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	02/13/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47110 Based on observation, interview, and record review, the facility failed to maintain an accurate record of Lactulose (medication used to reduce the amount of ammonia in the blood of patients with liver disease) for one of four sample residents (Resident 1) when on January 25, 2025, at 9:00 PM, License Vocational Nurse (LVN1) did not sign on Resident 1 MAR that Lactulose was given. This failure potentially resulted in Resident 1 readmission to the hospital with ammonia level of 124 umol/L (Micromoles per liter a unit used to measure the concentration of a substance in a solution). Normal blood ammonia level for ESRD patient is generally considered to be below 35 micromol/L. Findings: During a review of Resident 1 Face Sheet (contain resident demographic), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis that included Liver Failure (a conditions that stop the liver from working or prevent it from functioning well), End Stage Renal Failure (ESRD - a condition in which the kidneys have permanently lost heir ability to function properly). A review of Resident 1's Orders, dated January 17, 2025, indicated Lactulose Oral Solution 10 g/15mL (g/mL - means the density of a substance, essentially how much mass (in grams) is contained within a given volume (in milliliters) of that substance) was ordered to be given 30 mL by mouth three times a day for ESRD. A review of Resident 1's MAR indicated that Lactulose oral solution 10 g/15 mL to be given at 9:00 AM, 1:00 PM, 9:00 PM. On January 25, 2025, record showed that Lactulose were administered at 9:00 AM and 1:00 PM. During concurrent telephone interview and record review on February 13, 2025, at 12:59 PM, with the Director of Nursing (DON 1), the DON 1 stated on January 25, 2025, at 9:00 PM, Lactulose was not administered by the nurse because the nurse did not sign on the MAR. He further stated if it was not sign it was not given. During concurrent telephone interview and record review on February 13, 2025, at 2:19 PM with LVN 1, LVN 1 stated on January 25, 2025, at 9:00 PM, she believes that she gave the medication to Resident 1, but it was her mistake that she didn't sign on the MAR. Stated she understand that if it was not sign it was not given. (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
	055619	A. Building B. Wing	02/13/2025

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility Policy & Procedure (P&P) titled, Medication Administration dated April 2019, indicated, .22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.