

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 03/12/2020
NAME OF PROVIDER OF SUPPLIER CORONA POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to maintain a comfortable and home like environment for two of two residents, (Resident)1 and (Resident)2 when: 1)Resident 1's room had an unfinished patch on the ceiling from a leaking roof, four wall patches, and two missing curtain slats; and 2)Resident 2 used physical therapy equipment that was broken. These failures placed the residents at risk for low self-esteem and living in an unkempt environment. Findings: On January 21, 2020 an unannounced survey was conducted for a complaint investigation under the category of physical environment. 1) On January 21, 2020, at 10:20 a.m., an observation of Resident 1's room revealed an unfinished ceiling patch, blistering and peeling of wallpaper between the top edge of the window sill to the ceiling; the bottom corner of the baseboard had peeled away from the wall, four white patches on the wall behind the head of the bed, and the vertical blinds were missing two slats. On January 21, 2020, at 10:20 a.m. an interview was conducted with Resident 1. He had complained about the vertical blinds with the missing slats, and wanted the slats replaced. On January 21, 2020, at 1:23 p.m., the Maintenance Aid, (MA) was interviewed. The MA stated that the ceiling patch in Resident 1's room was not completed because he needed to sand the ceiling patch, and Resident 1 was admitted to the room before he finished the repair. A record review of Resident 1's medical record indicated was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 had the capacity to understand and make decisions. 2) On January 21, 2020, at 10:27 a.m., an observation in the physical therapy room revealed an Omnicycle electric peddler with missing battery cover, and an Andorphin electric peddler with exposed mesh, two upholstered mat platforms with rips and tears, a skills builder wedge with rips and tears with exposed foam padding were readily available for use. On January 21, 2020, at 10:30 a.m., Resident 2 was interviewed. Resident 2 stated he was admitted to the facility on [DATE] for rehabilitation after a stroke. Resident 2 stated he was in physical therapy and given exercises to be performed on hand peddlers that were broken. The hand peddlers should have been able to turn on, adjust the speed, strength, measure pulse rate, and length of time, which two of them did not. Resident 2 stated this made him very upset and It was not right. On January 21, 2020, at 11:29 a.m. an interview with the Physical Therapist, (PT) was conducted. The PT stated he prefers to work with equipment that functions properly, and he acknowledged that the equipment should have been replaced. On January 21, 2020, at 1:23 p.m., the Maintenance Aid, (MA) was interviewed. The MA stated that he tried to fix the physical therapy equipment about two months ago, but was unable to do so, and reported this to the Maintenance Director. On January 21, 2020, at 2:05 p.m., the Maintenance Director, (MD) was interviewed. The MD stated that he had placed an order for [REDACTED]. The order indicated the Omnicycle and Andorphin peddlers were not ordered. On January 21, 2020, at 2:14 p.m., the facility Administrator, (ADMIN) was interviewed. The ADMIN stated the peddlers should have been replaced. A review of Resident 2's medical record indicated he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 2 had the capacity to understand and make decisions. A review of Building and Environment Volume 58 article, Healing Environment: A Review of the Impact of Physical Environmental Factors on Users dated December 2012 indicated .the effects of the physical environment on the healing process and well-being have proved to be increasingly relevant for patients and their families (PF) as well as for healthcare staff .</p>		
F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on observation, interview, and record review the facility failed to maintain a safe, functional, comfortable, and home like environment for two of two residents, (Resident)1 and (Resident)2 when: 1) Resident 1's room had an unfinished patch on the ceiling from a leaking roof, four wall patches, and two missing curtain slats; and 2) Resident 2 used physical therapy equipment that was broken. These failures placed the residents at risk for low self-esteem and living in an unkempt environment. Findings: On January 21, 2020 an unannounced survey was conducted for a complaint investigation under the category of physical environment. 1) On January 21, 2020, at 10:20 a.m., an observation of Resident 1's room revealed an unfinished ceiling patch, blistering and peeling of wallpaper between the top edge of the window sill to the ceiling; the bottom corner of the baseboard had peeled away from the wall, four white patches on the wall behind the head of the bed, and the vertical blinds were missing two slats. On January 21, 2020, at 10:20 a.m. an interview was conducted with Resident 1. He had complained about the vertical blinds with the missing slats, and wanted the slats replaced. On January 21, 2020, at 1:23 p.m., the Maintenance Aid, (MA) was interviewed. The MA stated that the ceiling patch in Resident 1's room was not completed because he needed to sand the ceiling patch, and Resident 1 was admitted to the room before he finished the repair. A record review of Resident 1's medical record indicated was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 had the capacity to understand and make decisions. 2) On January 21, 2020, at 10:27 a.m., an observation in the physical therapy room revealed an Omnicycle electric peddler with missing battery cover, and an Andorphin electric peddler with exposed mesh, two upholstered mat platforms with rips and tears, a skills builder wedge with rips and tears with exposed foam padding were readily available for use. On January 21, 2020, at 10:30 a.m., Resident 2 was interviewed. Resident 2 stated he was admitted to the facility on [DATE] for rehabilitation after a stroke. Resident 2 stated he was in physical therapy and given exercises to be performed on hand peddlers that were broken. The hand peddlers should have been able to turn on, adjust the speed, strength, measure pulse rate, and length of time, which two of them did not. Resident 2 stated this made him very upset and It was not right. On January 21, 2020, at 11:29 a.m. an interview with the Physical Therapist, (PT) was conducted. The PT stated he prefers to work with equipment that functions properly, and he acknowledged that the equipment should have been replaced. On January 21, 2020, at 1:23 p.m., the Maintenance Aid, (MA) was interviewed. The MA stated that he tried to fix the physical therapy equipment about two months ago, but was unable to do so, and reported this to the Maintenance Director. On January 21, 2020, at 2:05 p.m., the Maintenance Director, (MD) was interviewed. The MD stated that he had placed an order for [REDACTED]. The order indicated the Omnicycle and Andorphin peddlers were not ordered. On January 21, 2020, at 2:14 p.m., the facility Administrator, (ADMIN) was interviewed. The ADMIN stated the peddlers should have been replaced. A review of Resident 2's medical record indicated he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 2 had the capacity to understand and make decisions. A review of Building and Environment Volume 58 article, Healing Environment: A Review of the Impact of Physical Environmental Factors on Users dated December 2012 indicated .the effects of the physical environment on the healing process and well-being have proved to be increasingly relevant for patients and their families (PF) as well as for healthcare staff .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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 03/12/2020
NAME OF PROVIDER OF SUPPLIER CORONA POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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>	(continued... from page 1)		