| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055255 | A. Building<br>B. Wing | 09/19/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Corona Health Care Center | 1400 Circle City Drive<br>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) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>50204<br><br>Based on observation, interview, and record review, the facility failed to implement the system of identifying and monitoring fall risk residents for one of three sampled residents (Resident 1).<br><br>This failure has the potential for the staff not to provide interventions to residents, resulting to recurrent falls.<br><br>Findings:<br><br>On August 12, 2024, at 9:30 a.m., during observation with Resident 1 sitting in a wheelchair in the activity room. He was observed wearing a neck brace (neck support), with black purplish discoloration on the right periorbital (surrounding the eye) area and a band aid on the right eyebrow.<br><br>Resident 1 ' s record was reviewed. Resident 1 was admitted to facility on July 7, 2024, with diagnoses which included muscle weakness, difficulty in walking, dementia (forgetful).<br><br>A review of the History and Physical Examination, dated July 9, 2024, indicated, Resident 1 did not have the capacity to understand and make decisions.<br><br>A review of the Fall Risk Assessment, dated July 7, 2024, indicated a score of 70 (score of 45 and higher indicates resident as high risk for fall) .High Risk for Falling .<br><br>A review of the care plan, dated July 8, 2024, indicated, .resident is at risk for falls due to weakness . impaired balance .anticipate needs and meet resident ' s needs .follow facility fall protocol .<br><br>A review of the Minimum Data Set (MDS- an assessment tool), dated August 4, 2024, indicated Resident 1 required maximal assistance on sit to stand, chair/bed to chair transfer. The MDS indicated Resident 1 needed some help in mobility.<br><br>On August 12, 2024, at 10:25 a.m., an interview was conducted with the Activity Director (AD). The AD stated Resident 1 fell and hit his face to the ground while he was in the activity room. She further stated, activity staff did not identify Resident 1 as a high risk for fall.<br><br>(continued on next page) |

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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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On August 12, 2024, at 10:51 a.m., a concurrent interview and record interview was conducted with Licensed Vocational Nurse (LVN 1) in nurse's station 3. LVN 1 stated she was not able to identify residents who were considered high risk to fall. She further stated there was no lists of documents for them to use as a tool for communication to all staff.<br><br>On August 12, 2024, at 11:25 a.m., a concurrent interview and record review was conducted with the Registered Nurse Supervisor (RN 1). She stated there was no updated and no files of lists of residents with high risks for fall for nurses ' station 1, 2, and 3. She further stated the listed summary of residents ' high risk for fall should had been use as a tool to communicate to nursing and non-nursing personnel to enhanced awareness of fall.<br><br>On August 12, 2024, at 11:45 a.m., an interview was conducted with the Director of Nursing (DON). He stated that his expectation to nursing staff was to have an everyday master list of residents of high risks to fall, give copy to non-nursing staff such as activity department, and could focus on residents who may fall. The DON further stated fall prevention policy should had been followed to prevent potential repeated fall.<br><br>On August 12, 2024, at 12:41 p.m., an interview was conducted with the Activity Assistant (AA). He stated he was conducting bingo activity in the dining room with residents and did not know that Resident 1 was high risk for fall. The AA further stated if Resident 1 had an identifier or listed as high risks for fall, he will put Resident 1 beside him and will look after him.<br><br>A review of facility policy and procedure titled, Fall Risks Assessment, dated March 2028, indicated, .The nursing staff, in conjunction with attending physician .therapy staff and others, will seek to identify and document risk factors for falls and establish a resident resident-centered falls prevention plan based on relevant assessment information . |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505<br><br>Based on interview and record review, the facility failed to ensure a consistent and accurate reconciliation of controlled medications (drugs or medications that possess the potential for being misused) for two sampled residents (Resident 1 and Resident 2).<br><br>This failure resulted in loss of medications and the potential for Resident 1 and Resident 2 to experience preventable suffering and inadequate pain management. In addition, this failure increased the risk for drug diversion (unauthorized/illicit use).<br><br>Findings:<br><br>A review of Resident 1 ' s clinical records, the face sheet (contains demographic information) indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included acute respiratory failure with hypoxia, difficulty walking, and idiopathic peripheral neuropathy.<br><br>A review of Resident 1 ' s physician ' s orders, dated February 1, 2024, indicated a physician order for, Norco 5/325 mg (Hydrocodone acetaminophen) 1 tablet by mouth every 6 hours as needed for moderate to severe pain.<br><br>A review of Resident 2 ' s clinical records, the face sheet (contains demographic information) indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that Osteoarthritis (breakdown of joint tissues) and age-related Osteoporosis (weak and brittle bones).<br><br>A review of Resident 2 ' s physician ' s orders, dated February 14, 2024, the following medication were ordered:<br><br>Tramadol HCL Oral tablet 50 mg (Tramadol HCL) give 1 tablet by mouth every 8 hours for pain management.<br><br>On August 12, 2024, at 3:35 PM, during an interview, LVN 2 stated on August 6, 2024, after receiving a call from the pharmacy, she realized that the second bubble pack that contained 30 Norco tablets and the narcotic count sheet that came along with it, was missing.<br><br>On August 12, 2024, at 4:40 PM, during an interview, LVN 4 stated she does not accept the cart key completely until everything is ok. LVN 4 stated the nurse that she would be relieving, and the witness nurse would count the bubble pack, count the medication, and would make sure current number matches the count sheet and the bubble pack. LVN 4 stated the narcotics with multiple bubble packs would indicate in the bubble pack and the count sheet, 1 out of 3 cards 2 out of 3 cards, 3 out of 3 cards, that is how the nurse would know if a bubble pack and count sheet are missing.<br><br>(continued on next page) |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On August 12, 2024, at 4:53 PM, during an interview with the Director of Nursing (DON), the DON stated, the Norco bubble pack with 30 tablets and the paper count sheet were reported missing the afternoon of August 6, 2024. He started his investigation right away and could not find the Norco bubble pack that contained 30 tablets. In addition, the DON stated, while investigating he noticed Resident 2 ' s Tramadol q 8 hour, were missing two bubble packs of 30 tablets each, (total of 60 tablets) along with the two narcotic count sheets.<br><br>On August 12, 2024, at 5:28 p.m. during an interview, LVN 5 stated, she has been working full time at the facility. She stated she would not accept the key for the cart until everything matches. LVN 5 stated the pharmacy would write on the buble pack, 1 out of 3, 2 out of 3. She stated the count sheet would indicate, 30 of 90 and 60 of 90, while pointing at the bubble pack and the count sheet.<br><br>A review of the facility ' s Charge Nurse job position, Medication Administration Functions., dated October 2020, indicated, .Review the controlled substance and drug disposal records for accuracy and notify the Director of Nursing and pharmacy of discrepancies ' .<br><br>A review of the facility ' s policy and procedure titled, Controlled Substances, dated April 2019 indicated, . controlled substances are reconciled upon receipt, administration, disposition and at the end of the shift . controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together . |