

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/09/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055619</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/08/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS COLINAS POST ACUTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 EAST 5TH STREET</b> <b>ONTARIO, CA 91764</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey to investigate a complaint.  Complaint CA00814091  Representing the California Department of Public Health: HFEN 33786  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint CA00814091	F 000	Las Colinas Post-Acute makes its best effort to operate in full compliant with both Federal and State law and any applicable standards of practice. Nothing included in this Plan of Correction is an admission of guilt but is submitted in order to comply with regulatory obligation to the basis, merits and/or form of any obligation contained therein. This plan of correction submitted by Las Colinas Post-Acute is our Allegation of Compliance.	2/14/2023	
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) [REDACTED]  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy and	F 686	>HOW CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE DEFICIENCIES FOUND TO HAVE BEEN SELECTED BY THE DEFICIENT PRACTICE;  Resident 1 was admitted with no pressure injury, however, has a right heel fracture that limits residents' mobility, turning and positioning motion. Resident's Physician was notified and has given an order for treatment of fluid-filled blister, with right heel protector application and turning/positioning monitoring. Resident right heel was also off load to relieve pressure.	2/14/2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

2/14/2023

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.

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F 686	<p>Continued From page 1</p> <p>procedure for pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) prevention when one of 3 sampled residents (Resident 1) developed a suspected deep tissue injury (SDTI-a localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure) in the right heel.</p> <p>This failure resulted in facility not following their policy and procedure for pressure ulcer prevention and had the potential to result in complications for Resident 1.</p> <p><b>Finding:</b></p> <p>An unannounced visit was made to the facility on December 13, 2022, at 3:36 PM, to investigate a complaint about quality of care/treatment.</p> <p>During a review of Resident 1 's face sheet (a document containing basic information about Resident 1), indicated Resident 1 was admitted to the facility on September 10, 2022, with diagnoses which included a fracture of the right femur (leg bone). Further review of Resident 1 's face sheet indicated Resident 1 was discharged from the facility on October 6, 2022.</p> <p>During a review of Resident 1 's admission document titled, "Braden Scale[an assessment tool used to assess a resident 's risk for developing pressure injuries] observation/assessment," dated September 10, 2022, indicated Resident 1 was at risk for pressure ulcer.</p> <p>During a review of Resident 1 's admission document titled, "Nursing-body</p>	F 686	<p>&gt;&gt;HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>No other resident has been affected by the same deficient practice. Treatment Nurses conducted skin assessment of all residents in the facility on September 30, 2022, October 1, 2022, and no other findings have been recorded.</p> <p>&gt;WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES THE FACILITY WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR;</p> <p>The DSD has given an in-service to C.N.A. (Certified Nursing Assistant) about Skin breakdown prevention on October 7, 12, 2022 and February 8, 2023</p> <p>C.N.A.'s is doing body check during scheduled shower days and during daily adl' s. Any new skin observation, "Stop &amp; Watch" form is completed and handed to the Licensed Nurse/Treatment Nurse for a follow-up care, Physician and family notification.</p> <p>Licensed conducts body assessment for any change of condition, and/or admission/re-admission and transfer to the hospital to ensure skin condition is communicated.</p> <p>DSD (Director of Staff Development) randomly audits residents on shower days for completion of body checks bi-weekly. DSD will report findings to Assistant Director of Nursing or Director of Nursing for review.</p>	2/14/2023	

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F 686	<p>Continued From page 2</p> <p>assessment/observation" dated September 10, 2022, indicated Resident 1 did not have a SDTI upon admission.</p> <p>During a review of Resident 1 ' s document titled, "Nursing -body assessment/observation," dated September 29, 2022, documented, "During morning patient care patient was noted with a blood filled blister to right heel ..."</p> <p>During a review of Resident 1 ' s discharge document titled, "Nursing-body assessment/observation," dated October 6, 2022, indicated Resident 1 had a right heel blood blister upon discharge from the facility.</p> <p>During an interview with Licensed Vocational Nurse, (LVN 1) on December 13, 2022, at 4:15 PM, LVN 1 confirmed Resident 1 had a blood blister in the right heel. LVN 1 stated, "It should have not happened."</p> <p>During a review of the facility ' s policy and procedure titled, "Prevention of Pressure Injuries," revised April 2020, indicated, "B. inspect pressure points (sacrum, heels, buttocks, coccyx, elbows, ischium, trochanter)."</p>	F 686	<p>Assistant Director of Nursing conducted an in-service on 1/10/23 and 2/7/2023 to Licensed Nurses regarding facility policy for Prevention of Pressure Injuries and reporting of change in condition.</p> <p>&gt;HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED.</p> <p>DON and/or Designee will report summary of findings during quarterly QA (Quality Assurance) meeting with the members for corrective action &amp; resolution x 3 months.</p>	2/14/2023	