STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055237	A. Building B. Wing	04/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Victoria Healthcare and Rehabilitation Center	340 Victoria Street Costa Mesa, CA 92627

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** 40617 Based on interview, medical record review, and facility document review, the facility failed to ensure the complete and accurate medical record for one of five sampled residents (Resident 1). * There was no change in condition completed when Resident 1 pulled out the GT and when the GT was reinserted by the physician. This failure had the potential to negatively impact Resident 1's care and treatment. Findings: Review of the facility's P&P titled Change of Condition Reporting revised 5/2019 showed a resident'schange in condition and response should be documented in the eInteract Change of Condition. Closed Medical record review for Resident 1 was initiated on 4/24/2024. Resident 1 was admitted to the facility on [DATE], and discharged from the facility 7/21/23. Review of Residents 1's MDS dated [DATE], showed the resident had severe cognitive impairment. Review of Resident 1's H&P examination dated 7/19/23, showed Resident 1 did not have the capacity to understand and make medical decisions. Resident 1's H&P examination dated 7/19/23, also showed Resident 1 was agitated during the night and pulled out his GT. On 4/29/24 at 1000 hours, an interview and concurrent closed medical record review was conducted with the DON and Medical Records Director. Review of Resident 1's physician's progress note dated 7/19/23, showed Resident 1 was agitated during the night and pulled out his GT. Review of Resident 1's surgical consult note dated 7/19/23, showed the emergent replacement of the GT was performed. Review of Resident 1's medical record did not show a COC report addressingwhen Resident 1 pulled out his GT or when the GT was emergently replaced. The DON stated a COC report should have been completed for when the GT was pulled out and when it was replaced. On 4/29/24 at 1358 hours, an interview and concurrent closed medical record review was conducted with the Medical Records Director. The Medical Records Director stated when there wasa COC, the LVN would initiate it and the RN would follow up by contacting the physician and noting the new orders. The nursing staff were required to then monitor the resident every shift for 72 hours after the event to assess for any changes in the resident as a result of the incident.

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