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	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Canyons Post-Acute	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 - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper oral care (refers to the maintenance of a healthy mouth, which includes not only teeth, but the lips, gums, and supporting tissues) was provided for one of three sampled residents (Resident 1) when Resident 1 was found to have larvae (baby form of insects) inside his mouth.This failure could worsen Resident 1's oral health, particularly as he is being treated for periodontitis (bacterial infection that destroys the gums, ligaments, and bone supporting teeth caused by poor oral health and untreated gingivitis)Findings:A review of Resident 1's admission Record (a document containing clinical and demographic data) indicated Resident 1 was admitted to the facility on [DATE], with a diagnoses that included hemiplegia (paralysis) and hemiparesis (weakness) affecting left non-dominant side following cerebral infarction (stroke), encephalopathy (a syndrome caused by changed in mental status such as confusion, memory loss, personality changes, or decreased consciousness), and dysphagia (difficulty swallowing).During a review of Resident 1's Minimum Data Set (MDS - a standardized clinical assessment tool), under Section GG (Functional Abilities - focuses on a resident's functional abilities and goals, specifically assessing self-care and mobility performance to capture the level of assistance needed), dated April 17, 2026, the MDS Section GG indicated, Resident 1 was dependent (Helper does ALL of the effort. Residents do none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.) with oral hygiene (The ability to use suitable items to clean teeth).A review of Resident 1's Treatment Sheet, dated April 17, 2026, indicated Resident 1 received a comprehensive oral evaluation from a dentist, which revealed a clinical finding of generalized bone loss and periodontitis.During a review of Resident 1's nurses' notes, documented by Registered Nurse (RN), dated April 27, 2026, it indicated Called to room by CN [charge nurse] to assess resident [Resident 1] with larvae found inside mouth.During a telephone interview on April 29, 2026, at 11:55 AM, with Licensed Vocational Nurse (LVN), LVN stated Resident 1's daughter visited and reported to her that she noticed something inside Resident 1's mouth. LVN stated It looked like a small white spot moving, resembling white larvae. LVN further stated there was moderate amount of it, but they were able to remove it by using peridex (prescription antimicrobial oral rinse) and yankeur (suction tip is a rigid, curved oral suctioning tool used to remove fluids, blood, and secretions from the mouth and pharynx). During a concurrent interview and record review on April 29, 2026, at 12:40 PM, with the Assistant Director of Nursing (ADON), the ADON reviewed and acknowledged the facility's policy and procedures (P&P) titled, Activities of Daily Living (ADL), Supporting, dated March 2018, which indicated, 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 . and stated it was not followed.

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