

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

PRINTED: 09/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/08/2023
NAME OF PROVIDER OR SUPPLIER LAS COLINAS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST 5TH STREET ONTARIO, CA 91764		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an investigation of a complaint.</p> <p>Complaint: CA00858005</p> <p>Representing the California Department of Public Health:</p> <p>Surveyor: 45388</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency will be issued as a result of complaint number: CA00858005 (Refer to Ftag F 691).</p>	F 000	<p>F000 Las Colinas Post-Acute makes its best effort to operate in full compliance 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 the 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.</p>	9/13/23	
F 691 SS=D	<p>Colostomy, Urostomy, or Ileostomy Care</p> <p>CFR(s): 483.25 [REDACTED]</p> <p>§483.25(f) Col [REDACTED] care.</p> <p>The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow the physician order to provide ileostomy (an opening in the belly that is made during surgery for the stool to empty out) care for one of two sampled residents (Resident 1).</p>	F 691	<p>Colostomy, Urostomy, or Ileostomy Care</p> <p>§483.25(f) [REDACTED]</p> <p>Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Affected resident discharged from the facility to acute care hospital from follow up appointment on 8-22-2023 and was no longer affected by the deficient practice. No other residents were found to be affected by the deficient practice. Licensed nurses that did not document the ileostomy care provided to the resident during on 8/17/23 Evening/Noc-shift, 8/20/23 Evening shift, 8/21/23 Noc-shift were provided 1:1 In-service education regarding Colostomy/Ileostomy Care, Physician's Orders, Documentation.</p>	9/13/23	
			9/19/2023		

LABORATORY DIRECTOR

Any deficiency statement or other safeguards provided following the date of the survey. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of a complaint. Complaint: CA00858005 Representing the California Department of Public Health: Surveyor: 45388 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency will be issued as a result of complaint number: CA00858005 (Refer to Ftag F 691).	F 000	F000 Las Colinas Post-Acute makes its best effort to operate in full compliance 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 the 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.	9/13/23	
F 691 SS=D	Colostomy, Urostomy, or Ileostomy Care CFR(s): 483.25(f) §483.25(f) Colostomy, urostomy,, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the physician order to provide ileostomy (an opening in the belly that is made during surgery for the stool to empty out) care for one of two sampled residents (Resident 1).	F 691	Colostomy, Urostomy, or Ileostomy Care CFR(s): 483.25(f) >How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Affected resident discharged from the facility to acute care hospital from follow up appointment on 8-22-2023 and was no longer affected by the deficient practice. No other residents were found to be affected by the deficient practice. Licensed nurses that did not document the ileostomy care provided to the resident during on 8/17/23 Evening/Noc-shift, 8/20/23 Evening shift, 8/21/23 Noc-shift were provided 1:1 In-service education regarding Colostomy/Ileostomy Care, Physician's Orders, Documentation.	9/13/23	

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.

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F 691	<p>Continued From page 1</p> <p>This failure had the potential for Resident 1 to have unmet needs, such as psychosocial and physical harm, and potentially cause skin breakdown to the ileostomy area.</p> <p>Findings:</p> <p>During a review of Resident 1's closed clinical record, the "Admission Record" (contains demographic and medical information) indicated, Resident 1 was admitted to the facility on August 16, 2023, with diagnoses which included malignant neoplasm of colon (abnormal growth of tissue in the large intestine), abdominal hernia (intestine or other tissue bulging out through a weakness or gap in the stomach wall) with obstruction, and anemia (condition in which the body does not have enough healthy red blood cells to provide oxygen to body tissues). Further review indicated Resident 1 was discharged from the facility on August 22, 2023.</p> <p>During a concurrent interview and record review, on August 30, 2023, at 10: 48 AM, with the Assistant Director of Nursing (ADON), the DON reviewed Resident 1's Physician Order, dated August 16, 2023, which indicated Resident 1 had an order for "Ileostomy care QD (every shift) & (and) as needed every shift..." with a start date of August 17, 2023,</p> <p>During further interview and record review, on August 30, 2023, at 10:50 AM, with the ADON, the ADON reviewed Resident 1's "Treatment Administration Record "(TAR- a report detailing the administered care provided to the resident by the healthcare professional), for the month of August 2023, and acknowledged there were no documentation to indicate Resident 1 was</p>	F 691	<p>> 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>The Medical Records Department completed an audit of all residents with Colostomies/Ileostomies and found that no other residents were affected by the deficient practice. There is currently only 1 resident who has a colostomy currently.</p> <p>> What measures will be put into place or systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The Medical Records Department under the direction of the Director of Nursing will audit eTAR (Electronic Treatment Administration Record) daily for completion of Colostomy/Ileostomy care and report findings to the DON/ADON. The DON/ADON will address findings with licensed nurses to ensure care is provided as ordered.</p> <p>>How the facility plans to monitor its performance to make sure that the solutions are sustained:</p> <p>The Medical Records Director will discuss findings weekly in the Stand-Up morning meeting. The QA Nurse will review completion of Colostomy/Ileostomy care documentation findings Monthly and report findings to the DON/ADON. The DON, ADON, Medical Records Director, Administrator will meet every 3 months for 2 Quarters with the QA Committee to review Colostomy/Ileostomy Care findings with the QA Committee until resolution.</p>	9/13/23	9/13/23

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F 691	<p>Continued From page 2</p> <p>provided ileostomy care for the following shifts:</p> <p>i. August 17, 2023, evening shift (3:00 PM to 11:00 PM)</p> <p>ii. August 17, 2023, night shift (11:00 PM to 7:00 AM)</p> <p>iii. August 20,2023, evening shift.</p> <p>iv. August 21, 2023, night shift.</p> <p>During a concurrent interview and record review, on August 30, 2023, at 11:08 AM, with the ADON, the facility's policy and procedure (P&P) titled, "Colostomy/ Ileostomy Care," dated October 2010, was reviewed. The P&P indicated, "Documentation: The following information should be recorded in the resident's medical record: 1. The date and time the colostomy/ ileostomy care was provided ... ". The ADON stated the policy was not followed and should have been.</p> <p>During further interview and record review, with the ADON, on August 30, 2023, at 11:10 AM, the ADON reviewed the facility's undated P&P titled, "Physician Orders," which indicated, "1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this stated ...". The ADON stated the policy was not followed because there was no documented evidence to show the treatment order was done by staff on those shifts.</p>	F 691			