

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Las Colinas Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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** 45240</p> <p>Based on interview and record reviews, the facility failed to follow its policy to provide dental assessment to one of three sample residents (Resident 1) within ninety days of admission.</p> <p>This failure had the potential to place Resident 1 ' s overall health and safety at risk when Resident 1 was not provided with a dental assessment to meet the needs of the resident.</p> <p>Findings.</p> <p>During a review of Resident 1 ' s Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included, intervertebral disc degeneration, lumbar region (breakdown of one or more of the discs that separate the bone of the spine causing pain), type 2 diabetes mellitus (high blood sugar), muscle wasting and atrophy (decrease in muscle mass and strength), obstructive and reflux uropathy(problem with flow of urine through urinary tract), acute kidney failure (condition in which the kidneys suddenly can ' t filter waste from the blood) hypertension (high blood pressure).</p> <p>During an interview on April 29, 2025, at 1:00 PM with Resident 1, when asked about Resident 1 ' s dental services at the facility, Resident 1 replied, I have not had any dental services since my admission to the facility. I ' ve been here since January 3, 2025.</p> <p>During an interview on April 29, 2025, at 2:15 PM with the Director of Nursing (DON), the DON stated, Resident 1 has not had any dental services since his admission to the facility. He should have been seen by our dental consultant within ninety days from his admitted .</p> <p>During a concurrent interview and record review on April 29, 2025, at 2:45 PM with the DON, the facility policy titled, Dental Consultant dated April 2007 was reviewed. The Policy indicated, Policy Statement 2. A consultant dentist is retained by our facility and is responsible for .b. providing a dental assessment of each resident within ninety (90) days of admission. The DON stated, Resident 1 should have been seen by our dental consultant within ninety days of being admitted to the facility.</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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