

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  03/30/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement its infection prevention and control program to ensure that linens and environmental surfaces such as shower and privacy curtains, were maintained clean and free of visible soil. These failures had the potential to result in cross-contamination and spread of infection among residents. Findings: 1. On February 19, 2026, a concurrent observation and interview was conducted with the Director of Housekeeping and Laundry (DHL) and the following were observed: -At 10:24 a.m., in the North Shower Room of the facility, a shower curtain was observed in North Shower room with black stain and discoloration noted on the bottom of the shower curtain. The DHL stated that they needed to remove the shower curtain and get it washed. -At 10:28 a.m., in the Medically Complex Unit shower room, a shower curtain was observed with a brown stain discoloration. The DHL stated the curtain needed to be removed and washed. 2. On February 19, 2025, at 10:20 a.m., a concurrent observation and interview was conducted with the DHL in the North clean linen closet. A clean linen item, folded in the shelf ready to be used for a resident, was observed with a visible stain mark. The DHL stated it should not have a visible stain and that they would need to get rid of it. 3. On February 19, 2026, at 10:52 a.m., a concurrent observation and interview was conducted with the Infection Preventionist Nurse (IP) in Resident 1's room. The IP acknowledged a brown streak stain on the resident's privacy curtain and stated that it should not have a stain and needed to be replaced. The IP further stated it is an infection control issue. On February 19, 2026, at 4:37 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated that clean linens inside the clean linen closet that are ready for use, resident privacy curtains and shower curtains should be clean and free from stain marks. The DON further stated the expectation is to clean and homelike environment and to prevent the spread of infection. A review of the facility policy titled, Infection Prevention and Control Policy undated, indicated, . Provide a safe, sanitary environment. The facility will maintain. Cleaning and disinfection protocols. Linen handling procedures.</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
---	-------	-----------