

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 10/01/2020
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 0745 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a medically related social service such as a psychiatrist evaluation was completed in accordance with the physician order [REDACTED]. Findings: Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident A's History and Physical (H & P), dated September 19, 2019, was reviewed and indicated the resident does not have the capacity to understand and make decisions. A review of Resident A's physician's orders [REDACTED]. On May 2, 2020, May have Psychology/Psychiatrist evaluation . ; b. On July 2, 2020, SSD (Social Service Director) to Follow up for Psychosocial needs .; and c. On August 13, 2020, Psych eval started on [MEDICATION NAME] (an antidepressant and antianxiety). On August 18, 2020, at 12:40 p.m., the Social Service Designee (SSD) was interviewed. She stated the psych evaluation ordered by the physician on May 2, and July 2, 2020, should have been initiated for Resident A. On August 18, 2020, at 1:25 p.m., the Administrator was interviewed, and verified their SSD resigned that was why the SSD evaluation was not done for Resident A. On August 18, 2020, at 3 p.m., the Registered Nurse Supervisor (RNS) was interviewed. The RNS stated the resident (Resident A) should have been assessed for any psychosocial needs, and these needs should have been addressed. On September 14, 2020, at 11 a.m., Resident A's dietary progress notes were reviewed with the Director of Nursing (DON). She stated the dietary progress note dated May 6, 2020, indicated the resident had a change in behavior, and that Resident A may benefit from psych evaluation. A review of the undated facility document titled, Social Service Designee, indicated, . the primary purpose of the position . to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis . A review of the policy and procedure titled, Physician order [REDACTED].		
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.