

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 07/09/2025
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. (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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to follow their policy in providing Activities of Daily Living (ADLS) when showers/bed bath were not provide as scheduled for 17 of 25 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,12,13,14,15,16, and 17).This failure had the potential to result in skin irritation, odor, and decreased quality of life for the residents.Findings:During a concurrent interview and record review of the Shower Schedule Station 2 with the Certified Nursing Assistant (CNA 2), on July 9, 2025, at 2:36 PM, CNA 2 stated they have residents who complained about not receiving showers on Saturdays. Review of the Shower Schedule Station 2 document indicated the following schedule for Wednesday's and Saturday's:a. Hallway 1, AM shift: 201B, 202B, 207B, 208B, 209A, 210Ab. Hallway 2, AM shift: 215A, 216A, 220B, 222A, 225Cc. Hallway 3, AM shift: 227B, 228B, 233A, 236Ad. Hallway 1, PM shift: 203A, 209B, 211C, 212Ae. Hallway 2, PM shift: 215B, 214A, 218Bf. Hallway 3, PM shift:228A, 230B, 236BDuring a review of the electronic medical record for Activities of Daily Living (ADLs) Bathing with the DON, on July 9, 2025, at 4:09PM, there was no documentation indicating that showers/bed baths were provided for the following residents on subacute (higher level of care and patient assistance) unit: a. Resident 1, No documentation for June 07, 14, 21 and 28, 2025. July 05, 2025b. Resident 2, No documentation for June 07, 14, 21, and 28, 2025.c. Resident 3, No documentation for June 07, 14, 21, and 28, 2025.d. Resident 4, No documentation for June 07, 21, 25 and 28, 2025.e. Resident 5, No documentation for June 11, 14, 21, and 25, 2025.f. Resident 6, No documentation for June 14, 21, and 28, 2025.g. Resident 7, No documentation for June 21, and 28, 2025.h. Resident 8, No documentation for June 14, 2025.i. Resident 9, No documentation for June 14 and 28, 2025.j. Resident 10, No documentation for June 14, 21, and 28, 2025.k. Resident 11, No documentation for June 21 and 28, 2025.l. Resident 12, No documentation for June 14 and 21, 2025.m. Resident 13, No documentation for June 07 and 21, 2025.n. Resident 14, No documentation for June 07, 14, 21, and 28, 2025.o. Resident 15, No documentation for June 14 and 28, 2025.p. Resident 16, No documentation for June 14, 21, and 28, 2025.q. Resident 17, No documentation for July 05, 2025. During an interview and record review on July 09, 2025, at 11:59 AM, with the License Vocational Nurse (LVN1), the shower binder was reviewed. LVN 1 stated there were only two shower refusals documented. LVN 1 further stated the Director of Staff Development (DSD) is responsible for checking the shower binder.During an interview and record review on July 09, 2025, at 12:41 PM, with the CNA 1, CNA 1 stated, We give resident showers and back to bed so treatments can get done. It's not my responsibility to make sure the team is completing the showers or reviewing the shower binder. CNA1 stated, on June 21, 2025, there should have been a total of nine (9) showers in AM and six (6) in PM. CNA 1 further stated the shower sheets should be in the shower binder; however, it was not, I only see 2 shower sheets.All subacute residents are dependent on staff for showers.During an interview and record review on July 09, 2025, at 3:04 PM, with the Registered Nurse (RN), the RN stated the CNAs gives baths, besides the shower team. RN 1 stated the CNA has to complete a shower form and they should document in electronic record. RN 1 further stated, There is no proof of it because it was not documented.During an interview and record review of the Shower Binder Station 2, on July 09, 2025, at 3:54 PM, with the DSD, DSD stated the shower binder is reviewed to make sure it is completed and filled by licensed staff. The DSD stated showers should be documented in shower binder and in electronic records. The DSD further stated CNAs should be reporting to charge nurse or Registered Nurse if the residents did not receive a shower, I did not receive report about this.During an interview and record review of the Shower Binder Station 2, on July 09, 2025, at 4:02 PM, with the Assistant Director of Nursing (ADON), ADON stated, the charge nurse and RN are supposed to check and follow up after the CNAs; the CNAs report to them about refusals. The nurse signs when the resident refused. ADON agreed, the staff should provide showers and document it as scheduled. During an interview and record review of the Shower Binder Station 2, on July 09, 2025, at 4:09 PM, with the Director of Nursing (DON), DON stated she was not aware of the shower binder audit. The DON further stated CNAs know when they have a shower team and when they do not. The DON agreed, the staff should provide showers and document it as scheduled.During a review of the facility's policy and procedure titled, Activities of Daily Living ADL, 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</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Certified Nursing Assistant (CNA) performed hand hygiene after doffing (removing) Personal Protective Equipment (PPE) upon leaving the isolation (to keep patients with contagious diseases separate from others) room for two of 25 (Resident 18 and 19). This failure had the potential to spread infectious disease (disease caused by bacteria, viruses, fungi or parasites) to other residents and staff in the facility. Findings: During a concurrent observation and interview on July 08, 2025, at 1:54 PM, with the Certified Nursing Assistant (CNA 3), CNA 3 was observed to enter the isolation room for Resident 18 wearing gloves and isolation gown. CNA 3 exited the room and doffed (removed) her (PPE). CNA 3 did not perform hand hygiene after doffing her PPE. CNA 3 stated she did not touch the resident or anything in the room, that is why she did not do hand hygiene. During a review of Resident 18's clinical record, the isolation list indicated Resident 18 was placed on contact precautions on July 08, 2025, due to MDRO-Multidrug Resistant Organism (a type of bacteria that has become resistant to several antibiotics that are normally used to treat infections). During a review of Resident 19's clinical record, the isolation list indicated Resident 19 was placed on contact precautions on on May 17, 2023, due to MDRO-Multidrug Resistant Organism. During an interview with the Director of Nursing (DON), DON agreed that CNA 3 should have performed hand hygiene. During a review of the Centers for Disease Control (CDC) guidelines titled Clinical Safety: Hand Hygiene for Healthcare Workers, dated February 27, 2024, the CDC recommendations included Know when to clean your hands: (bullet 6) Immediately after glove removal, to reduce the potential spread of deadly germs to patients including those resistant to antibiotics. During a review of the facility's policy and procedure titled, Handwashing/Hand Hygiene revised August 2015, the policy and procedure indicated, This facility considers hand hygiene the primary means to prevent the spread of infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p>		