

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
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)		
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** Based on interview and record review, the facility failed to follow its policy and procedures regarding activities of daily living (ADL) for one of three sampled residents (Resident 1) when Resident 1 did not receive a shower or bath on her scheduled shower day. This failure had the potential for Resident 1 to have body odor, greasy hair, and skin deterioration, which increases the risk of rashes and serious infections, especially for residents who are bedbound. Findings: During a review of Resident 1's admission record (contains demographic and medical information), it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (a life-threatening condition where the lungs cannot pass enough oxygen into the blood or remove enough carbon dioxide from it), morbid obesity (extremely high amount of excess body fat), and muscle weakness (muscle lack the force to move normally). During a review of Resident 1's Minimum Data Set (MDS- federally mandated clinical assessment tool) under Section C (Cognitive Patterns), dated June 9, 2026, it indicated Resident 1's Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline) score was 11, which indicated Resident 1 had moderate cognitive impairment. During a review of Resident 1's MDS, 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 June 9, 2026, it indicated Resident 1 required Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort for showering and bathing. During an interview with Resident 1, on July 29, 2026, at 2:40 PM, Resident 1 stated she did not receive a shower or bed bath on her scheduled shower day, which was Monday, July 13, 2026, because her Certified Nursing Assistant (CNA) informed her that there was no hot water available that day. During an interview on July 29, 2026, at 2:29 PM, with the Maintenance Supervisor (Supervisor), the Supervisor stated that he did not receive any reports regarding hot water issue on July 13, 2026. During a concurrent interview and record review, on July 29, 2026, at 2:40 PM, with the Unit Manager (Manager), the Unit Manager reviewed Resident 1's bathing record for the month of July 2026, which indicated Resident 1 did not receive a shower on July 13, 2026. The Manager stated residents were given showers regularly, at least twice a week, according to their shower schedule. The Manager further stated the facility had no issues with hot water. During a telephone interview on August 3, 2026, at 10:29 AM, CNA confirmed she did not provide Resident 1 a shower when she was assigned to her on July 13, 2026. During a concurrent telephone interview and record review with the Manager, on August 5, 2026, at 11:06 AM, the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, revised March 2018 was reviewed. The P&P 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). The Manager stated this 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
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