

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

PRINTED: 05/10/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555566</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/04/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORONA POST ACUTE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTH MAIN STREET</b> <b>CORONA, CA 92882</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 the investigation of a complaint.  Complaint Number: CA00833660.  Representing the Department: Health Facilities Evaluator Nurse:  Surveyor Federal ID number: 36038  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 identified for the Complaint number: CA00833660.	F 000	The following plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to and does not constitute an agreement with alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction.		
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v)  §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that	F 563	Corrective action(s) for residents found to have been affected by this deficiency:  Resident A no longer resides at this facility.  Corrective action(s) for residents that may be affected by this deficiency:  All residents with family/friends/acquaintances have the potential to be affected by this deficiency. The resident right to have or deny visitors was observed as the facility re-opened visitation to align with CDPH and CDC guidelines and facility policy.		

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

TITLE

(X6) DATE



NHA

5/17/23

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 563	<p>Continued From page 1</p> <p>provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and</p> <p>(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide access to a family member who wanted to visit the resident after visiting hours, for one of three sampled residents (Resident A).</p> <p>This had the potential to affect Resident A's psychosocial well-being negatively.</p> <p>Findings:</p> <p>On April 3, 2023, at 11:45 a.m. Resident A's family member (FM) was interviewed. The FM stated the facility admitted Resident A on March 20, 2023, at 8 p.m. The FM stated Resident A's immediate family member came to the facility to see the resident at around 10 p.m. The FM stated resident's immediate FM was not allowed entry to the facility to see the resident. The FM stated a nurse told the resident's FM the visitation hours were up to 7 p.m. only.</p> <p>On April 3, 2023, at 1:25 p.m., an unannounced visit was conducted to the facility to investigate a resident's rights issue.</p> <p>A review of Resident A's record indicated,</p>	F 563	<p>Measure(s) that will be put in place to ensure that this deficiency does not recur:</p> <ol style="list-style-type: none"> <li>1. The Administrator and the Director of Staff Development (DSD) conducted in-services for facility staff to provide education regarding the revised visitation policy which aligns with CDPH and CDC guidelines with an emphasis on the importance that visitation and social interaction play in improving resident quality of life, as well as conducting visitation through different means when necessary (see attachment F-563)</li> <li>2. The Social Services Director, Activities Director, and Admissions Director will continue to share the visitation policy with visitors and residents.</li> </ol> <p>Measure(s) that will be implemented to monitor continued effectiveness of the corrective action(s) taken to ensure that this deficiency has been corrected and will not recur:</p> <p>The Activities Director and/or the Social Services Director will provide a report regarding any visitation issues at the scheduled QA Meeting x3 or until substantial compliance is determined.</p> <p>Date of Compliance: 5/19/23</p>		

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F 563	<p>Continued From page 2</p> <p>Resident A was admitted to the facility on March 20, 2023, with diagnoses which included septic arthritis (infection of joints fluids and tissues), s/p (status post - after) knee replacement.</p> <p>On April 3, 2023, at 1:40 p.m., during an interview with the Director of Nursing (DON), the DON stated the facility visiting hours were from 12 p.m. to 8 p.m.</p> <p>On April 3, 2023, at 4:10 p.m., during an interview with the Registered Nurse Supervisor (RNS), the RNS stated the visiting hours of the facility were from 10 a.m. to 7 p.m., but if a visitor came into the facility after 7 p.m., the visitors should be allowed entry to the facility.</p> <p>On April 3, 2023, at 4:45 p.m., during an interview with the Administrator (ADM), the ADM stated there were no designated visiting hours. She stated the resident's visitors could come anytime.</p> <p>On April 3, 2023, at 6 p.m., during an interview with the Receptionist, the Receptionist stated she was told the visiting hours were from 10 a.m. to 7 p.m. The receptionist stated visitors were not allowed to enter the facility after 7 p.m.</p> <p>On April 4, 2023, at 2:10 a.m., during an interview with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated the visiting hours were from 10 a.m. to 7 p.m.</p> <p>On April 4, 2023, at 2:30 a.m., during an interview with Certified Nurse Assistant (CNA) 1, CNA 1 stated the facility's visiting hours were from 10 a.m. to 8 p.m.</p> <p>On April 28, 2023, at 2:05 p.m., during an</p>	F 563			

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F 563	<p>Continued From page 3</p> <p>interview with the Social Service Director (SSD), the SSD stated there were no visiting hours. The SSD stated residents' visitors could come anytime they wanted to. The SSD stated the FM called her to inform her, resident's immediate family member was denied entry to the facility to see the resident. The SSD stated the resident's immediate FM was unable to talk to the resident.</p> <p>On May 1, 2023, at 12:39 p.m., during an interview with the Business Office Staff (BOS), the BOS stated the facility allowed visitors from 10 am to 7 p.m. The BOS stated after 7 p.m., the visitors were not allowed entry to the facility. The BOS stated the visitors were asked to come back to visit the following day.</p> <p>A review of the facility policy and procedure titled, "Visitation," revised May 2017, indicated, " ...The facility provides 24-hour access to all individuals visiting ..."</p>	F 563			