

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Corona Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 South Main Street Corona, CA 92882	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</b></p> <p>Based on interview and record review, the facility failed to protect Resident 1's personal space when a staff (Certified Nursing Assistant [CNA1]) touched Resident 1 on the shoulder near her breast without her consent, making her uncomfortable.</p> <p>This failure resulted in the violation of Resident 1's right to respect and dignity, potentially causing psychosocial harm including low self-esteem, irritation, sadness, and anxiety.</p> <p>Findings:</p> <p>On May 29, 2024, at 11:10 a.m., an unannounced visit was conducted to investigate an allegation of abuse.</p> <p>A review of Resident 1's Admission Record (contains medical and demographic information), indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included chronic pain syndrome and major depressive disorder.</p> <p>A review of Resident 1's Minimum Data Set (as assessment tool), dated May 19, 2024, indicated, Resident 1 had no impairment in cognition.</p> <p>A review of Resident 1's Progress Notes, dated May 28, 2024, indicated, .At 2200 (10 p.m.) resident reported .male CNA .entered room to get trays from room and that CNA started to touch her shoulders sensually, he then started to reach towards her breast area and that CNA also started to touch her feet .</p> <p>During an interview on May 29, 2024, at 12:05 p.m., inside Resident 1's room, Resident 1 stated, CNA 1 kept on going in and out of her room. Resident 1 stated, CNA 1 came in and started rubbing her shoulder and moved down to her breast. Resident 1 stated, she removed the CNA's hand and told CNA 1 don't. Resident 1 stated she did not ask him to touch her. Resident 1 stated she felt uncomfortable when he touched her shoulder, started rubbing it, and moved down to her breast.</p> <p>During an interview on May 29, 2024, at 2:20 p.m., with CNA 1, CNA 1 stated, he walked in the room, he noticed Resident 1 was feeling down. CNA 1 stated he placed his hand on her shoulder, with his thumb on her armpit. CNA 1 stated he did not ask the resident before he touched her.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Corona Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 South Main Street Corona, CA 92882	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on May 29, 2024, at 4:02 p.m., Licensed Vocational Nurse (LVN) 1 was interviewed. LVN 1 stated, Resident 1 reported to him that on May 27, 2024, at around 10 p.m., CNA 1 went to her room. LVN 1 stated, CNA 1 started to touch her shoulder, reached to the breast, and then to her leg. LVN 1 stated, CNA 1 should have asked permission first before touching the resident. LVN 1 stated, Resident is alert and oriented times four (person, time, place, and event).</p> <p>During an interview on May 29, 2024, at 4:26 p.m. with the Director of Nursing, (DON), the DON stated, upon learning about the incident, he spoke with CNA 1. The DON stated, CNA 1 told him he kind of massaged her. The DON stated, CNA 1 should have asked permission from Resident 1. The DON stated, the resident felt uncomfortable, and by not asking permission, CNA 1 did not respect Resident 1's rights.</p> <p>During a review of the facility's policy and procedure titled, Resident's Rights, dated December 2021, the policy indicated, .Employees shall treat all residents with kindness, respect and dignity .</p>