

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/12/2024
NAME OF PROVIDER OR SUPPLIER  Reche Canyon Regional Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1350 Reche Canyon Rd Colton, CA 92324	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on observation, interviews, and record review, the facility failed to follow its policy and procedure to provide care and services for residents and ensure call lights were answered in a timely manner for two out of four sampled residents (Residents 1 and 2).</p> <p>This failure has the potential to jeopardize the health and safety of clinically compromised Residents (Resident 1 &amp; Resident 2) when their requests for assistance with activities of daily living were not responded to promptly.</p> <p>Findings:</p> <p>During the review of Resident 1's admission record (It contains important information about the patient such as their personal details, the reason for their admission, and their medical history), the document indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis that included unspecified hyperlipidemia (increase levels of lipids - like cholesterol [waxy substance found in the blood] with high cholesterol increases the chance of heart problem).</p> <p>During an interview and observation with Resident 1 on July 3, 2024, at 11:20 AM, Resident 1 stated staff responses to call lights are typically delayed, taking an hour or two during the night shift which spans from 7:00 PM until the morning. The resident also mentioned that she was only repositioned occasionally, and sometimes not at all the whole day. Furthermore, Resident 1 affirmed that she did not have any bed sores upon arrival at the facility.</p> <p>During an interview and observation with Resident 2 on July 3, 2024, at 12:45 PM, Resident 2 stated sometimes it takes a long time for the staff to answer her call lights. She mentioned that it can take at least 30 minutes or longer. Additionally, Resident 2 also highlighted difficulties in receiving timely assistance with turning, meal request, and shower schedules.</p> <p>During the interview with the Assistant Director of Nursing (ADON 1) on July 3, 2024, I communicated my initial findings to the ADON. It was noted that two out of four sampled residents stated call lights not being answered on a timely manner by the staff.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the document provided by the facility, specifically Resident 1's care plan for activities of daily living (ADL - activities related to personal care include bathing or showering, dressing, getting in and out of bed or a chair, walking using the toilet, and eating.) with an admitted [DATE], it was noted that Resident 1 has a self-care deficit related to deconditioning (declined in physical function of the body as a result of physical inactivity and/or bedrest or an extremely sedentary lifestyle [tending to spend someone seated; somewhat inactive]) The care plan specifies that one of the approaches to meet the plan's goal is to promptly respond to call lights.</p> <p>During a review of the facility - provided document titled Physical Therapy Discharge Summary, it indicated Resident 1 required maximum assistance (needing a staff member to perform approximately 75% of the task) for bed mobility (moving from one bed position to another) during the physical therapy (PT- a therapy that is used to preserve, enhance, restore movement and physical function threatened by disease, injury, or disability.) evaluation May 24, 2024, until the residents discharge from PT on June 6, 2024.</p> <p>During a review of the document provided by the facility, specifically Resident 2's care plan for activities of daily living (ADL - activities related to personal care include bathing or showering, dressing, getting in and out of bed or a chair, walking using the toilet, and eating.) with an admitted [DATE], it was noted that Resident 2 has a self-care deficit related to the following conditions:</p> <ol style="list-style-type: none"> <li>1. Chronic kidney disease (CKD) stage 5 - most severe form of CKD, (long standing kidney disease that led to a failure of the kidney [kidney-organ that remove waste from the blood] function), that is requiring hemodialysis (process of filtering the blood of a person whose kidneys are not working) three times a week.</li> <li>2. Hypertension - a condition in which the force of the blood in the artery is too high.</li> <li>3. Anemia associated with chronic kidney disease - a common condition in people with CKD because the kidney cannot produce the erythropoietin hormone (a hormone that signals the bone marrow to produce red blood cells).</li> <li>4. Obstructive Sleep Apnea -intermittent airflow blockage during sleep.</li> <li>5. Gout - a form of arthritis that causes severe pain, swelling, redness and tenderness in joints.</li> </ol> <p>The care plan specifies that one of the approaches to meet the plan's goal is to promptly respond to call lights.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Answering the Call Lights. The P&amp;P indicated, The purpose of this procedure is ensuring timely responses to the resident's requests and needs.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on observation, interviews, and record review, the facility failed to follow its policy and procedure for prevention of pressure ulcers/injuries when one of four sampled residents (Resident 1) was not repositioned in a timely manner.</p> <p>This failure resulted in the development of pressure ulcer of clinically compromised resident (Resident 1).</p> <p>Findings:</p> <p>During the review of Resident 1's admission record (It contains important information about the patient such as their personal details, the reason for their admission, and their medical history), the document indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis that included unspecified hyperlipidemia (increase levels of lipids - like cholesterol [waxy substance found in the blood] with high cholesterol increases the chance of heart problem).</p> <p>During an interview and observation with Resident 1 on July 3, 2024, at 11:20 AM, the resident stated that staff responses to call lights are typically delayed, taking an hour or two during the night shift which spans from 7:00 PM until the morning. The resident also mentioned that she was only repositioned occasionally, and sometimes not at all the whole day. Furthermore, Resident 1 affirmed that she did not have any bed sores upon arrival at the facility.</p> <p>During an interview with the Wound Care Nurse, (WCN 1), on July 3, 2024, at 1:20 PM, WCN 1 stated Resident 1 has a mid-back unstageable (undetermined level of tissue injury) wound, and she provided treatment once a day, the wound care nurse confirmed that the wound was acquired at the facility, and it was not initially found when the initial assessment ( first assessment when a resident is admitted ) was conducted on the day after the resident's admission.</p> <p>During a concurrent interview and record review with WCN 1 and the Assistant Director of Nursing (ADON 1), on July 9, 2024, at 1:09 PM, ADON 1, confirmed Resident 1 was readmitted on [DATE], and a review of the Weekly Wound Evaluation (a wound assessment conducted every 7 days or whenever there is a change in the resident's condition, such as the identification of a new wound, or the admission of a new resident) record indicated that a wound care nurse (WCN 2) conducted an initial wound care assessment on May 24, 2024, did not indicate the presence of a pressure ulcer. Additionally, WCN 1 stated the presence of stage 4 (most serious pressure ulcer, sores extend below the subcutaneous fat into deep tissues, including muscle, tendons, and ligaments, in more severe cases, they can extend as far down as the cartilage or bone) open wound on Resident 1's back was first recorded on June 8, 2024, by WCN 2. Both the ADON 1 and WCN 1 acknowledged that resident's wound was acquired at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility - provided document titled Physical Therapy Discharge Summary, it indicated Resident 1 required maximum assistance (needing a staff member to perform approximately 75% of the task) for bed mobility (moving from one bed position to another) during the physical therapy (PT- a therapy that is used to preserve, enhance, restore movement and physical function threatened by disease, injury, or disability.) evaluation May 24, 2024, until the residents discharge from PT on June 6, 2024.</p> <p>During a review of the undated facility's policy and procedure (P&amp;) titled, Prevention of Pressure Ulcers/Injuries the policy specifies that residents who are dependent on staff for repositioning should be repositioned at least every two hours.</p>		