized muscle weakness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 35's MDS, dated [DATE], the MDS indicated Resident 35 had clear speech, had the ability to express ideas and wants and usually understood verbal content, however able (with hearing aid or device if used). The MDS indicated Resident 36 had moderate difficulty hearing (speaker must increase volume and speak distinctly). During a review of Resident 35's Care Plan (CP, a summary of health conditions, specific care needs and current treatments) titled Communication, Impaired Communication related to Hearing Impaired, initiated on 6/9/23, indicated Resident 35's problem was Resident 35 was hard of hearing (not able to hear well). During a review of Resident 35's undated Admission Report Form, indicated Resident 35 was HOH. During an observation and concurrent interview with Resident 35 in Resident 35's room, on 10/1/24 at 11:34 am, Resident 35 gestured for surveyor to come closer to Resident 35 and stated I cannot hear you. My [Resident 35's] hearing is bad. Pull down your mask so I can hear you. And speak very loud near me. Resident 35 stated I told the people here (no name recall) that Resident 35 wanted a hearing aid. Resident 35 stated he felt embarrassed when Resident 35 would again and again, the person Resident 35 was communicating with asked Resident 35 to repeat himself. Resident 35 stated Resident 35 would often ask the person to come closer to Resident 35 and pull down their masks so Resident 35 could hear them. Resident 35 stated he felt embarrassed and felt like Resident 35 was a burden. During an interview with Certified Nurse Assistant 6 (CNA 6) on 1/10/24 at 12:21 pm, CNA 6 stated when attempting to communicate with Resident 35, Resident 35 asked CNA 6 to come closer to Resident 35, pull down CNA 6's mask and speak louder. CNA 6 stated Resident 35 was hard of hearing (HOH). During an interview with Certified Nurse Assistant 7 (CNA 7) on 1/10/24 at 12:37 pm, CNA 7 stated Resident 35 was HOH and believed Resident 35 had hearing aids. CNA 7 stated CNA 7 needed to come close to Resident 35 for Resident 35 to understand CNA 7. CNA 7 stated Resident 35 often asked CNA 7 to repeat herself because Resident 35 was unable to hear. During an interview and concurrent record review with the Social Services Designee (SSD), on 1/10/24 at 12:44 pm, the SSD stated Resident 35 could sometimes hear others. The SSD stated to communicate with Resident 35, the SSD needed to move closer to Resident 35 and lower the SSD's mask for Resident 35 to understand the SSD. The SSD stated Resident 35 was not referred to an audiologist (health care professionals who manage disorders of hearing) or to an Ear, Nose and Through (ENT, doctors that specialize in the ear, nose and throat). The SSD stated Resident 35 would have benefited from an audiology consult to determine the extent of his hearing loss and if a hearing aid was needed to make the resident's life better and not feel paranoid. During an interview with Licensed Vocational Nurse 3 (LVN 3) on 1/10/24 at 1:18 pm, LVN 3 stated Resident 35 was HOH. LVN 3 stated initially, LVN 3 thought Resident 35 had a language barrier, however, after coming closer and speaking louder to Resident 35, Resident 35 spoke and understood perfect English. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and concurrent record review with the Director of Nursing (DON) on 1/11/24 at 10:54 am, the DON stated Resident 35 was HOH. The DON stated Resident 35 would often ask the person Resident 35 was communicating with to come closer to Resident 3, remove their mask, and to speak louder. The DON stated residents were assessed upon admission, daily, and quarterly. The DON stated if HOH was noticed for Resident 35 upon admission, Resident 35's primary physician should have been informed to inquire if an audiology and ENT consult [was needed] to address any problems or issues [important] for the dignity of Resident 35. A review of the facilitys P&P revised on 11/2016, titled Social Services Designee Job Description, indicated SSD coordinates with nursing department to meet the resident's optical, dental, and audiological needs and arranges transportation. A review of the facility's P&P revised on 11/2016, titled Care of Deaf or Hearing Impaired, under communication guidelines, indicated it was important not to shout. A higher voice was more difficult to hear and may embarrass the resident. A review of the facility's P&P revised on 8/22 and approved on 1/24, titled Vision and Hearing, indicated based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the skilled nursing facility (SNF) must ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities. Assistive devised to maintain hearing include hearing aids.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307 Based on observation, interview, and record review, the facility failed to ensure assessments were completed every shift/daily to prevent pressure injuries (PI, pressure ulcer, injury to skin and underlying tissue resulting from prolonged pressure on the skin and/or underlying soft tissue usually present over a bony prominence) for one of one sampled resident (Resident 147) as indicated by Resident 147's care plan titled, Risk for Skin Breakdown, and the facility's policy and procedure (P&P) titled, Assessment, Body. This deficient practice resulted in a facility acquired Stage 3 (the ulcer/injury has gone through all layers of skin into the fat tissue, exposing the patient to infection) PI on Resident 147's coccyx (tailbone) area on 1/3/24. Findings: During a review of Resident 147's Face Sheet (FS, admission record) the FS indicated, Resident 147 was admitted to the facility on [DATE] with multiple diagnoses including unsteadiness on feet, other abnormalities of gait (walk) and unspecified atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow). During a review of Resident 147's Discharge Summary (DS), from the General Acute Care Hospital (GACH) 2, dated 12/30/23, the DS did not indicate, Resident 147 had pressure injuries. During a review of Resident 147's Plan of Care - Risk for Skin Breakdown (CP [provides direction on the type of nursing care an individual needs that include goals of treatment, specific nursing interventions [actions, treatments, procedures, or activities designed to meet an objective] and an evaluation plan]), dated 12/30/23, the CP indicated, Resident 147 was at risk for skin breakdown related to multiple factors including diabetes (high levels of sugar in the blood) and impaired mobility. The CP indicated, the goal was for Resident 147's skin to remain clear and intact. The CP indicated, multiple interventions including monitoring skin for areas of redness or breakdown during care daily and for staff to educate resident to reposition frequently. During a review of Resident 147's Admission Orders (AO), dated 12/30/23 timed at 7:30 p.m., the AO indicated, Resident 147 had multiple diagnoses including DM (diabetes mellitus) type II (adult-onset diabetes). During a review of Resident 147's History and Physical Examination (H&P), dated 12/31/23, the H&P indicated, Resident 147 had the capacity to understand and make decisions. During a review of Resident 147's SNF [Skilled Nursing Facility] Wound Care (SWC), dated 1/3/24 (four days after Resident 147 was admitted), the SWC indicated, Resident 147 had a Stage 3 pressure wound that measured 4.5 x 3.8 x 0.1 cm (centimeters, a metric unit of length) prior to a debridement (the medical removal of dead, damaged, or infected tissue or foreign objects from a wound to improve the healing potential of the remaining healthy tissue) into the subcutaneous (fat under your skin) tissue layer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 147's Minimum Data Set (MDS, an assessment and screening tool), dated 1/6/24, the MDS indicated Resident 147's cognitive (ability to think and process information) skills for daily decision making were moderately impaired. The MDS indicated, Resident 147 required partial to moderate assistance to roll from lying on back to Resident 147's left and right side and returning to lying on back on the bed. The MDS indicated, Resident 147 had a stage 3 pressure ulcer/injury. During a concurrent interview and record review on 1/9/24 at 12:25 p.m. with the Director of Nursing (DON) and Licensed Vocational Nurse (LVN) 2, Resident 147's Skin Assessment (SA), dated 12/30/23 timed at 7 p. m. was reviewed. The SA indicated, Resident 147's coccyx area was intact and had no redness. The DON stated, the CNA [(Certified Nursing Assistant), unnamed] was the one who reported the pressure injury to LVN 2 on 1/3/24. LVN 2 stated, the CNA (unnamed) reported Resident 147's pressure injury to LVN 2 on 1/3/24. LVN 2 stated, the pressure injury was open and had a small amount of slough (the yellow/white material in the wound bed). LVN 2 stated, there was a possibility the skin assessment was not done accurately, spread the bottom during the skin assessment on admission to really check. During an interview on 1/9/24 at 3:35 p.m. with Resident 147, Resident 147 stated Resident 147 had no idea when the pressure injury developed and did not know if the pressure injury developed at the facility or at GACH 2. During an observation on 1/10/24 at 10:36 a.m. with Licensed Vocational Nurse 1 during Resident 147's wound care, Resident 147's pressure injury was a Stage 3 PI measuring 1.5 cm by 1 cm, with a pinkish colored wound bed, with slough (dead tissue, usually cream or yellow in color), no drainage and no foul odor. During a concurrent interview and record review on 1/10/24 at 3:53 p.m. with Registered Nurse (RN) 1, Resident 147's SA, dated 12/30/23 timed at 7 p.m. was reviewed. The SA indicated, Resident 147's coccyx area was intact, and Resident 147 had no redness. RN 1 stated, RN 1 assessed Resident 147 and remembered very well Resident 147 had no skin breakdown upon admission, I can say that with all certainty. RN 1 stated, Resident 147 had a high risk for skin breakdown because Resident 147 was diabetic and was not mobile or able to walk when Resident 147 was admitted to the facility. RN 1 stated, it was the CNAs (Certified Nursing Assistants, in general) who monitored resident's skin daily because CNAs had direct contact and showered the residents. RN 1 stated, RN 1 checked residents for skin breakdown but not for every resident. RN 1 stated, a CP for high risk for skin breakdown was created for Resident 147 upon admission and it was the licensed nurse who carried out most of the interventions. During a concurrent interview and record review on 1/10/24 at 4:32 p.m. with the DON, Resident 147's medical record was reviewed. The DON stated skin assessments were done every shift and [skin assessments] were important to prevent the development or worsening of pressure injuries. The DON was not able to provide or find documentation that indicated Resident 147's skin assessments were done every shift-daily or documentation to indicate Resident 147 was educated to reposition frequently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 1/11/24 at 8:25 a.m. with CNA 5, Resident 147's Continuous Pressure Ulcer Prevention (CPUP) dated 1/3/24 was reviewed. CNA 5 stated, the CPUP was documented by CNA 5 and the CPUP was completed by CNAs only on shower days. CNA 5 stated, it was the licensed or treatment nurses who did skin assessments every shift daily and the CNAs only helped the nurses with turning residents during the assessment or during wound care. During a review of the facility's P&P titled, Assessment, Body, revised 8/2019, the P&P indicated, it was the policy of the facility to monitor the resident's skin condition daily and provide documented licensed nurse assessments on an as needed and weekly basis. The P&P indicated, nursing assistants will check resident's skin every shift and shall report any skin integrity impairment to the licensed nurse for follow-up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027 Based on interview and record review, the facility's interdisciplinary team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of the resident) failed to assess a resident's fall risk and reassess fall prevention interventions for one of one sampled resident (Resident 14), as indicated in the facility's policies and procedures (P&P), titled, Fall Prevention and Management Program. This failure had the potential to result in Resident 14 to sustain an injury and/or harm due to additional falls. (Cross reference F657) Findings: During a review of Resident 14's Face Sheet (FS, Admission Record), the FS indicated Resident 14 was admitted to the facility on [DATE] with multiple diagnoses including Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination) and muscle weakness. During a review of Resident 14's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/6/23, the MDS indicated Resident 14 had no impairment in cognitive skills (the ability to make daily decisions). The MDS indicated Resident 14 required substantial/maximal assistance (helper does more than half the effort) from staff for toileting, dressing, and bathing. The MDS indicated Resident 14 had two falls at the facility since Resident 14 was admitted . During an interview on 1/9/24 at 12:19 p.m. with Resident 14, Resident 14 stated Resident 14 fell at the facility. Resident 14 stated Resident 14 did not remember the date of the fall. During an interview on 1/9/24 at 12:19 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 14 fell on a day LVN 1 was working. LVN 1 stated Resident 14 was sitting on the edge of Resident 14's bed and slid off the bed to the floor. During a concurrent interview and record review on 1/10/24 at 12:47 p.m. with the MDS Nurse (MDSN), Resident 14's Interdisciplinary notes were reviewed. The interdisciplinary notes indicated: On 7/14/23, The facility's IDT met to discuss Resident 14's fall at the facility, which took place on 7/14/23. On 9/8/23, The facility's IDT met to discuss Resident 14's fall at the facility, which took place on 9/6/23. On 10/11/23, The facility's IDT met to discuss Resident 14's fall at the facility, which took place on 10/10/23. On 10/29/23, Resident 14 fell at the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The MDSN stated Resident 14 fell at the facility on 7/13/23, 9/6/23, 10/10/23, and 10/29/23. The MDSN stated the IDT did not meet to discuss Resident 14's fall on 10/29/23. The MDSN stated Resident 14 was not reassessed for fall risk following each of Resident 14's falls. During an interview on 1/10/24 at 12:55 p.m. with the Director of Nursing (DON), the DON stated the interdisciplinary team needed to meet after each of Resident 14's falls to discuss ways to prevent further falls. The DON stated Resident 14 potentially had an increased risk of falling or injuring himself because the IDT did not meet after Resident 15's fall on 10/29/23. During a review of the facility's P&P titled, Fall Prevention and Management Program, revised 12/14/22, the P&P indicated, Staff, in conjunction with the attending physician, consultant pharmacist, therapists and others, will properly assess a resident's risk for falling, provide adequate interventions to minimize that risk and try to prevent a resident from falling, and then evaluate the effectiveness of those interventions. The P&P indicated, Proper assessment of a resident's fall risk is a function of the interdisciplinary team (IDT). Management of that risk is an interdisciplinary function as it involves nursing, environmental, therapy, as well psychosocial issues. The P&P indicated, The nursing function in a fall prevention program that includes but is not limited to . Assessing a resident's fall risk. The P&P indicated nursing would assess a resident's fall risk following a fall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307 Based on observation, interview, and record review, the facility failed to ensure an enteral feeding ([also referred to as tube feeding] the delivery of nutrients through a feeding tube directly into the stomach, duodenum, or jejunum) syringe was replaced after 24 hours for one of two sampled residents (Residents 5). This failure had the potential to result in Resident 5 to develop an infection and complications including but not limited to diarrhea and vomiting. Findings: During a review of Resident 5's Face Sheet (FS) the FS indicated, Resident 5 was originally admitted to the facility on [DATE] and last readmitted on [DATE] with multiple diagnoses including contracture (occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing a deformity) of muscle, dysphagia (difficulty swallowing) and type 2 diabetes mellitus (adult onset disease characterized by high levels of sugar in the blood). During a review of Resident 5's Physician's Order (PO), dated 12/11/23, the PO indicated, Glucerna 1.5 (type of formula) at 45 ml/hr. (milliliters or cubic centimeters [cc], denotes a measurement of volume per hour) for 18 hours. During a review of Resident 5's History and Physical Examination (H&P), dated 12/12/23, the H&P indicated, Resident 5 had the capacity to understand and make decisions. The H&P indicated multiple diagnoses including [previous placement of] a PEG (status post percutaneous endoscopic gastrostomy [G-tube, a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications. The most common type is a percutaneous endoscopic gastrostomy (PEG) tube]). During a review of Resident 5's Minimum Data Set (MDS, an assessment and screening tool), dated 12/31/23, the MDS indicated, Resident 5's cognitive (ability to think and process information) skills for daily decision making was moderately impaired. The MDS indicated, Resident 5 had a feeding tube used as a nutritional approach. During a concurrent observation and interview on 1/8/24 at 12:59 p.m. with Licensed Vocational Nurse (LVN) 2, Resident 5 was lying in bed with the head of bed up. Resident 5 was receiving Glucerna (type of meal replacement specifically for people who have diabetes) 1.5 tube feeding at a rate of 45ml/hr. (milliliter [unit of measurement] per hour). There was a used 60 cc (milliliter) piston irrigation syringe that had tube feeding residue inside the syringe and located inside a plastic bag labeled 1/7/24 @ 8am and hung on the tube feeding pump pole. LVN 2 stated, [once opened and used] the syringe was only good for 24 hours. LVN 2 stated, LVN 2 was the one who started [opened and used] the irrigation syringe, and night shift was supposed to change and replace it (syringe). LVN 2 stated night shift was probably a registry (employed by outside agency) staff. LVN 2 stated, it was important to change the syringe in 24 hours because the syringe could grow bacteria, and this could result in residents (in general) getting an infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/10/24 at 3:09 p.m. with the Director of Nursing (DON), the DON stated, G-tube feedings were good for 24 hours including the syringe [used for the tube feedings] and staff should change the feeding, the syringe, and the tubing every day for infection control [purposes] because the syringe could be dirty if it had residue that could cause diarrhea. During a review of the facility's P&P titled, Infection Control Program, dated 8/18/22, the P&P indicated, the program was designed to provide a safe, sanitary and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 44027 Based on interview and record review, the facility failed to ensure the facility had a Registered Nurse (RN) at least 8 consecutive hours a day for 7 days a week for three out of 42 days reviewed for staffing assignments. This failure had the potential to result in a decline in residents' physical and/or psychosocial wellbeing due to insufficient monitoring, and coordination of care and services by an RN. Findings: During a concurrent interview and record review on 1/10/24 at 2 p.m. with the Director of Staff Development (DSD), the facility's, Daily Assignments, and Nursing Staffing Assignment and Sign-in Sheets (CDPH 530) were reviewed: The Daily Assignments, dated 8/13/23 indicated a RN was scheduled to work that day. The CDPH 530 dated 8/13/23, was not signed by the RN scheduled to work that day. The DSD stated the RN would have signed on the CDPH 530 if the RN worked. The DSD stated the facility did not have RN coverage on 8/13/23. The Daily Assignments, dated 9/24/23 indicated a RN was scheduled to work that day. The CDPH 530 dated 9/24/23, was not signed by the RN scheduled to work that day. The DSD stated the RN would have signed on the CDPH 530 if the RN worked. The DSD stated the facility did not have RN coverage on 9/24/23. The Daily Assignments, dated 1/1/24 indicated the RN scheduled to work that day called off and did not work that day. The DSD stated the facility did not have RN coverage on 1/1/24. The DSD stated the facility needed to staff at least one RN every day to work 8 hours per day. The DSD stated the facility needed to staff an RN to ensure the safety of the residents and for the RN to provide Intravenous (IV, giving medicines or fluids through a needle inserted into a vein) medications to residents. The DSD stated if the facility did not have the daily RN coverage, residents could experience delays in their treatments. During a review of the facility's Facility Assessment, dated 3/15/23, the Facility Assessment indicated the facility needed a RN every day, Monday through Sunday, for a total of 56 hours a week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 44027 Based on interview and record review, the facility failed to ensure, for one of one Daily Nurse Staffing Form, and post actual worked nursing hours at the start of each shift. This failure resulted in inaccurate nursing staff hours worked, the failure had the potential to result in residents and family members obtaining misleading information from the posted form that indicated projected hours and not actual hours worked. Findings: During an interview on 1/10/24 at 4 p.m. with the Administrator (ADM), The ADM stated the facility did not have a Policy and Procedure (P&P) for posting the facility's nurse staffing data. During an interview on 1/11/24 at 1:24 p.m. with the Director of Staff Development (DSD), The DSD stated the DSD posted the Daily Nurse Staffing Form on the unit daily in the morning. The DSD stated the DSD would post the Daily Nurse Staffing Form for Saturday and Sunday on Friday before the DSD left at the end of the day. The DSD stated the Daily Nurse Staffing Form only indicated the projected staffing hours for each shift and not the actual hours worked by the staff. The DSD stated the facility did not have a P&P for posting the facility's nurse staffing data. During a concurrent interview and record review on 1/11/24 at 1:32 p.m. with the DSD, the facility's, Daily Nurse Staffing Form, dated 1/7/23 and Daily Assignments, dated 1/7/23 were reviewed. The Daily Nurse Staffing Form indicated the facility staffed four Certified Nursing Assistants (CNA) on the night shift. The Daily Assignments indicated only three CNAs worked on the night shift. The DSD stated the Daily Nurse Staffing Form only indicated the projected staffing hours and not the actual staffing hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42307 Based on observation, interview, and record review, the facility failed to follow safe food handling practices in accordance with the facility's policy and procedures (P&P), by: a. Failing to label, and date opened food items stored in a refrigerator located in one of two kitchens (Main Kitchen). b.Failing to maintain one of one refrigerator's, in the Service Kitchen located by the Dining Room, temperature at or below 41 degrees F (Fahrenheit, a unit of measurement). These deficient practices had the potential to result in serious complications from food borne illness (illness caused by the ingestion of contaminated food or beverage) due to expired or potentially expired foods for all residents residing at the facility and who consumed meals by mouth. Findings: During a concurrent observation and interview on [DATE] at 10:30 a.m. with the Executive Chef (EF) during the initial brief tour of the Main Kitchen located in the Building 1, the following were observed: 1. a loaf of 18 count Lemon Glazed Pullman bread was out on a cart and the loaf of bread was not labeled with an opened or use by dates. 2. an opened container of the parsley flakes (spice) and an opened container of the spice dill weed, both Tampico brand, were located on top of the prepping counter. The spices were not labeled with opened or use by dates. 3. 5 containers of prepared garden salad were covered with a plastic were not labeled and an opened 1.36L (liter, a metric measurement for volume) cartoon of Grove Grape Juice dated ,d+[DATE], was located inside the Server Fridge 4. a box of fresh lemons, a box of fresh pineapples, and a box of fresh honeydew and watermelon were located inside the walk-in refrigerator and had labels or dates. The EC stated, kitchen receiving staff (unnamed) was supposed to label food items to keep track for the kitchen staff to know the food items were not expired. The EC stated, expired food items could obviously cause issues like for example expired bread could get moldy and the flavor on expired food items gonna go down. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on [DATE] at 11 a.m. with the Dietary Aide (DA) in the Service Kitchen, located next to the Dining Room, the refrigerator temperature ranged from 43 to 46 degrees F between 11 a.m. and 11:35 a.m. The refrigerator had food items such as pitchers of prepared juices, milk, custards and labeled individual small containers of prepared garden salad. The DA stated, the temperature fluctuated and should be 40 degrees F or under. The DA stated, it was important to keep the temperature at 40 degrees F or below to prevent bacteria that could cause upset stomach and sour tasting food. During an interview on [DATE] at 3:29 p.m. with the Dietary Manager (DM), the DM stated, the refrigerator temperatures should be 40 degrees F and below because bacteria could grow and cause some illnesses like food-borne (illness caused by consuming contaminated foods or beverages with bacteria, viruses, parasites, or toxins). During a review of the facility's undated P&P titled, Expiration Date Policy, the P&P indicated, bread products must contain an opened-on date and expiration will reflect 1 week. The P&P indicated, spice or condiment products must contain an opened-on date and expiration will reflect manufacturer date on item. During a review of the facility's undated P&P titled, Care Center Kitchen Food Safety & Sanitation Guidelines, the P&P indicated, all food items and left over fruits, salads from lunch must be covered, dated and labeled before putting in fridge/freezer. During a review of the facility's undated P&P titled, Produce Handling and Storage Policy, the P&P indicated, date all produce the day it is received. During a review of the facility's undated P&P titled, Food Storage Life, the P&P indicated, all house made salads and opened juices have storage life of 3 days. During a review of the facility's P&P titled, Storage & Inventory - General Procedures, dated [DATE], the P&P indicated, it was the policy of the facility to properly store all dining services supplies in clean, appropriate containers at the proper temperature and in the location and manner prescribed by law. The P&P indicated, all refrigerators must be 35 degrees to 40 degrees F. The P&P indicated, All prepared foods and foods not in original containers must be COVERED, LABELED and DATED.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38108 Based on observation, interview and record review, the facility failed to follow standard infection control practices for two of two sampled residents (Resident 96 and Resident 146) in accordance with the facility 's policy and procedures (P&P) by failing to: a.Ensure Resident 96's nasal cannula (NC, is a device to deliver oxygen or increased airflow to a person in need of respiratory help) was not touching the floor. b.Ensure Resident 146's dentures were labeled and stored properly when not in use. These failures had the potential to result in infections and physical declines to Residents 96 and 146. Findings: a.During a review of the Face Sheet Face Sheet (FS, admission record) the FS indicated Resident 96 was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure (when lungs cannot get enough oxygen to the heart), pulmonary hypertension (high blood pressure that effects the lungs and heart) and hypertension (elevated blood pressure). During a review of Resident 96's Physician's Order (PO) report, the report indicated a PO dated 12/19/23, for continuous O2 (oxygen) at 2 liters per minute (l/min.) via NC. During a review of Resident 96's History and Physical Examination (H&P), dated 12/22/23, the H&P indicated Resident 96 had the capacity to understand and make decisions. During a review of Resident 96's Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 12/26/23, indicated Resident 96 was cognitively (ability to understand and process information) intact and needed substantial/maximal assist (helper lifts, hold or supports trunk and limbs) with sit to stand and bed to chair transfers (moving a resident from one flat surface to another). During an observation of Resident 96 inside the Resident 96's room and concurrent interview with the Director of Nursing (DON), on 1/8/24 at 11:33 am, Resident 96's NC was observed touching the floor. The DON stated Resident 96's NC tubing was on the floor. The DON stated NC tubing should not be touching the floor because we [the facility] did not want the resident to get any form of infections. During a review of the facility's policy, dated 8/18/22, titled Infection Control Program, indicated the infection control program is designed to provide a safe, sanitary and comfortable environment for residents and staff to help prevent the development and transmission of the disease and infection. During a review of the facility's P&P, titled Oxygen Therapy, dated 7/2022, the policy indicated when NS or oxygen masks were not in use, they were to be placed in a plastic bag or other infection prevention pouch to prevent contamination. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Claremont Manor Care Center	621 W Bonita Ave Claremont, CA 91711

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	42307 b. During a review of Resident 146's FS, the FS indicated, Resident 146 was admitted to the facility on [DATE] with multiple diagnoses including other generalized epilepsy (a brain disorder that causes recurring, unprovoked seizures [a sudden, uncontrolled burst of electrical activity in your brain]), muscle weakness (generalized) and dysphagia (difficulty swallowing). During a review of Resident 146's H&P, dated 12/21/23, the H&P indicated, Resident 146 did not have the capacity to understand and make decisions. During a review of Resident 146's MDS, dated [DATE], the MDS indicated, Resident 146's cognitive (ability to think and process information) status was moderately impaired and required substantial/maximal assistance for oral hygiene (the ability to use suitable items to clean teeth. Dentures [if applicable]. The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.) During a review of Resident 146's Inventory List (IL), dated 1/10/23, the IL indicated, Resident 146 had upper and lower dentures. During a concurrent observation and interview on 1/8/24 at 11:38 a.m. with Certified Nursing Assistant (CNA) 3, top and bottom dentures were observed inside an unlabeled green colored container that was on top of a white colored unlabeled 3-drawer cart located next to the sink inside Resident 146's restroom. CNA 3 stated, since Resident 146's roommate was in the hospital, the dentures belonged to Resident 146. CNA 3 stated, the container should be labeled with the resident's name so staff knew which patient it (dentures) belonged to and not give [the dentures] to the wrong patient that would be horrible, and to prevent contamination. During an interview on 1/10/24 at 3:09 p.m. with the DON, the DON stated, resident dentures (in general) were placed in a container and should be labeled with the resident's name, we don't want it to [be] given to the wrong resident, that's not good or we don't want to lose it. During a review of the facility's P&P titled, Labeling of Personal Items, dated 12/2019, the P&P indicated, to prevent cross contamination and prevent the spread of infection, personal care items will be labeled with resident's name or stored on a labeled shelf or in a labeled storage cabinet. The P&P indicated, personal items should not be left on the sink area when not in use unless the resident resides in a private room. During a review of the facility's P&P titled, Infection Control Program, dated 8/18/22, the P&P indicated, the program was designed to provide a safe, sanitary and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.