

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER CORONA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1400 CIRCLE CITY DRIVE CORONA, CA 92879	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse by a staff member for one of three residents (Resident 1). This failure had the potential to put Resident 1 and other vulnerable residents at risk for further abuse. Findings: On June 18, 2020, at 9:40 a.m., an unannounced visit was conducted at the facility for the investigation of a facility reported incident. On June 18, 2020, at 10 a.m., the Administrator (Adm) was interviewed. The Adm stated staff noticed a bruise on Resident 1's right hand on April 13, 2020. She stated she spoke with Resident 1, who told her a black man grabbed her. The Adm stated she checked her staff and no black male staff provided care for Resident 1 prior to the identification of the bruise. On June 22, 2020, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The history and physical examination [REDACTED]. The Progress Notes, dated April 13, 2020, at 2:22 p.m., indicated, .Charge nurse interview (sic) resident, resident states A black worker here grabbed my hand because I tried to hit him . The IDT Progress note, dated April 14, 2020, at 1:02 p.m., indicated, .During resident interview patient expressed; A black male worker grabbed my hand because I tried to hit him . There was no documented evidence an investigation was conducted regarding the possible involvement of Certified Nursing Assistants (CNAs) 1 and 2 in the alleged abuse. On August 10, 2020, at 11:26 a.m., a telephone interview was conducted with the Adm. She stated in doing a review of the staff, on August 6, 2020, (115 days from April 13, 2020 when Resident 1 made the allegation) she realized she did have two black male CNAs (CNA 1 and CNA 2) who provided care for Resident 1. She stated she was not familiar with all her staff and did not know the male CNAs were black. She further stated she has not spoken to the CNAs regarding the incident with Resident 1. On August 13, 2020, at 9:50 a.m., a telephone interview was conducted with the Adm. She stated she did not thoroughly investigate the incident with Resident 1 and she should have. The undated facility document titled, Abuse Investigations, was reviewed. The document indicated, .The reports of resident abuse, neglect and injuries of unknown sources shall be promptly and thoroughly investigated by facility management .		
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.