

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 11/18/2025
NAME OF PROVIDER OR SUPPLIER The Canyons Post-Acute		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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that respiratory therapists were available for 41 residents when there was no respiratory therapist on duty for approximately seven (7) hours during the night shift of October 12, 2025. This failure had the potential to place clinically compromised residents' health and safety at risk by not having a respiratory therapist available to provide appropriate care when necessary. Findings: During an interview on 10/14/2025, at 3:00 PM, with one of the residents (Resident 1), Resident 1 stated, two nights ago, there was no RT (Respiratory Therapist) at all. The nurses do not know how to operate the machine; I just stayed off the machine. I was suctioned before the RT left. During an interview on 10/14/2025, at 3:50 PM, with Respiratory Therapist (RT 1), RT 1 stated, I came early Monday [10/13/2025] at 5:00 AM, I clocked in before 5:00 AM, there was no RT on duty. RT 1 indicated that the scheduled RT called off, and another RT, who lacks work permit, did not report to work. To address the situation, an RT from the day shift extended his hours and remained on duty until 10:00 PM that shift. During an interview on 10/15/2025, at 12:44 PM, with Respiratory Therapist (RT 2), RT 2 stated, .They could not find anybody and there was no RT on the floor, I left at 10:00 PM, there was no RT when I left. There was two scheduled, [Name of two RTS], they called off. During an interview on 10/28/2025, at 12:40 PM, with Registered Nurse (RN), RN stated, There was no RT, the young lady [Name of staff], is not a registered therapist, there was no cover, the scheduled RT called off. RN confirmed she was working on the floor that night. During record review of respiratory therapist time sheet dated October 12, 2025, the timesheet indicated Respiratory Therapist (RT 3) did not work on the night shift on October 12, 2025. Also, the timesheet showed that RT 2 clocked out at 10:10 PM on October 12, 2025, and RT 1, clocked in at 4:55 AM on October 13, 2025. The timesheet illustrates that between 10:10 PM on October 12, 2025, and 4:55 AM on October 13, 2025, there was no respiratory therapist on duty at the facility. During a concurrent interview and record review on 11/04/2025, at 3:38 PM, with the Director of Nursing (DON) the facility policy and procedure (P&P) titled, Staffing, was reviewed dated, October 2017. The P&P indicated, Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. When the DON was asked if they facility followed this policy she stated, No.</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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