

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 10/13/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47110</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 are answered in a timely manner for all three sampled residents (Residents 1, 2, and 3).</p> <p>This failure has the potential to jeopardize the health and safety of three clinically compromised Residents (Residents 1, 2, and 3) when their requests for assistance with activities of daily living were not responded to promptly.</p> <p>Findings:</p> <p>During an interview on October 11, 2024, at 9:30 AM, with Resident 1, Resident 1 in bed, is alert and oriented. Resident 1 stated it took a while for the staff to answer the call light, at night it takes more than 20 minutes.</p> <p>During 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 Chronic Kidney Disease (a long-term condition where the kidneys gradually lose their ability to filter blood properly), low back pain.</p> <p>During an interview on October 11, 2024, at 9:40 AM, with Resident 2, Resident 2 in bed, is alert and oriented. Resident 2 stated the staff typically take an hour to respond to the call light, and they are particularly slow at night.</p> <p>During review of Resident 2 ' s admission record, the document indicated Resident 2 was admitted to the facility on [DATE], with a diagnosis that included sepsis (an infection in the blood), pulmonary hypertension (a rare condition that occurs when blood pressure in the lungs is higher than normal making the heart work harder to pump blood).</p> <p>During an interview on October 2, 2024, at 4:37 PM, with Resident 3, Resident 3 I n bed, is alert and oriented. Resident 3 stated at night they don ' t answer the light, like last night she waited 6 hours. She activated the call light at 10:30 pm and waited until 4:00 am, she further explained that she has a sore on her bottom that burns from not changing her diaper.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During review of Resident 3 ' s admission records the document indicated Resident 3 was admitted to the facility on [DATE], with a diagnosis that included multiple fractures of pelvis (multiple breaks in the bones between the lower abdomen and upper thighs that connect the spine to the legs).</p> <p>During an interview on October 11, 2024, at 10:42 AM with the Certified Nursing Assistant (CNA 1), the CNA 1 stated according to the policy, call lights should be answered within 10 to 15 minutes, She added that it does take some time for them to respond to the call light when they are understaffed.</p> <p>During an interview on October 11, 2024, at 11:39 AM with the CNA 2, the CNA 2 stated call light is not answered timely because they are understaffed.</p> <p>During an interview on October 11, 2024, at 11:54 AM with the Director of Nursing (DON 1), the DON 1 stated that she was aware that the call light was not promptly answered at night.</p> <p>During a review of the facility ' s policy titled Answering the Call Light undated, .The policy indicated, .The purpose of this procedure is to ensure timely responses to the resident ' s requests and needs .</p>