

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  10/22/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to provide assistance with meals for one of four residents, (Resident 1).</p> <p>This failure had the potential to negatively affect Resident 1 ' s psychosocial wellbeing.</p> <p>Findings:</p> <p>On October 7, 2024, at 11:32 a.m., an unannounced visit to the facility on a complaint investigation was initiated.</p> <p>A review of Resident 1 ' s medical record indicated she was admitted to the facility on [DATE], with diagnoses of type 2 diabetes mellitus, (a chronic condition that affects the way the body uses sugar. the body either resists the effects of insulin - a hormone that regulates the movement of sugar into the cells - or doesn't produce enough insulin to maintain normal sugar levels), anxiety disorder, , (a chronic condition characterized by an excessive and persistent sense of apprehension), coronary artery dissection, (an emergency condition that occurs when a tear forms in a wall of a heart artery), legal blindness, and hypertensive heart disease, (heart problems that occur because of high blood pressure).</p> <p>A review of Resident 1 ' s History and Physical dated December 14, 2023, indicated .she was legally blind, alert and oriented to person, and place, and able to make needs known .</p> <p>A review of Resident 1 ' s Order Summary Report dated January 11, 2023, indicated .NAS (No Added Salt) diet, Mechanical Soft - Chopped texture, Regular/Thin consistency Extra Gravy, Assist feeding .</p> <p>A review of Resident 1 ' s Care Plan dated December 26, 2023, indicated Focus Alteration in Nutrition: Therapeutic diet r/t [related to]: HTN, [hypertension] GERD, [gastroesophageal reflux disease, (GERD- occurs when stomach acid frequently flows back into the tube connecting the mouth and stomach), DM, [diabetes mellitus] .Interventions .NAS (No Added Salt) diet, Mechanical Soft - Chopped texture, Regular/Thin consistency. Extra Gravy, Assist feeding .</p> <p>A review of Resident 1 ' s Care Plan dated August 15, 2024, indicated .Focus . Resident is at risk for aspiration r/t difficulty swallowing .Interventions . Allow extra time to eat; provide additional assistance .</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Care Plan dated October 7, 2024, indicated .Focus .Resident has ADL (activity of daily living) self-care deficit r/t Cognitive Impairment, HOH, (hard of hearing), legally blind .Interventions . Needs supervision to substantial assist with ADLS .</p> <p>On October 7, 2024, at 12:23 p.m., an interview was conducted with Resident 1. Resident 1 stated she was blind, could only see outlines, and was unable to read the menu. Resident 1 stated she had to ask someone to read the menu for her. Resident 1 stated when your old, one thing you look forward to are your meals.</p> <p>On October 7, 2024, at 1:10 p.m., during an observation inside Resident 1's room, a staff member was observed setting Resident 1 ' s lunch tray in front of her and leaving the room.</p> <p>On October 7, 2024, at 2:05 p.m., an interview was conducted with the Certified Nursing Assistant, (CNA). The CNA stated that Resident 1 was not able to read. The CNA stated she did not know if Resident 1 knew of what was being served for meals.</p> <p>On October 7, 2024, at 3:32 p.m., the Registered Nurse, (RN), was interviewed. The RN stated that someone who is blind should be assisted with their meals. The RN stated the CNA should inform the resident of what is on the plate when serving food.</p> <p>On October 7, 2024, at 3:57 p.m., an interview was conducted with the Director of Nursing, (DON). The DON stated that they would assess a resident who is legally blind to see if the resident can see anything, if the resident was unable to tell him what is on the plate, and had orders for assistance with feeding then assistance should have been provided to Resident 1.</p> <p>A review of the facility ' s policy and procedure titled Assistance with Meals revised July 2017, indicated . Residents shall receive assistance with meals in a manner that meets the individual needs of each resident .</p>