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	06/26/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **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 one of five residents (Resident 1) was free from abuse. * The facility failed to ensure Resident 1 was free from abuse by Resident 2 when Resident 2 struck Resident 1 on the left forearm with a wooden back scratcher. This failure placed the resident at risk for further abuse.Findings: Review of the facility's P&P titled AN01 Abuse Prevention and Management revised 5/2024 showed the facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment. The Facility develops policies, procedures, training programs, and screening and prevention systems. To address the health, safety, welfare, dignity, and respect of residents. Reports of resident abuse, mistreatment, neglect, exploitation, injuries of an unknown source, and any suspicion of crimes are promptly reported and thoroughly investigated. Review of the facility's P&P titled P - AN01 Abuse Prevention and Management revised 5/30/24, showed Abuse is defined as the willful, deliberate infliction of injury, unreasonable confinement, involuntary seclusion, and physical or chemical restraint not required to treat symptoms, and/or imposed for the purposes of discipline or convenience, intimidation, exploitation, misappropriation of resident property, mistreatment, and injuries of unknown source or punishment with resulting physical harm, pain, or mental anguish. Abuse includes the neglect and deprivation of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Abuse also includes verbal abuse, sexual abuse, physical abuse, mental abuse, or abuse facilitated or enabled by the use of technology that causes physical harm, pain, or mental anguish. The P&P showed willful, as related to abuse, is defined as the individual acting deliberately (not inadvertent or accidental) and not that the individual must have intended to inflict injury or harm. Further review of the P&P showed to prevent abuse, the facility identifies, corrects, and intervenes in situations in which abuse, neglect, exploitation, misappropriation of resident property and/or mistreatment is more likely to occur. a. Medical record review for Resident 1 was initiated on 6/26/26. Resident 1 was admitted to the facility on [DATE], and readmitted [DATE]. Review of Resident 1's H&P examination dated 4/22/26, showed Resident 1 had no mental capacity to make decisions. Review of Resident 1's Care Plan Report dated 6/16/26, showed Resident 1 was struck once on the left forearm with wooden back scratcher by Resident 2. b. Medical record review for Resident 2 was initiated on 6/26/26. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's H&P examination dated 9/8/25, showed Resident 2 was alert and oriented. Review of Resident 1's Care Plan Report dated 6/16/26, showed Resident 2 was observed striking Resident 1 once on the left forearm with wooden back scratcher while seated in the middle hallway intersection outside Room A. On 6/26/26 at 0802 hours, an interview with Resident 2 was conducted in her room. Resident 2 stated she and Resident 1 had an altercation before about one month ago where Resident 1 slapped her while playing jeopardy in the patio. On 6/26/26 at 0845 hours, an interview the DON was conducted. When asked if there was history of an altercation between Residents 1 and 2, the DON stated there was. The DON verified a report was filed for the incident where Resident 1 slapped Resident 2 while in the patio. The DON (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	verified this was Resident 1 and Resident 2's second altercation between each other. On 6/26/26 at 1535 hours, a telephone interview was conducted with LVN 1. LVN 1 stated the incident was observed by a staff and reported Resident 2 swung her back scratcher towards Resident 1 and struck her on the forearm. LVN 1 stated he was called to help during the altercation and both residents were then separated. On 6/23/26 at 1722 hours, an interview with the Administrator and the DON was conducted. The Administrator and the DON acknowledged the above findings.