

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 08/22/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for one of the three sampled residents (Resident 3).</p> <p>This failure has the potential to result in unmet needs.</p> <p>Findings:</p> <p>On August 20, 2024, at 9:10 a.m., an unannounced visit to the facility was conducted to investigate a quality care issue.</p> <p>On August 20, 2024, at 9:39 a.m., an observation of Resident 3 was conducted. Resident 3 was in bed, positioned on her back, head of bed elevated 30 degrees, resting. Resident 3 ' s call light was clipped to her pillowcase, hanging off the left side of her bed, out of reach.</p> <p>A review of Resident 3 ' s medical records titled, Face sheet, indicated the resident was admitted to the facility on [DATE], with diagnoses which included Alzheimer ' s Disease (A brain disorder that affects memory, and function).</p> <p>On August 20, 2024, at 9:45 a.m., during a concurrent interview, and observation of Resident 3 ' s call light, Licensed Vocational Nurse (LVN) 1 verified Resident 3 ' s call light was hanging off the side of her bed, out of reach. The LVN stated Resident 3 ' s call light was Not where it should be, it should be within reach. LVN 1 further stated, That was my fault we just repositioned her, and I didn ' t put (the call light) back in the right spot (within reach). The LVN confirmed the resident can use her call light to ask staff for help.</p> <p>On August 22, 2024, at 12:25 p.m., during an interview, the Director of Nursing (DON) stated the expectations of nursing staff were to ensure residents always have their call lights within reach.</p> <p>A review of the facility ' s Policy & Procedure (P & P), titled, Answering the Call light, revised on September 2022, indicated, . The purpose of this procedure is to ensure timely responses to the resident ' s requests and needs . 5. Ensure that the call light is accessible to the resident when in bed .</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 08/22/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on interview and record review, the facility failed to provide requested medical records for four of four residents, within 48 hours in accordance with the facility policy and procedure.</p> <p>This failure could led to missed opportunity for potential claims and other legal consequences for the residents.</p> <p>Findings:</p> <p>On August 20, 2024, at 9:10 a.m., an unannounced visit was conducted to investigate an issue on medical records requests.</p> <p>On August 20, 2024, at 4:04 p.m., an interview was conducted with the Medical Records Assistant (MRA), who stated, the procedure to request medical records, included the requestor filling out a request form, then the form is sent to the corporate office for approval. Upon approval, the facility would send the records to the requestor, or notify the requestor the request was not approved. The MRA further stated, the process to request, and receive medical records could take A week or two.</p> <p>On August 21, 2024, at 10:30 a.m., an interview was conducted with the Medical Records Director (MRD). The MRD verified the process to request medical records, included filling out a request form, then the form is sent to corporate office for approval, after approval the records are sent to the requestor. The MRD stated, the process to request medical records takes 1 to 2 weeks, before the records are provided to the requestor. The MRD verified, the following four pending medical record requests (Residents 4 - 7).</p> <ol style="list-style-type: none"> 1. Resident 4, request received on August 12, 2024, sent to corporate on, August 20, 2024, approval pending, 2. Resident 5, request received on August 13, 2024, and sent to corporate on August 15, 2024, approval pending, 3. Resident 6, request received on August 13, 2024, and sent to corporate on August 15, 2024, approval pending, 4. Resident 7, the MRD could not confirm the exact date the request was received, stating, it was received via mail, and not time stamped. The MRD further stated, a faxed request was not received. The request was sent to corporate office August 20, 2024, and currently pending approval. MRD stated, the medical records department is behind in fulfilling medical record requests in a timely manner, because the department is short staffed. <p>A review of Resident 4 ' s, medical record, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], for post-surgical care.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 5 ' s, medical record, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of Urinary Tract Infection.</p> <p>A review of Resident 6 ' s, medical record, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of Prostate Cancer.</p> <p>A review of Resident 7 ' s, medical record, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of Paraplegia (paralysis of lower body).</p> <p>On August 21, 2024, at 4:00 p.m., an interview was conducted with the Interim Administrator (IA), who stated, he would expect the medical records department to complete the medical records request within the time frame per facility policy (48 hours after request is received).</p> <p>A review of the facility ' s Policy & Procedure, titled, Release of Information, revised, November 2009, indicated, . 3. All information contained in the resident ' s record is confidential and may only be released by the written consent of the resident or his/her legal representative (sponsor), consistent with state laws and regulations . 9. A resident may have access to his or her records within 48 hours (excluding weekend or holidays) of the resident ' s written or oral request. 10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services .</p>		

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 08/22/2024
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46145</p> <p>Based on interview, and record review, the facility failed to provide a safe and comfortable environment for one of three sampled residents (Resident 3), when pest treatment was conducted while the resident was inside the room.</p> <p>This failure has the potential for the resident to inhale pesticide vapor placing the resident at risk for an allergic reactions.</p> <p>Findings:</p> <p>On August 20, 2024, at 9:39 a.m., an observation of Resident 3, and her bedroom, was conducted. Resident was lying in her bed, positioned on her back, with her eyes closed resting. Resident was unresponsive to interview questions.</p> <p>On August 20, 2024, at 11:20 a.m., during an interview, the Maintenance Supervisor (MS) verified spraying pesticide inside Resident 3's room while the resident was in bed. The MS stated, he did not move Resident 3 before spraying for ants, because the spray was not toxic to humans and he only sprayed a little of the pesticide. The MS further verified Resident 3 had a visitor at the time he sprayed the pesticide, and he did not ask the visitor if it was ok to spray in the room.</p> <p>On August 20, 2024, at 11:26 a.m., during an interview, the Administrator (Admin) stated the process of spraying a pesticide in a resident ' s rooms would include moving the resident out prior to spraying, then deep cleaning the room after spraying. The Admin further stated, her expectations were for the MS to notify nursing staff prior to spraying a pesticide, so the residents could be moved out of the room first.</p> <p>On August 20, 2024, at 11:35 a.m., an interview was conducted with Registered Nurse (RN) 1. RN 1 stated she did not know the MS sprayed Resident 3 ' s bedroom with pesticide (approximately 1 week prior), and she would have expected the MS to tell nursing staff, so they could have moved Resident 3 out of the room, prior to spraying, so the resident would not directly be exposed to the pesticide.</p> <p>A review of the facility ' s P&P, titled, Homelike Environment, revised, February 2021, indicated, . Resident ' s are provided with a safe, clean comfortable and homelike environment . 2. The facility and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment . f. pleasant, neutral scents .</p>		

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 08/22/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>46145</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) were repositioned at least every two hours, in accordance with the resident ' s written care plan.</p> <p>This failure had the potential to result in Resident 3 ' s pressure injury (the breakdown of skin integrity due to pressure) to worsen.</p> <p>Findings:</p> <p>On August 20, 2024, an observation of Resident 3 ' s bed positioning was conducted at the following times:</p> <ul style="list-style-type: none"> - at 9:50 a.m., the resident was positioned on her back, with the head of her bed elevated 30 degrees. - at 10:29 a.m., the resident was position on her back, with the head of the bed elevated 30 degrees. - at 11:40 a.m., the resident was position on her back, with the head of the bed elevated 30 degrees. - at 12:59 p.m., the resident was position on her back, with the head of the bed elevated 30 degrees. - at 1:20 p.m., the resident repositioned in bed, eating lunch with the assistance of Certified Nursing Assistant (CNA) 2. <p>A review of Resident 3 ' s medical records, titled, Progress Notes, dated, August 10, 2024, indicated, Resident 3 had an existing stage 4 (tissue damage and exposed bone, tendon, or muscle), bedsore to their sacral-coccyx area with interventions, stating, See Care Plan.</p> <p>A review of Resident 3 ' s care plan titled, At Risk and or potential for further skin breakdown . presence of wound (stage 4 bedsore), dated, March 3, 2024, indicated, a goal of .Will minimize skin impairment . with interventions that include, . Turn and reposition in bed at least every 2 hours and as needed .</p> <p>On August 20, 2024, at 1:46 p.m., during an interview, CNA 2 stated she was assigned to care for Resident 3. She stated she turns her residents every 2 hours to help prevent the development or decline of pressure injury. CNA 2 verified, she did not reposition Resident 3, between the hours of 9:50 a.m. to 12:59 p.m. The CNA stated she should have repositioned Resident 3, but she got busy.</p> <p>On August 22, 2024, at 1225 p.m., during an interview, the Director of Nursing (DON) stated it is expected of nursing staff to turn bed bound residents at least every 2 hours, or sooner, per their care plan.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0686</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 (P & P) titled, Repositioning, revised, May 2013, indicated, . The purpose of this procedure is to provide guidelines for the evaluation of resident repositioning needs, . to promote comfort for all bed - or chair-bound residents and to prevent skin breakdown, promote circulation and provide pressure relief for residents . General Guidelines: 1. Repositioning is a common, effective intervention for preventing skin breakdown, promoting circulation, and providing pressure relief . 3. Repositioning is critical for a resident who is immobile or dependent upon staff for repositioning . Interventions: Residents who are in bed should be on at least every two-hour (q 2 hour) repositioning schedule . 4. For residents with a Stage 1 (skin is blanchable, skin turns white with pressure, then back to red color when blood refills the vessels) or above pressure ulcer, and every two-hour (q 2 hour) repositioning schedule is inadequate . 6. If ineffective, the turning and repositioning frequency will be increased .</p>

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 08/22/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on observation, interview and record review, the facility failed to provide clean and sanitary resident's room, when two of four resident's rooms (rooms [ROOM NUMBERS]) had trash, food, and dried blood on the floors.</p> <p>This failure had the potential to expose residents to germs and pests.</p> <p>Findings:</p> <p>On August 20, 2024, at 9:10 a.m., an unannounced visit was made to the facility to investigate a quality-of-care issue.</p> <p>On August 20, 2024, at 9:39 a.m., an observation of room [ROOM NUMBER] was conducted, and indicated, the wall under the window had a brown colored splatter of an unknown substance on the window wall, dirty gloves sitting on the floor outside of the trash can, and three dried drops of blood on the floor to the right side of Bed B.</p> <p>On August 20, 2024, at 9:39 a.m., an interview was conducted with Resident 2, in room [ROOM NUMBER], and the resident stated the dried blood on the floor was Old blood from my toe. Resident 2 could not specify how long the blood had been on the floor.</p> <p>On August 20, 2024, at 10:38 a.m., during an interview, the housekeeper stated, she cleans the resident's rooms every day, which would include wiping the resident ' s bedside tables and dresser; sweeping and mopping the floors; and throwing the trash away. The Housekeeper further stated, she had not yet cleaned room [ROOM NUMBER].</p> <p>On August 20, 2024, at 10:52 a.m., an observation of room [ROOM NUMBER] was conducted, and noticed trash, food crumbs, and dust behind the headboards of Beds A and B.</p> <p>On August 20, 2024, at 11:00 a.m., during an interview, the housekeeper stated, she had already cleaned room [ROOM NUMBER], but she had not cleaned the floors behind the resident ' s headboards, stating, I didn ' t clean there (behind the headboards), I should have.</p> <p>On August 20, 2024, at 11:10 a.m., during a concurrent observation of room [ROOM NUMBER], and interview with Registered Nurse (RN) 1, RN 1 observed the floors behind the headboards, and verified there was trash, food crumbs, and dust present behind the headboards. RN 1 stated the room was Not clean, it should be cleaned better. RN 1 further stated, she would expect the rooms to be free of food, and trash on the floors, after being cleaned by housekeeping.</p> <p>On August 20, 2024, at 1:10 p.m., the housekeeper stated she was done cleaning room [ROOM NUMBER].</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On August 20, 2024, at 2:35 p.m., during a concurrent observation of room [ROOM NUMBER], and interview with the Administrator (Admin), the Admin verified dried blood on the floor, and a brown colored splatter on the window wall was present. The Admin stated she would have housekeeping come to clean the room again.</p> <p>A review of the facility ' s P&P, titled, Homelike Environment, revised, February 2021, indicated, . Residents are provided with a safe, clean comfortable and homelike environment . 2. The facility and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment .</p>