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	05/07/2026

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to adequately maintain its equipment when:#1. Three (3) of three exhaust fans (removes moisture and odors) in the shower rooms were not operational. This failure had the potential to pose a risk of mold (type of fungus that grows on damp organic matter, appearing as fuzzy, colorful patches and spreading via airborne spores) growth which may compromise the health and well-being of the 124 residents. #2. A faucet in one (1) of five (5) residents' (Resident 1) room was continuously leaking, which is creating a continuous noise disturbance. This failure resulted in disruption for Resident 1, particularly impacting on her ability to fall asleep during the night.Findings: #1. During a concurrent observation and interview, on May 7, 2026, at 2:50 PM, with the Maintenance Supervisor (Supervisor), shower rooms [ROOM NUMBER] were inspected. It was noted that the exhaust fans in the three shower rooms were not operational. The Supervisor acknowledged the findings. #2. During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE], with diagnoses that included acute respiratory failure (is a condition where respiratory fails to maintain adequate blood supply of oxygen) with hypoxia (condition where body tissue do not receive enough oxygen), asthma (chronic condition that causes inflammation, swelling, and narrowing of the airway), and aphonia (total loss of voice). During an interview with Resident 1, on May 7, 2026, at 2:31 PM, she stated the faucet in her room has been leaking for about two months now, which has disrupted her sleep at night due to its noise disturbance. She also stated she had been informing the staff about this problem but all they told her was they had placed it on the maintenance list. During a concurrent observation and interview with the Supervisor, on May 7, 2026, at 2:55 PM, in Resident 1's room, it was noted that the faucet near Resident 1's bed was continuously leaking and creating a noise disturbance. The Supervisor acknowledged the finding. During a concurrent interview and record review, on May 7, 2026, at 3:19 PM, with the Assistant Director of Nursing (ADON), the ADON reviewed and acknowledged the facility's policy and procedure (P&P) titled, Maintenance Service, dated December 2009, which indicated, Maintenance service shall be provided to all areas of the building, grounds, and equipment. The ADON stated the facility's P&P 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