STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055206	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Plaza Healthcare Center	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)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003 Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of four sampled residents' (Resident 1) medical record was accurate and complete. * The facility failed to ensure there was nursing documentation for 72 hours each shift for a COC. This failure posed the risk for changes in Resident 1's health condition to go undetected and possibly delay necessary care and treatment. Findings: Review of the facility's P&P titled Change of Condition Notification revised 4/2015 showed a licensed nurse will document each shift for at least 72 hours for a change of condition. Review of the facility's P&P titled Fall Management Program revised 3/2021 showed documentation of the fall incident in the medical record may include the resident's condition. Medical record review for Resident 1 was initiated on 4/4/25. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's H&P examination dated 12/28/24, showed Resident 1 could make needs known but could not make medical decisions. Review of Resident 1's medical record titled eINTERACT Change in Condition Evaluation - V 5.1 dated 2/21/25, showed Resident 1 had an unwitnessed fall on 2/20/25. Review of Resident 1's Post Fall Evaluation dated 2/2025 showed Resident 1 had an unwitnessed fall on 2/20/25 at 2331 hours, with no evidence of an injury. Further review of Resident 1's medical record failed to show the nursing staff had documented in each shift for 72 hours post the unwitnessed fall on 2/20/25. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	On 4/4/25 at 1007 hours, a concurrent interview and medical record review was conducted with LVN 4. LVN 4 verified Resident 1 had a history of an unwitnessed fall on 2/20/25. LVN 4 further verified the above findings. LVN 4 stated Resident 4 was transferred to the acute care hospital on 2/22/25. LVN 4 verified there should have been a COC documentation done every shift until the time of the transfer to the acute care hospital. LVN 4 stated a change of condition including falls required the license nurses to document every shift for 72 hours. LVN 4 stated the 72 hours COC documentation every shift would ensure the staff monitored the resident after a fall for the changes to their condition including neurological changes or pain. On 4/4/25 at 1034 hours, a concurrent interview and medical record review was conducted with RN 1. RN 1 stated the COC monitoring after a fall included the COC documentation every shift for 72 hours to ensure the residents after a fall were monitored for a change in health status. RN 1 stated any changes in the resident's status or condition will be reported to the physician for further orders. RN 1 verified Resident 1 did not have documented evidence of the COC documentation was conducted every shift for 72 hours status post the unwitnessed fall on 2/20/25. RN 1 stated the 72 hours COC documentation every shift would ensure the changes in the resident's condition were monitored. On 4/4/25 at 1400 hours, a concurrent interview and medical record review was conducted with the DON and Administrator. The DON acknowledged all the above findings.