

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Corona Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 730 Magnolia Avenue 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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on dietary observations, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when:1. Serving pans did not air dried before stacked and stored.2. Two Cooks with facial hair did not wear hair restraint while preparing meals.3. Dust found on the rack and above walk in freezer.4. Grime buildup found on several pieces of equipment.5. Several food items found in kitchen were not properly labeled.6. Expired beverages found in Annex Resident's refrigerator. These failures had the potential to result in cross contamination (bacteria are unintentionally transferred from one substance or object to another with harmful effect) and foodborne illnesses (are illnesses that results from ingesting contaminated foods) for 6 out of 60 sampled residents who received foods from the kitchen.1. On June 2, 2026, at 10:20 a.m., a concurrent observation and interview were conducted with [NAME] (CK) 1 in the kitchen at cook area. There was a rack stored clean kitchenware, pots and pans. Several of the serving pans stacked and stored in wet condition. CK 1 stated kitchen equipment should air dried before stacked and stored otherwise the wet environment promoted bacteria growth. During a review of the facility's policy and procedure (P&P) titled, Policy: Cleaning and sanitizing Pots and Pans, Review dated 9/2022, the P&P indicated, PURPOSE: To ensure proper cleaning and sanitizing of equipment by providing the employees with specific, detailed information. SUMMARY: The following steps are to be performed in the washing of pots and pans to ensure proper cleaning and sanitation of cooking equipment. PROCEDURE: .6. Air Dry: After items have been sanitized, they should be thoroughly air dried on a clean drain board (at the end of the Power Soak machine).2. During a review of the FDA (Food and Drug Administration) Food Code 2022, the FDA Food Code indicated, Food employees shall wear hair restraints such as, hair coverings, nets, or bears restraints to cover body hair to keep hair from contacting exposed food, clean equipment, and utensils. On June 2, 2026, at 11:28 a.m., a concurrent observation and interview were conducted with the Director of Food Services (DFS), CK1 and CK 2 in the kitchen. CK 1 with facial hair did not cover while working in cook area. CK 2 with facial hair not fully covered with mask was observed preparing meal in front of stove. The DFS acknowledged both Cooks (CK 1 and CK 2) needed to wear beard restraints.3. On June 2, 2026, at 10:20 a.m., a concurrent observation and interview were conducted with the DFS in the kitchen. [NAME] debris was observed hanging on the rack used to store cleaned kitchenware, pots and pans. The DFS stated brown debris was dust which could cause cross contamination of the cleaned kitchenware, pots and pans. On June 2, 2026, at 10:48 a.m., a concurrent observation and interview were conducted with the DFS in the kitchen. Above walk-in freezer, there was brown/black debris accumulated on the wall. The DFS stated brown/black debris was dust and the kitchen should keep clean. During a review of the FDA (Food and Drug Administration) Food Code 2022, the FDA Food Code indicated, Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Also, The objective of cleaning focuses on the need to remove . soil from non-food contact surfaces so that pathogenic microorganisms will not be allowed to accumulate, and insects and rodents will not be attracted.4. On June 2, 2026, at 9:18 a.m., a concurrent observation and interview (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were conducted with the DFS in the kitchen. Black grime was observed accumulated on the coffee machine. The DFS stated the coffee machine should keep clean to prevent cross contaminate. On June 2, 2026, at 10:08 a.m., a concurrent observation and interview were conducted with CK 1 in the kitchen. Black sticky grime was observed accumulated on the can opener based. CK 1 stated bacteria and fungus could growth on the can opener based which could contaminate the foods when using the can opener. During a review of the facility's policy and procedure (P&P) titled, Policy: Departmental Infection Control, Review dated 10/2019, the P&P indicated, SCOPE: Nutritional Service Staff. POLICY Efforts are directed toward assuring that cross-contamination is minimized; .and employee conduct is such as to contain infection or minimize the exposure to recognized hazards. PROCEDURE .5. Food Preparation: .a) Equipment i) All kitchenware and food contact surfaces used in preparation and/or serving food and drink are cleaned .ii) .all food contact surfaces of equipment .are handled and stored so as to prevent contamination.5. On June 2, 2026, at 9:48 a.m., a concurrent observation and interview were conducted with CK 1 in the kitchen. A white plastic container used to store rice was observed did not have any label. CK 1 stated the procedure for food item not stored in original container should labeled with the food item name and opened dated. CK 1 stated without labeled opening date for the rice, he did not know how long the rice stored in the container, so he had to discard the rice. On June 2, 2026, at 10:02 a.m., a concurrent observation and interview were conducted with CK 1 in the kitchen. Three shakers stored with brown powder were observed only labeled with used by dated. CK 1 stated employees should label the three shakers with the food items name otherwise employees could mistake the cinnamon powder with [NAME] powder. On June 2, 2026, at 10:49 a.m., a concurrent observation and interview were conducted with DFS in the kitchen. Two food items (sausage and hot dog) stored in Ziploc bags only labeled with opened date found inside reach-in freezer number 2. The DFS stated food items not in original package should label the food items name. During a review of the facility's policy and procedure (P&P) titled, Policy: Departmental Infection Control, Review dated 10/2019, the P&P indicated, SCOPE: Nutritional Service Staff. POLICY Efforts are directed toward assuring that cross-contamination is minimized; .and employee conduct is such as to contain infection or minimize the exposure to recognized hazards. PROCEDURE .5. Food Preparation: .b) .I) All items not in their original package are .dated and labeled as to contents .6. On June 2, 2026, at 3:39 p.m., a concurrent observation and interview were conducted with the DFS and DON in Annex nourishment room. Three expired beverages (20 fluid (fl) ounce (oz -unit for measurement) Fruit punch with expired dated May 5, 2025; 20 fl oz Vitamin water with expired dated [DATE]; 12 fl oz zero sugar soda with expired dated March 30, 2026) belong to Resident 42 found inside Refrigerator. The DON stated those beverages were brought in by the Resident 42 family. The DFS stated those beverages were beyond manufacturers' used by/best by date and should throw away. During a review of the facility's policy and procedure (P&P) titled, Policy: Food Brought in From Outside, Review dated 5/2026, the P&P indicated, .The nursing staff is responsible for discarding .foods on or before the Use by date. During a review of the facility's policy and procedure (P&P) titled, Policy: Expired or Recalled Food and Beverage items, dated 6/2026, the P&P indicated, .PURPOSE: To provide criteria to develop a monitoring system designed to ensure the retrieval and safe handling and disposal of expired .beverage items to reduce the potential of adverse reactions and to ensure the safety of the patients . PROCEDURE .Discard outdated, expired .beverage products immediately .		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, and interview, the facility failed to ensure timely maintenance of equipment when:1. Rust found on the rack in the kitchen.2. Five worn out cooking pans found in kitchen.These failures had the potential to cause cross contamination to a population 6 out of 60 sample residents who received food from the kitchen.1. According to the Federal Food Code 2022, the Food Code indicates, Food-contact surfaces and utensils are to be clean to sight and touch. Utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to pitting, chipping, crazing, scratching, scoring and decomposition.On June 2, 2026, at 10:20 a.m., a concurrent observation and interview were conducted with the Director of Food Services (DFS) and [NAME] (CK) 1 in the kitchen at cook area. The rack stored clean kitchenware, pots and pans was observed had brown grime. The DFS referred the brown grime as rust. The CK 1 stated rust could contaminate the clean kitchenware, pots and pans. The DFS stated the rack needed to be replaced. 2. According to the Federal Food Code 2022, the Food Code indicates, Food-contact surfaces and utensils are to be clean to sight and touch. Utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to pitting, chipping, crazing, scratching, scoring and decomposition.On June 2, 2026, at 10:32 a.m., a concurrent observation and interview were conducted with the DFS and in the kitchen at cook area. Five worn out cooking pans found in kitchen. The DFS stated one of the pans had disfigure on the edge; the other four pans with peeling nonstick coating. The DFS stated all of them needed to be replaced.		

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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 observation, interview and record review, the facility failed to ensure services provided met professional standards of practice for one of four residents (Resident 34) when nursing staff did not administer pantoprazole (used to treat stomach acid) in accordance with the manufacturer's instructions. This failure had the potential to result in Resident 34 not receiving the full benefit of the medication, leading to further health complications. Findings: A review of Resident 34's admission Record, dated June 3, 2026, indicated Resident 34 was initially admitted on [DATE] and re-admitted to the facility on [DATE] with diagnoses including Gastro-esophageal reflux disease (GERD, or acid reflux), chronic respiratory failure, and gastrostomy (G-tube, a small flexible tube inserted through the belly directly into the stomach). A review of Resident 34's medical record indicated a physician's order for pantoprazole (used to treat acid reflux or prevent stomach bleed) oral packet 40 mg (milligram, unit of measurement), give 40 mg via G-tube one time a day for GI (digestive system) bleed prophylaxis (prevention) mix with applesauce/apple juice; do not use any other liquids or foods including water. Do not crush or chew granules, dated September 3, 2025. On June 3, 2026 at 8:48 a.m., a medication pass observation for Resident 34 was conducted with licensed vocational nurse (LVN) at nursing station 1 in the hallway in front of Resident 34's room. LVN was observed preparing six medications on top of the medication cart, including one packet of pantoprazole 40 mg for delayed release oral suspension. The manufacturer's instructions printed on the pantoprazole outer packet indicated, suspension in apple juice or applesauce only. Additionally, the pharmacy label on the plastic bag for Resident 34's pantoprazole packet indicated, Mix 1 packet with apple sauce/apple juice and give via G-Tube . During the same medication pass observation for Resident 34 on June 3, 2026 at 9:11 a.m., LVN went to Resident 34's bedside and was observed using water to mix the pantoprazole 40 mg packet. LVN stated she was using water to mix all the medications. LVN administered all six medications, including pantoprazole 40 mg for delayed release oral suspension, via Resident 34's G-tube and flushed the G-tube with water after each medication. On June 3, 2026 at 9:24 a.m., a concurrent interview and record review was conducted with LVN. LVN stated Resident 34 did not have any dietary restrictions. LVN reviewed the manufacturer's instructions printed on the pantoprazole outer packet and the pharmacy label on the plastic bag for Resident 34's pantoprazole packet and stated the instructions indicated the pantoprazole packet contents should have been mixed only apple juice or apple sauce. LVN stated she was not aware water should not have been used. On June 3, 2026 at 4:20 p.m., an interview was conducted with Registered Nurse Manager (RNM). RNM stated the expectation was for nursing staff to administer medications according to the provider's order. RNM stated when nursing staff administered Pantoprazole for Delayed-Release Oral Suspension, they should have used apple juice or apple sauce instead of water according to the manufacturer's instructions and physician's order. On June 4, 2026 at 3:43 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated nursing staff should have followed the instructions on the doctor's order and manufacturer's instructions. A review of the Prescribing Information (PI, manufacturer's instructions) for Pantoprazole for Delayed-Release Oral Suspension, dated March 2025 provided by the facility, indicated Because proper pH [a measurement of how acidic or alkaline (basic) a substance is] is necessary for stability, do not administer pantoprazole sodium for delayed-release oral suspension in liquids other than apple juice, or foods other than applesauce. A review of the manufacturer's document titled, Medication Guide Pantoprazole Sodium for Delayed-Release Oral Suspension, dated March 2025 provided by the facility, indicated Do not mix pantoprazole sodium for delayed-release oral suspension in liquids other than apple juice or foods other than applesauce. A review of the manufacturer's document titled, Instructions For Use Pantoprazole for Delayed-Release Oral Suspension, dated March 2025 provided by the facility, indicated Should only be taken with applesauce or apple juice .should not be mixed in water or other (continued on next page)		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	liquids, or other foods .Mix pantoprazole sodium for delayed-release oral suspension only in apple juice when given through NG tube [nasogastric tube, a flexible plastic tube that goes into nose, down throat, and directly into stomach] or gastrostomy tube. A review of the policy and procedure titled Medication Administration - General Guidelines, dated June 2026, indicated Medications are administered in accordance with written orders of the physician.		

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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** Based on interview and record review, the facility failed to ensure care and treatment was provided, for one of 15 sampled residents (Resident 60) when midodrine (medication used to treat low blood pressure) was not administered according to the physician's order. This failure had the potential for a delay in care and treatment and could have caused a decline in the resident's overall health condition. Findings: A review of Resident 60's admission Record, dated June 3, 2026, indicated Resident 60 was admitted to the facility on [DATE], with diagnoses which included heart failure and hypertensive (high blood pressure) heart disease. A review of Resident 60's medical records indicated the following provider's orders: On February 12, 2026, midodrine (used to treat low blood pressure) tablet give 45 mg (milligram, unit of measurement) by mouth every 6 hours as needed for PRN (as needed) Blood Pressure SBP (systolic blood pressure, the top number in a blood pressure reading when the heart contracts [beats]) < (less than) 100 mmHg (millimeters of mercury, a unit of pressure); and On August 29, 2025, Monitor BP (Blood Pressure) every 6 hours. Give Midodrine PRN as ordered if SBP < 100 mmHg. A review of Resident 60's Medication Administration Record (MAR), dated January 2026 through May 2026, indicated nursing staff did not administer midodrine as ordered by the physician when Resident 60's SBP less than 100 mmHg on the following days (22 missed doses in total): On January 6, 2026, at 12:00 p.m., SBP 95 mmHg; On January 13, 2026, at 12:00 p.m., SBP 97 mmHg; On January 13, 2026, at 18:00 (6 p.m.), SBP 92 mmHg; On January 15, 2026, at 18:00 (6 p.m.), SBP 99 mmHg; On January 19, 2026, at 00:00 (12 a.m.), SBP 98 mmHg; On January 23, 2026, at 18:00 (6 p.m.), SBP 92 mmHg; On February 9, 2026, at 18:00 (6 p.m.), SBP 97 mmHg; On February 10, 2026, at 12:00 p.m., SBP 97 mmHg; On February 10, 2026, at 18:00 (6 p.m.), SBP 94 mmHg; On February 15, 2026, at 12:00 p.m., SBP 99 mmHg; On February 17, 2026, at 12:00 p.m., SBP 99 mmHg; On February 23, 2026, at 18:00 (6 p.m.), SBP 96 mmHg; On March 11, 2026, at 06:00 (6 a.m.), SBP 98 mmHg; On March 11, 2026, at 12:00 p.m., SBP 90 mmHg; On March 11, 2026, at 18:00 (6 p.m.), SBP 95 mmHg; On March 20, 2026, at 18:00 (6 p.m.), SBP 92 mmHg; On March 24, 2026, at 18:00 (6 p.m.), SBP 98 mmHg; On March 28, 2026, at 00:00 (12 a.m.), SBP 99 mmHg; On April 7, 2026, at 12:00 p.m., SBP 95 mmHg; On April 7, 2026, at 18:00 (6 p.m.), SBP 94 mmHg; On April 12, 2025, at 12:00 p.m., SBP 94 mmHg; [NAME] May 26, 2026, at 18:00 (6 p.m.), SBP 84 mmHg. On June 3, 2026 at 10:21 a.m., an interview and concurrent record review was conducted with Registered Nurse (RN) 2. RN 2 stated she had occasionally cared for Resident 60 since September 2025. RN 2 stated nursing staff measured Resident 60's blood pressure every 6 hours as ordered at the following times: 00:00 (12 a.m.), 06:00 (6 a.m.), 12 p.m., and 18:00 (6 p.m.). Regarding Resident 60's midodrine order, RN 2 stated nurses only administered the medication when SBP was less than 100 mmHg. RN 2 reviewed Resident 60's MAR dated May 26, 2026 at 18:00 (6 p.m.). RN 2 acknowledged midodrine was not administered on May 26, 2026 at 18:00 (6 p.m.) when Resident 60's SBP was less than 100 mmHg and stated midodrine should have been given. On June 3, 2026 at 10:57 a.m., a group interview and concurrent record review was conducted with Registered Nurse Manager (RNM) and the Director of Staff Development (DSD). The RNM and DSD reviewed Resident 60's provider order for midodrine, MAR, and blood pressure results as listed above. The RNM acknowledged midodrine was not administered on the above dates and times when Resident 60's SBP was less than 100 mmHg and stated midodrine should have been given. On June 3, 2026 at 4:20 p.m., a follow-up interview was conducted with RNM. RNM stated the expectation was for nursing staff to administer medications according to the provider's order, including following blood pressure parameters. On June 4, 2026 at 3:43 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated nursing staff should have followed the instructions on the doctor's order. A review of the policy and procedure titled Medication Administration - General Guidelines, dated June 2026, indicated Medications are administered in accordance with written orders of the physician .Medication order with parameters must be given according to specification.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented when a visitor was observed in the room of Resident 8, who was on isolation for contact precaution for Candida Auris (C. Auris - a highly contagious and multidrug resistant fungus), not wearing personal protective equipment (PPE- specialized clothing or equipment worn to create a barrier between healthcare workers and potential sources of infection, like blood, body fluids, or other potentially infectious materials).This failure had the potential to spread Candida Auris to the community.Findings:On June 2, 2026, at 9:48 a.m., during an observation of Resident 8's room, there was a sign posted at the door indicating .Contact Precautions.Gloves and gown are Required.Use disposable equipment or dedicated equipment and leave it in the room.wash hands with soap and water or alcohol-based hand sanitizer.Visitors Must check with nurse before entering room.On June 2, 2026, at 12:38 p.m., Resident 8's room was observed with a visitor at bedside, sitting in the chair, not wearing any PPE. On June 2, 2026, at 12:40 p.m., a concurrent observation and interview was conducted with Registered Nurse (RN 1). RN 1 stated she was assigned to Resident 8 and confirmed Resident 8 was on contact isolation for C. Auris. RN 1 stated that all staff and/or visitors should wear PPE when in Resident 8's room.On June 3, 2026, Resident 8's medical record was reviewed. Resident 8 was admitted to the facility on [DATE], with diagnoses which included chronic respiratory failure (loss of ability to exchange oxygen and carbon dioxide), tracheostomy (surgically created hole through the front of the neck into the trachea [windpipe]), ventilator dependency (mechanical breathing machine [ventilator] to deliver air into their lungs).The physician order dated February 17, 2026, indicated .Isolation .Contact Precaution.Candida Auris positive .The laboratory test result titled Candida Culture Auris Screening, dated February 20, 2026, indicated .Candida Auris isolated .On June 4, 2026, at 9:05 a.m., a concurrent interview and record review was conducted with the Director of Quality Control (DQC). The DQC stated Resident 8 was C. Auris positive upon admission to the facility. The DQC stated the facility expectations for nursing, staff, and visitors were to comply with the PPE and hand hygiene standards for contact precaution. The DQC further stated the facility staff are to gather the proper PPE and give it to the visitors if they see them not wearing PPE and educate the visitor on the spread of C. Auris to the community by not wearing PPE. The DQC stated visitors should wear PPE in contact precaution rooms.A review of the facility policy and procedure titled, Isolation Precautions in the Subacute Unit, dated June 2026, indicated .contact precautions .is an extension of standard precautions in that gloves and gowns are required for all patient/resident contact and contact with environmental surfaces in the patient/resident room .		