

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Plaza Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1209 Hemlock Way Santa Ana, CA 92707	

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the weekly skin checks were completed and documented in the medical record as per the facility's P&P for one of two sampled residents (Resident 8). This failure had the potential for the resident's care needs not being met as their medical information was inaccurate.</p> <p>Findings:</p> <p>Review of facility's P&P titled Pressure Injury Prevention revised 6/27/24, showed the weekly skin checks will be completed and documented in the medical record.</p> <p>Closed medical record review for Resident 8 was initiated on 3/20/25. Resident 8 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 8's MDS assessment dated [DATE], showed Resident 8 had a BIMS score of 2, indicating severe cognitive impairment.</p> <p>Review of Resident 8's medical record showed the skin check was last completed on 2/26/25.</p> <p>On 3/20/25 at 1310 hours, an interview and a concurrent closed medical record review was conducted with LVN 4. LVN 4 verified Resident 8's closed medical record failed to show the weekly skin checks were completed after 2/26/25. LVN 4 stated the weekly skin checks should have been completed by the LVN charge nurse.</p> <p>On 3/20/25 at 1336 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON verified Resident 8's closed medical record failed to show the skin checks were completed for Resident 8 after 2/26/25. The DON stated the weekly skin checks should have been completed; however, the LVN from the registry agency had not completed the weekly skin checks for Resident 8.</p>

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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