

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/15/2026
NAME OF PROVIDER OR SUPPLIER Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 West Wilson Street Banning, CA 92220	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete an assessment, care planned a resident-to-resident intimate relationship for two of two residents reviewed (Residents 1 and 2). This failure had the potential to result in unmet psychosocial needs, inadequate monitoring of the relationship, and failure to identify risks requiring interventions to protect resident health, safety, and well-being. Findings: Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included morbid obesity (severely overweight) and urinary tract infection (an infection in the urinary system [body's waste removal system that makes and removes urine]). A review of Resident 1's Minimum Data Set (MDS - an assessment tool) dated April 18, 2026, indicated Resident 1 had a Brief Interview for Mental Status (BIMS - a cognitive tool) score of 15, indicating no cognitive impairment. A review of Resident 1's progress notes, indicated the following: -Dated April 18, 2026, .another resident of opposite sex came inside and had a casual conversation with the resident. After the conversation ended, the two residents were noted to have a consensual relationship as they gave each other a kiss before the male resident left to go back to his own room. -Dated May 8, 2026, .Resident did not return from scheduled appointment. This writer contacted resident's father at approximately 2140 (9:40 p.m.) .regarding resident's whereabouts. Father reported that resident .disclosed an alleged sexual assault by a male. -Dated May 9, 2026, .Allegation of sexual abuse raped by Resident #2 as reported by the resident#1's father yesterday evening when the Licensed nurse called him to ask where resident#1 was as she did not come back from her 3 PM appointment. Father said that resident #1 won't be coming back to the facility but will be going home as resident #1 claimed that she was raped by someone with one leg only and his name is resident#2. Resident 2's record was reviewed. Resident 2 was admitted to the facility on [DATE], with diagnoses which included chronic obstructive pulmonary disease (long term lung disease which makes it difficult to breathe). Resident 2' MDS dated [DATE], indicated Resident 2 had a BIMS of 14 indicating no cognitive impairment. Further review of Resident 1 and 2's record indicated there was no documented evidence the facility completed its resident relationship assessment process after staff identified the relationship on April 18, 2026. In addition, there was no documented evidence of an Interdisciplinary team (IDT) review, assessment of both residents, completion of Sexual Consent Capacity Evaluation, or development of a care plan related to the relationship. On May 12, 2026, at 1:32 p.m., during an interview and record review with the Director of Nursing (DON), the DON stated Residents 1 and 2 were involved in a consensual relationship. The DON stated the facility's process required the IDT to conduct an assessment to determine whether residents were capable of entering into a consensual relationship. The DON stated no evaluation had been conducted for either resident. The DON stated both residents should have been evaluated. On May 12, 2026, at 5:01 p.m., the DON was again interviewed. The DON stated the licensed nurse should have reported the relationship when it was identified. The DON stated the IDT should have conducted an assessment, spoken with both residents, and developed an appropriate care plan. The DON stated the facility used a Sexual Consent Capacity Evaluation form when staff become aware of a resident relationship and confirmed the form had not been completed for either resident. A review of the facility's Sexual Consent Capacity (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Evaluation form indicated the form was used to assess and document a resident's capacity to consent to an intimate or sexual relationship. The form included evaluation of the resident's cognitive status and memory, decision-making ability, understanding of consent and associated risks, and determination of the resident's capacity to engage in the relationship. A review of the policy and procedure titled Resident Relationships Policy, dated September 2022, indicated .The purpose of a resident relationship policy is to affirm and respect the rights of all residents to engage in consensual relationships. The policy should uphold the belief that healthy consensual relationships are central to quality of life, and promote an environment that allows individuality, autonomy, dignity, and respect to thrive. A facility should welcome and respect all residents, whether lesbian, gay, bisexual, transgendered, or heterosexual. A policy should address the right of the resident to engage in any consensual relationship even if the relationship creates challenges to religious, doctrinal, family, or societal beliefs, including pertinent privacy and confidentiality issues. At the same time, the facility should acknowledge its responsibility to protect residents who may not be able to consent to sexual relationships. A policy provides guidance to the multi-disciplinary care team to carry out this balance of 1ights and protection in all relationships.		