

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  02/02/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the accuracy of the medical records for one of four sampled residents (Resident 1) when Resident 1's care plan (a personalized guide to support the individual healthcare needs of a resident) inaccurately listed neurogenic bladder (occurs when the nerves that control the bladder are damaged causing problems with storing or emptying urine) as a diagnosis related to the use of a Foley catheter (a flexible tube used to continuously drain urine). This failure resulted in an inaccurate care plan and had the potential to affect clinical decision-making, lead to inappropriate interventions, and compromise the resident's care and safety. Findings: A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included benign prostatic hyperplasia (BPH- enlargement of the prostate gland) with lower urinary tract symptoms, unspecified urinary incontinence (loss of bladder control), and retention of urine (inability to completely empty bladder). A review of Resident 1's History and Physical dated on November 24, 2025, indicated, .The patient does have a foley catheter that is clear, yellow, with no sediment noted.the patient understands the treatment plan, but does not qualify to make his own decisions . A review of Resident 1's order summary indicated, .Indwelling Catheter: 16French x 10balloon. to stay in until urology f/u (follow-up). A review of Resident 1's care plan indicated, .Resident has an indwelling catheter. R/T (related to) Neurogenic Bladder, BPH, urinary retention. Further review of Resident 1's record including physician documentation and diagnoses indicated no evidence that the resident had a diagnosis of neurogenic bladder. On January 6, 2026, at 1:30 p.m., a concurrent interview and record review were conducted with the Minimum Data Set Supervisor (MDS). The MDS stated one of the MDS nurses completed Resident 1's care plan. The MDS stated the resident did not have a diagnosis of neurogenic bladder and that should not have been included in the care plan. The MDS further stated the care plan should accurately reflect the resident's diagnosed condition to provide proper care for the residents, which was important to prevent complications. On January 6, 2025, at 3:55 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated, Resident 1 did not have a diagnosis of neurogenic bladder and the inclusion of this diagnosis in the care plan was incorrect. The DON stated, the facility's responsibility was to ensure the accuracy of resident's medical records. The DON stated inaccurate information in a resident's care plan could affect the care provided to the resident. A review of the facility's policy and procedure titled, Care planning policy procedure undated, indicated, . comprehensive, interdisciplinary, and person-centered care planning to address each resident's assessed needs and preferences.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 555566	If continuation sheet Page 1 of 1