

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 02/26/2026
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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to ensure the comprehensive care plan was revised for one of eight sampled residents (Resident 5). * The facility failed to ensure Resident 5's comprehensive care plan was revised to reflect the resident's inappropriate behaviors toward staff when ADL care was provided. This failure placed the resident at risk of not being provided with the appropriate interventions and individualized care. Findings: Review of the facility's P&P titled Person-Centered Care Planning revised 4/24/25, showed the facility must develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Additionally, the comprehensive care plans must be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Medical record review for Resident 5 was initiated on 2/25/26. Resident 5 was admitted to the facility on [DATE], with diagnosis including contractures (permanent or long-term tightening and shortening of skin, muscle, tendons or ligaments, causing joint stiffness and loss of motion) of left and right hands. Review of Resident 5's H&P examination dated 5/16/25, showed Resident 5 had no capacity to understand and make decisions. On 2/25/26 at 1445 hours, an interview was conducted with CNA 12. CNA 12 stated Resident 5 occasionally swung with his arms toward her when she was providing ADL care to the resident; this happened once or twice a week. CNA 12 further stated Resident 5 would cooperate with care when she returned at a later time to encourage him. Review of Resident 5's plan of care failed to show a care plan problem addressing Resident 5's inappropriate behavior towards the facility staff during care. On 2/25/26 at 1610 hours, a telephone interview was conducted with LVN 5. LVN 5 stated Resident 5 had contracted fingers in both hands but was able to move his arms. Additionally, Resident 5 had history of removing his Kerlix rolls (type of dressing to cover wounds and prevent movement of other dressings), scratching and picking on his skin, and swinging his arms at the facility staff during care. LVN 5 further stated the resident's behavior of swinging his arms toward the facility staff during care was not documented and should be documented in the resident's care plan. On 2/26/26 at 1420 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 5's plan of care was not updated to reflect Resident 5's inappropriate behavior towards the facility staff during care. On 2/27/26 at 1129 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the findings.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055206	If continuation sheet Page 1 of 1