

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 03/30/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure, for one of three residents reviewed (Resident 2):1.Ongoing monitoring and assessment were provided, when there was a change of condition of injuries sustained from resident's fall to the posterior (back) head and right arm on February 5, 2026;2. There was no physician order to address the skin tear on the right arm; and3. There was no care plan developed to address the fall incident with injuries on February 5, 2026.These failures had the potential for injuries sustained from a fall incident not to monitored for any complications related to the fall and injuries. Findings:On February 24, 2026, at 9:55 a.m., an unannounced visit was conducted at the facility to investigate a complaint involving quality of care and treatment. On February 24, 2026, at 2:25 p.m., an observation with a concurrent interview was conducted with Resident 2. Resident 2 was observed in bed, alert, and conversant. Resident 2 stated she had some pain in her right neck and right shoulder. On February 24, 2026, Resident 2's medical record was reviewed. Resident 2 was admitted to the facility on [DATE], with diagnoses which included specified disorders of bone density (conditions where bones are abnormally dense and weak, leading to increased fracture risk) and history of falling (previously fallen and is at a higher risk of falling again).A review of Resident 2's Care Plan, revised on August 5, 2023, indicated, .has a potential for skin tear .r/t (related to) generalized fragile skin .will be free from skin tears .if skin tear occurs .treat per facility protocol .notify MD (medical doctor) .family .A review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated December 31, 2025, indicated Resident 2 had a BIMS (Brief Interview of Mental Status-a cognitive assessment tool) score of 11 (moderate cognitive impairment). A review of Resident 2's Skin Initial/Weekly Assessment, dated February 5, 2026, at 2:26 p.m., indicated, .Resident is s/p (status post-after) fall .February 5, 2026 posterior head noted with mild erythema (a temporary form of skin irritation) . intact, no open area noted .overall area approx (approximately): 3.2 x (by) 0.5 centimeters (cm - unit of measurement) .raised lump to the back of resident head .approx: 2.1x0.7cm 0.5cm raised intact, no drainage .Rt (right) arm skin tear approx: 3.0x2.1cm .open, skin flap partially attached .wound bed red .moist with dermis (thick, tough middle layer of skin located directly beneath the outer layer) exposed, periwound (the skin immediately surrounding a wound) .skin is thin and fragile .moderate drainage .A review of Resident 2's COC (Change of Condition)/INTERACT ASSESSMENT FORM, dated February 5, 2026, at 2:27 p.m., indicated, .change in condition.fall.started on February 5, 2026.skin changes .discoloration.site.right elbow.discoloration.does resident have pain.yes.7 (pain rating on 0-10 scale).chronic.location.back, injuries and complaints.resident was found in the restroom on the floor.recommendations: transfer to hospital ER (emergency room).A review of Resident 2's Pain Assessment, dated February 5, 2026, at 2:35 p.m., indicated, .resident is s/p fall .has pain noted to the right arm related to skin tear .and posterior part of head .A review of Resident 2's Progress Notes: Incident Note, dated February 5, 2026, at 2:44 p.m., indicated, .patient was observed on the floor in her bathroom .patient was lying on the floor on her right side .her head was resting on the bathtub .skin assessment was done with treatment nurse .skin tear noted on right arm .other skin intact .per patient she hit her head to bath tub .patient c/o (complained of) back pain .and pain in back of head .A review of Resident 2's (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Progress Notes: Skin/Wound Note, dated February 7, 2026, at 1:14 p.m., indicated, .during patient care .resident also noted to have dark maroon ecchymosis (bruise) .to the right upper extremity (right upper arm) with scab .consistent with recent fall .area is intact .however, resident reports pain . to the affected extremity MD is aware .Further review of Resident 2's record indicated there was no documented evidence of the status or condition of the right upper arm skin tear, right elbow discoloration or back of head raised areas/erythema after there was a change in condition on February 5, 2026. There was no documented evidence of wound treatment order provided to right arm skin tear. In addition, there was no updated care plan to address the unwitnessed fall, right upper arm skin tear, right elbow discoloration, back of head raised areas/erythema or risk for bleeding after the change of condition on February 5, 2026. On February 24, 2026, at 3:19 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated the facility process following a fall incident was the Licensed Nurse (LN) would complete the COC documentation under the fall, pain, and skin assessment, and would update care plans. The DON stated the LN was required to monitor the resident's neurological status, pain, skin status, and document in the resident's electronic medical record (EMR) every shift for 72 hours. On February 24, 2026, at 4:03 p.m., a concurrent interview and review of Resident 2's record was conducted with the DON. The DON verified Resident 2 did not receive wound care treatment to the right arm skin tear. The DON stated Resident 2's back of head and right arm skin tear/bruising was not monitored during the 72-hour time frame by the LN. The DON stated Resident 2's back of head and right arm skin tear/bruising should have been monitored by the LN. A review of the facility's policy and procedure titled, Fall-Clinical Protocol, revised March 2018, indicated, .the nurse shall assess and document/report .recent injury .especially head injury .the staff .with the physician's guidance .will follow up on any fall with associated injury .until the resident is stable .and delayed complications .such as late fracture or subdural hematoma (a dangerous collection of blood trapped between the brain's outer covering and the brain surface, usually caused by head injury) .have been ruled out or resolved .Delayed complications .such as late fractures and major bruising .could occur hours or days after a fall .while signs of subdural hematomas or other intracranial bleeding .could occur up to several weeks after a fall .A review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered, revised March 2022, indicated, .measurable objectives .timetables to meet the resident's .physical, psychosocial and functional needs .is developed and implemented .for each resident .Assessments of residents are ongoing and care plans are revised .as information about the residents .and the residents' conditions change .the interdisciplinary team (a group of healthcare professionals) reviews .and updates the care plan .when there has been a significant change in the resident's condition .</p>		