

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Pelican Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0557 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Pelican Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0557</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, facility document review, and medical record review, the facility failed to ensure one of eight sampled residents (Resident 1) was treated with dignity and respect when the facility failed to send some of Resident 1's belongings upon discharge from the facility. This failure had the potential to negatively affect Resident 1's well-being. Findings: Closed medical record review for Resident 1 was initiated on 7/7/25. Resident 1 was admitted to the facility on [DATE], and was discharged to home on 5/24/25. Review of the facility's document titled Resident's Clothing and Possessions dated and signed by Resident 1 and the facility staff on 5/13/25, showed Resident 1 had one black shoes, one black pair of socks, three t-shirts, one pant, one green walker, one wallet with ID, one Samsung cell phone, one black jacket, and \$175 cash upon admission to the facility. Review of Resident 1's H&P examination dated 5/14/25, showed Resident 1 had the capacity to understand and make decisions. Review of Resident 1's MDS assessment dated [DATE], showed Resident 1 had a BIMS score of 15, which meant the resident was cognitively intact. Review of the facility's document titled Resident's Clothing and Possessions dated and signed by Resident 1 and the facility staff on 5/24/25, showed Resident 1 was sent with the following items upon discharge: one pair of glasses, one wallet with ID, one black belt, one black cell phone, two black pairs of shoes, and one green walker. On 7/8/25 at 1530 hours, an interview was conducted with the SSA. When asked about the facility's process regarding resident's missing clothing, the SSA stated the staff were notified, logged in the facility's Theft and Loss, looked for the items in the areas throughout the facility, checked the inventory list, if not in the inventory list, the family was notified. When asked if the facility was aware of any missing belongings for Resident 1, the SSA stated no, not that she could remember. On 7/9/25 at 0958 hours, a telephone interview was conducted with Resident 1. Resident 1 stated he had the following missing clothes from the facility: three shirts (one blue, one white, and one house shirt-spandex material), one black jacket, one pair of blue jeans. Resident 1 also stated he was missing money, however, could not remember if it was \$500 or more. In addition, Resident 1 stated he had called the facility with no return call received. On 7/9/25 at 0959 hours, an interview was conducted with the Housekeeping Director. When asked about her role when the residents who were discharged from the facility left behind personal clothes or belongings in the facility, the Housekeeping Director stated she checked her office if the personal belongings of the residents were stored for the discharged residents and then followed up with the Social Services staff who would call the discharged residents. The Housekeeping Director was asked to check in her office if Resident 1 had personal clothes left behind in the facility upon discharge. On 7/9/25 at 1024 hours, an observation of Resident 1's belongings and concurrent interview was conducted with the Housekeeping Director. The Housekeeping Director showed a box with Resident 1's clothes which included three shirts (one white shirt, one blue shirt and one gray shirt), one black jacket, and one pair of blue jeans. The Housekeeping Director was asked if she had any documentation to show she communicated with the Social Services staff regarding Resident 1's clothes left behind in the facility upon discharge. The Housekeeping Director verified she did not have any documentation she notified the Social Services staff. The clothes observed inside the box shown by the Housekeeping Director for Resident 1 were consistent with the description provided by Resident 1 about his missing clothes. On 7/9/25 at 1037 hours, a follow-up interview was conducted with the SSA. She stated she was only informed about Resident 1's missing clothes as of this date and she received the information from the Housekeeping Director. On 7/9/25 at 1038 hours, a follow-up telephone call was conducted with Resident 1. Resident 1 was informed that the clothes he reported missing along with other clothes labeled with his name, were located. In addition, there were keys and money left in the facility and stored for safekeeping. Resident 1 was informed one of the facility staff will be delivering the items to his house on this day. Resident 1 verbalized his appreciation for the efforts made to find his missing belongings and for the pending delivery of his belongings left behind upon discharge. On 7/9/25 at 1042 hours, the Housekeeping Director stated she will return to Resident 1 all the personal items which remained in their possession upon the resident's discharge from the facility. On 7/9/25 at 1320 hours, a concurrent interview was conducted with the Administrator and the Housekeeping Director. The Administrator stated the nurses who discharged the residents let the residents sign the belongings list upon discharge from the facility. When the Housekeeping Director was asked who was in charge of the residents' belongings left behind in the facility, she stated it was the Social Services, and she did follow-up with them frequently regarding Resident</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Pelican Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0628</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the discharge instructions were documented for one of two sampled residents (Resident 1) reviewed for discharge. This failure had the potential for Resident 1 to have an inappropriate discharge. Findings: Review of the facility's P&P titled General Documentation Guideline dated 10/2024 showed it is the policy of this facility to document relevant findings in the clinical record specific to each individual resident's needs and condition. Closed medical record review for Resident 1 was initiated on 7/7/25. Resident 1 was admitted on [DATE], and was discharged on 5/24/25. Review of Resident 1's H&P examination dated 5/14/25, showed Resident 1 had the capacity to understand and make decisions. The H&P examination also showed the following diagnoses: Obstructive Uropathy, s/p Left Nephrostomy, AKI on CKD 3, Bladder CA, HTN, CVA, Chronic CHF. Review of Resident 1's Post Discharge Plan of Care and Summary dated 5/22/25, showed the following information:- Section RE5 Bladder Continence: Indwelling catheter use - Section RE10h: Functional status: Toileting - needs assist- Section D163: Foley Catheter Care: blank (no entry) - Section D1611: Other: blank (no entry) Review of Resident 1's Skilled Evaluation Notes under the Education/Notification section of the notes dated: 5/18, 5/19, 5/20, 5/21, 5/22, and 5/23/25, did not show any documentation. Review of Resident 1's Order Summary Report dated 7/7/25, showed a physician's order dated 5/22/25, Resident's health has improved sufficiently and no longer requires skilled nursing services. On 7/8/25 at 1407 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the DON. The DON verified the documented entries of Resident 1's Post Discharge Plan of Care and Summary dated 5/22/25. The DON also verified Sections D163 - Foley Catheter and D1611- Other, had no entries. The DON stated the licensed nurses had educated the resident in any special instructions i.e. Foley catheter care, etc. prior to the resident's discharge and would document the education provided in the resident's progress notes; however, the DON was not able to show documentation in the progress notes Resident 1 was provided with education to address the care needs of Resident 1, prior to the discharge from the facility. On 7/9/25 at 1425 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the DSD. The DSD verified the following:- Post Discharge Plan of Care and Summary dated 5/22/25, in Sections D163 - Foley Catheter, and D1611 - Other, had no entries; and- Skilled Evaluation Notes dated 5/21, 5/22, and 5/23/25, had no documentation under the Education/Notification section. The DSD verified the special care instructions on the Foley catheter care, nephrostomy care, among others which Resident 1 needed, were not documented in Resident 1's progress notes, Post Discharge Plan of Care and Summary, and Skilled Evaluation Notes. The DSD stated it should have been documented if the instructions were provided to Resident 1. On 7/9/25 at 1640 hours, an interview was conducted with the Administrator and DON. The Administrator and DON verified the findings.</p>		