STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055619	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Colinas Post Acute	800 East 5th Street Ontario, CA 91764

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615 Based on observation, interview, and record review the facility failed to follow Its policy and procedure to provide Activities of Daily Living Services (ADLS) and ensure call lights are answered in timely manner for 2 of 3 sampled residents. (Residents 1 and 3). This failure had the potential to place two clinically compromised Residents (Resident 1 and 3) ' s health and safety at risk. When the residents ' activities of daily living were not met in timely manner. Findings: During a review of Resident 1 ' s Admission Record (general demographics), the document indicated Resident 1 was last admitted to the facility on [DATE], with diagnoses that include, chronic respiratory failure (a condition when the lungs cannot get enough oxygen into the blood), morbid obesity (a condition with too much body fat and results in excessive weight), heart failure (a condition that develops when the heart does not pump enough blood for the body ' s needs), and muscle wasting and atrophy (a condition with loss or thinning of the muscle tissue). During concurrent observation and interview and on October 10, 2024, at 9:35 AM, with Resident 1, the Resident 1 stated, It takes a long time for staff to answer the call light when I need something. During a review of Resident 3 ' s Admission Record, the document indicated Resident 3 was las admitted to the facility on [DATE], with diagnoses that include, respiratory failure, type 2 diabetes mellitus (a condition in which the blood sugar in the bod is high), epilepsy (a condition that cause sudden muscle jerks and muscle movements), and muscle wasting and atrophy. During concurrent observation and interview and on October 10, 2024, at 10:05 AM, with Resident 3, the Resident 3 stated, I have to wait a long time for someone to answer my call light. During an interview On October 10, 2024, at 10:43 AM, with the Administrator regarding answering call lights timely manner, the Administrator stated, Not answering call lights immediately is not acceptable. I expect all staff to answer call lights and attend to residents immediately. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of facility policy and procedure (P&P), titled, Answering the Call Light dated January 2023, indicated, Purpose. The purpose of this procedure is to respond to the resident ' s requests and needs . 2. Ensure the call light is within reach of the resident . 4. Answer the resident ' s call as soon as possible . During a review of facility P&P, titled, Quality of Care, dated February 2018, the P&P indicated, It is the policy of this facility that residents are given the appropriate treatment and services to maintain or improve his/her abilities . During a review of facility P&P, titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, the P&P indicated, .1. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical conditions(s) demonstrate that diminishing ADLs are unavoidable . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care . During an interview On October 23, 2024, at 12:52 PM, with the Director of Nursing (DON), the DON stated, staff did not follow facility policy. The DON further stated, she expected the staff to answer residents call lights and attend to residents needs in a timely manner.