STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555435	A. Building B. Wing	03/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reche Canyon Regional Rehab Center	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44262 Based on observation, interview and record review the facility failed to follow its Activities of Daily Living ADLs policy and procedure for 3 of 4 sampled Residents (Resident's 1,2 and 3) when: 1. Resident 1 used call light to get staff attention for help, waiting over an hour. 2. Resident 2 used call light to get assistance, then is turned off by staff failing to return or returning after an hour wait. 3. Resident 3 used call light along with roommates to help get assistance, staff states I'm not the assigned staff will look for assigned staff, this prolonged already long wait times. This failure had the potential to cause (Resident 1,2, and 3) health and safety to be at risk for skin break down when their care needs were not met. Findings: During interview and Records Reviewed with (Resident 1,2, and 3) indicates as followed: 1. During review of Residents 1's Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses to include: chronic respiratory failure (difficulty to breathe), cerebral infarction (blocked blood flow to brain), hemiplegia (paralysis or weakness to one side), dependent on respirator (machine to assist to breathe). During an interview on February 25, 2025, at 10:32 AM with Resident 1 (R1) R1 states, Call lights take 2-3 hours, definitely over an hour. Last week they were short Certified Nursing Assistants (CNA) Friday and Saturday, AM to PM shift. The Respiratory Therapist {name} is found sitting there sleeping at station, when I'm in my wheelchair .I went to nurse station to wake him up and tell him, hey I need suctioning and he wakes up saying . oh, oh . The nurses don't say anything because they are sleeping too, sleeping instead of patient care. This place has gotten worse not better. 2. During review of Residents 2's Admission Record (general demographics), the document indicated Resident 2 was admitted to the facility on [DATE], with diagnoses to include: necrotizing fasciitis (flesh eating disease destroying tissue under skin), diabetes type II (body does not produce enough insulin). Hypertension (high blood pressure), acute respiratory failure (difficulty in breathing). (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

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 03/01/2025
NAME OF PROVIDER OR SUPPLIER: Reche Canyon Regional Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1350 Reche Canyon Rd Colton, CA 92324	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on February 25, 2025, at 10:44 AM with Resident 2 (R2) R2 states, The PM to NOC shift it does take them a while, I don't know if they are short staffed. But when I put the light to get assistance someone will come in and say oh I'm not your CNA, I will call them, turn off my light then leave. And then I have to wait yet again to have someone else to come in. It can take over an hour. The CNAs do need more help, like I said I don't know if they are short staffed but the NOC shift, another incident was, I push the light, I fall asleep waiting for someone to answer and I have to call again, at that point I don't even know how long I waited . They don't always have supplies, like just a few days ago they had a shortage of towels and the chucks. 3. During review of Residents 3's Admission Record (general demographics), the document indicated Resident 3 was admitted to the facility on [DATE], with diagnoses to include: pressure ulcer of sacral stage 4(wound to bony area at base of spine), hypertension (high blood pressure), cellulitis of buttocks (skin infection). During an interview on February 25, 2025, at 10:47 AM with Resident 3 (R3) R3 states, I can agree with my roommate, they need to do better with care, sometimes we have different CNAs, and the call light is on and we both need help or assistance and only one gets the care and the other one has to wait for that CNA assigned to come in. A lot of the time it's nothing with changing, it's that we need towels or water, something simple like that. But now we have to wait until our assigned CNA as we are told, comes in because they don't want to help assist us with what we need. So now we have to wait a long time for out assigned CAN for something that staff could have helped with. During an interview on February 25, 2025, with Certified Nursing Assistant CNA (CNA1) CNA1 states, I receive residents soiled from previous shift, not repositioned in bed, very wet, every morning is the same because my residents I do get are soiled. They are short staffed, one time they had 1 CNA for the whole hallway. And only 2 in Subacute. I addressed this with management, this does affect resident care. CNAs have about 13-14 residents it's very hard to care for so many residents. They only have 2 CNAS in subacute. I have seen the RT [name] sleeping in the nurse station. During an interview on February 25, 2025, with Certified Nursing Assistant CNA (CNA2) CNA2 states, upper management, they know we are short .they leave NOC shift with 1 CAN at times per hallway. When we have a call offs, they try and call someone in. It is ridiculous to try and get the care the resident may need until management figures out who is coming in to take over. Not all nurses are willing to help with resident care. Management says everyone needs to answer the call lights, but they don't do this. I receive my resident wet and I have to change the beds, I get backed up cleaning after. This does affect the residents getting care. During an interview on February 25, 2025, with the License Vocational Nurse (LVN), LVN states, they do have call offs, last minute, they do move people around and call in people. We try to fill in spots, but I do hear the load is a lot for them (CNAs). In regard to the RT [name], I haven't worked with him, but I hear from families or other staff about him sleeping or the nurse not doing this or that, they do vent to me on what they see. Call lights are answered as soon as they come on, especially in subacute a lot of residents cannot press the light Its usually 1-2 minutes to answer. The ventilators have an alarm sound, and the call lights are a different sound. From nurse station, there is a red light ans sound to alert us of the call lights. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Reche Canyon Regional Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1350 Reche Canyon Rd Colton, CA 92324	

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on February 25, 2025, with the Director of Nursing (DON, DON states, the expectation is no one should be sleeping in nurse station or in lobby. I gave in service in about November 2024, the employee handbook has no sleeping . They are here to provide care to residents. The expectations of call lights are to be answered timely and get assistance. Every 2 hours all staff needs to check in on residents. The staff is expected to explain to the residents, I will go get someone and go get other staff assigned. During a review of the facility's policy and procedure titled, Activities of Daily Living (ADLs), Supporting revised [March 2018], the policy and procedure indicated, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. During a review of the facility's policy and procedure titled, Answering the Call light revised [no date], the policy and procedure indicated, The purpose of this procedure is to respond to the resident request and needs .6. Some residents may not be able to use their call light. Be sure you check these residents frequently. 2. A If the resident needs assistance, indicate the approximate time it will take for you to respond. B. If the residents request requires another staff member, notify the individual. C. If the residents request is something you can fulfill, complete the task within five minutes of possible. d. If you are uncertain as to whether or not a request can be fulfilled or if you cannot fulfill the residents request, ask the nurse supervisor for assistance. During a review of the facility's Employee Handbook revised [November 2015], violating any of the following will result in disciplinary action including the possibility of immediate termination .40. Sleeping while on duty.