

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  Corona Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Circle City Drive Corona, CA 92879	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43396</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate interventions were developed and implemented to address high risk for fractures (broken bones) secondary to osteoporosis (brittle bones) and history of fracture, for one of three residents (Resident A), when:</p> <ol style="list-style-type: none"> <li>1. Further assessment and evaluation were not conducted to determine if Resident A was still a candidate for transfer using Hoyer lift (is a mobility tool for a person to be transferred between a bed and a chair or other similar resting places, by the use of electrical or hydraulic power) after Resident A sustained a leg fracture on September 8, 2023 during transfer to the gerichair (a large, padded chair that is designed to help someone with limited mobility) using the Hoyer lift; and</li> <li>2. An individualized care plan to prevent fracture of the right leg using the use of Hoyer lift during transfer was not developed for Resident A.</li> </ol> <p>These failures had the resulted in Resident A to sustain a second fracture on February 10, 2024, after the resident was transferred to the gerichair using the Hoyer lift.</p> <p>Findings:</p> <p>On February 27, 2024, at 9:18 a.m., an unannounced visit to the facility was conducted to investigate a facility reported incident.</p> <p>On February 27, 2024, at 9:44 a.m., an interview with the Director of Nursing (DON) was conducted. The DON stated Resident A complained of pain to her right foot after being transferred from her bed to a geri chair by two Certified Nursing Assistants (CNA) using a Hoyer Lift on February 10, 2024. The DON stated Resident A was sent to the hospital for further evaluation since she was prone to fracture due to her severe osteoporosis (fragile bone). The DON stated he received report from the hospital on February 13, 2024, that Resident A sustained a fracture of the femur (the bone of the thigh). The DON stated Resident A's right leg was contracted (occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing a deformity) and was perpendicular to the resident's body. He stated possibly the weight of Resident A's foot dangling while being transferred using the Hoyer lift may have caused the fracture.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On February 27, 2024, at 10:27 a.m., Resident A was observed in her room, lying in bed, awake and alert. Resident A was observed to have above the knee amputation (cutting of a limb) of the left leg and contracture (decrease in size and/or limited mobility) of the right lower leg perpendicular towards the left leg. Resident A was also observed with a leg brace (a device used to immobilize a joint or a body part) extending from her right upper leg to her foot. Resident A stated she was transferred by the staff from her bed to the geri-chair using the Hoyer lift on February 10, 2024. She stated she felt pain on her right foot when she was transferred to the geri-chair. Resident A further stated this was not the first time she had a fracture. Resident A stated that last year she broke her right ankle while being transferred from the Hoyer Lift. Resident A stated she was sent to the hospital.</p> <p>On February 27, 2024, at 10:31 a.m., an interview with Certified Nursing Assistant (CNA) 1 was conducted. CNA 1 stated Resident A required two person assist with transfer using the Hoyer lift from her bed to the geri-chair or back. CNA 1 stated they had to be very careful with Resident A during transfer since she had severe osteoporosis and prone to fracture. CNA 1 stated Resident A had severe contracture of her right leg so when they transfer her in the Hoyer Lift, her entire right leg fits inside the lift sling (designed to hold the patient body while attached to the Hoyer lift). CNA 1 stated they do not use any other equipment, other than the Hoyer lift when they transfer Resident A. CNA 1 further stated they get Resident A out of bed two to three times a day because resident likes to go smoke in the patio.</p> <p>On February 27, 2024, at 12:19 p.m., an interview with CNA 2 was conducted. CNA 2 stated Resident A was transferred by her and another CNA from the bed to the geri-chair using the Hoyer lift on February 10, 2024, at around 1:40 p.m. CNA 2 stated when Resident A was transferred to the gerichair and was about to place a pillow to her right foot, Resident A complained of pain to her right foot and stated, I think my right foot is broken. CNA 2 stated that they were very careful and took their time moving resident since they were aware resident has severe osteoporosis. CNA 2 further stated they get Resident A out of bed using the Hoyer lift two to three times day since she likes to go to the patio and smoke. CNA 2 further stated she doesn't feel that it was safe to transfer Resident A using the Hoyer lift since she was prone to fracture. CNA 2 stated she broke her right leg before during transfer using the Hoyer Lift and was sent to the hospital.</p> <p>On February 27, 2024, Resident A's Admission Record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included fracture of right femur, osteoporosis with current pathological fracture (a break in a bone that is caused by an underlying disease) of the right femur and lower leg, polio syndrome (an illness caused by a virus that mainly affects nerves in the spinal cord or brain which can lead to a person being unable to move certain limbs), deformity of the right ankle, contracture of the right knee, and absence of the leg above the knee.</p> <p>A review of Resident A's History and Physical, dated September 12, 2023, indicated Resident A had the capacity to understand and make decisions.</p> <p>A review of Resident A's Minimum Data Set (MDS - an assessment tool), dated December 12, 2023, indicated Resident A had a BIMS (Brief Interview of Mental Status) score of 13 (cognitively intact).</p> <p>A review of Resident A's Progress Notes, indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled Safety and Supervision of Residents, dated July 2017, was reviewed. The policy indicated, .Our facility strives to make the environment as free from accident hazards as possible .Resident safety and supervision and assistance to prevent accidents are facility-wide priorities .Our individualized, resident-centered approach to safety addresses safety and accidents hazards for individual residents .The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accidents hazards or risks for individual residents .The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive device .Implementing interventions to reduce accident risks and hazards shall include the following .Ensuring that interventions are implemented .Monitoring the effectiveness of interventions shall include the following .Modifying or replacing interventions as needed .Evaluating the effectiveness of new or revised interventions .Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include .Safe lifting and movement of residents .</p>		