

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 07/10/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</p> <p>Based on interview and record review, the facility failed for one of three residents reviewed for discharges (Resident 1) to provide a written notice of transfer/discharge to the resident and or resident representative (RR).</p> <p>This failure had the potential in resident not being protected from inappropriate transfers or discharges.</p> <p>Findings:</p> <p>Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses that included depression (loss of pleasures or interest in activities for long period of time) and schizoaffective disorder (mental disorder including schizophrenia and mood disorder.)</p> <p>A review of Resident 1's Progress Notes, dated June 24, 2024, indicated, Discharge note: Resident discharged to (Name of Acute Hospital) for psyche evaluation and med management .</p> <p>A review of Resident 1's Notice of Proposed Transfer/ Discharge, dated June 24, 2024, indicated, . Name/Relationship of Person Notified .blank (no entry) .Mailed to Representative .Blank (no entry) . Resident/Resident Representative .blank (no entry). There was no documentation Resident 1 was provided with a written notice of transfer on June 24, 2024.</p> <p>On July 18, 2024, at 9:08 a.m., a concurrent interview and review of Resident 1's Notice of Proposed Transfer/Discharge, form were conducted with the Director of Nursing (DON). The DON stated the licensed nurses provide the form Notice of Proposed Transfer/ Discharge to the resident upon transfer. The DON stated the form was not signed or dated by Resident 1. The DON stated the licensed nurses should completely fill out the form.</p> <p>On July 23, 2024, at 3:46 p.m., the DON was interviewed. The DON stated, signing the Notice of Proposed Transfer/Discharge form by the resident indicated acknowledgement of receiving the written notice of transfer. The DON stated, the licensed nurse who transferred Resident 1 should have given a written notice of transfer.</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 07/10/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled, Transfer or Discharge, revised December 2016, indicated, . The resident and or representative (sponsor) will be notified in writing of the following information . The reason for the transfer or discharge .The facility bed-hold policy .</p>		