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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055121	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pelican Ridge Post Acute	466 Flagship Road Newport Beach, CA 92663

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40617 Based on interview, medical record review, and facility P&P review, the facility failed to ensure the POLST was followed for one of four sampled residents (Resident 1). This failure resulted in Resident 1 receiving CPR when found unresponsive despite the resident's request for resuscitative measures to not be followed as indicated in Resident 1's signed POLST. Findings: Review of the facility's P&P titled Advanced Directives reviewed ,d+[DATE], showed under the procedures section, upon admission or as soon as practicable thereafter, the resident and/or his/her legal representative or surrogate decision maker will be provided with information regarding preferred intensity of care or advance directives. The resident or his/her legal representative or surrogate shall complete this form as he/she desires which may include a POLST form. If there is an individual healthcare instruction documented by a healthcare worker, then this information shall be placed in the clinical record when provided by the resident or their representative. The document will be filed in the resident's clinical record in a place that is easily accessible in the event of any emergency. Closed medical record review for Resident 1 was initiated on [DATE]. Resident 1 was initially admitted to the facility on [DATE], and readmitted on [DATE]. Resident 1 expired on [DATE]. Review of Resident 1's H&P examination dated [DATE], showed Resident 1 had capacity to make medical decisions. Review of Resident 1's POLST dated [DATE], showed under Section A for Cardiopulmonary Resuscitation, the Do Not Attempt Resuscitation/DNR was marked. Review of Resident 1's Nurses Progress Note dated [DATE] at 1545 hours, showed Resident 1 was unresponsive with no pulse found, and CPR was initiated. On [DATE] at 1233 hours, a concurrent interview and closed medical record review for Resident 1 was conducted with LVN 1. LVN 1 stated CPR was initiated for Resident 1 because the resident's POLST could not be found. LVN 1 further stated once they found the POLST, CPR was continued because the resident's family member did not want them to stop the CPR. LVN 1 verified the POLST showed for the resident to be on a DNR which should have been followed. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 1027 hours, a concurrent interview and closed medical record review for Resident 1 was conducted with the DON. The DON stated the POLST was checked while providing CPR for Resident 1. The DON verified the POLST indicated Resident 1 was DNR. The DON was asked if POLST would be honored, the DON stated yes.