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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055330 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/05/2025 |
| NAME OF PROVIDER OR SUPPLIER Advanced Rehab Center of Tustin | | STREET ADDRESS, CITY, STATE, ZIP CODE 2210 E. First Street Santa Ana, CA 92705 | |
| 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 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52238</p> <p>Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the mailed package was unopened and delivered for one of two sampled residents (Resident 1). This failure had the potential to violate the resident's rights to receive mail.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Resident Rights revised December 2016 showed the Federal and State laws guarantee certain basic rights to all residents of this facility. These rights include to communicate and access to people and services inside and outside the facility and communicate in person and by mail, email, and telephone with privacy.</p> <p>Review of the facility's document titled Resident Rights (undated) showed the resident may promptly send and receive mail unopened and have access to writing supplies.</p> <p>Closed medical record review for Resident 1 was initiated on 2/5/25. Resident 1 was admitted to the facility on [DATE], and discharged to a board and care on 10/12/24.</p> <p>Review of Resident 1's H&P examination dated 8/23/24, showed Resident 1 had the capacity to understand and make medical decisions.</p> <p>On 1/30/25, CDPH, L&C Program received a complaint from Family Member 1 claiming she sent a package to Resident 1. Family Member 1 stated the facility received and opened the package. Resident 1 was not in the facility during the time of the delivery.</p> <p>On 2/5/25 at 0849 hours, an observation and concurrent interview was conducted with the Admission Assistant. The Admission Assistant stated she was aware of the mailed package for Resident 1 and showed the mailed package was in the admission's office. The Admission Assistant stated she spoke with Family Member 1 about 15 days ago and informed her she would physically deliver Resident 1's package to her current SNF where she resided. However, the Admission Assistant stated she was not able to deliver the package due to her busy schedule at the facility. Resident 1's package was observed with tan color tape over the original clear packing tape. The original clear packing tape was observed cut open. Additionally, a return address was observed on the package. The Admissions Assistant verified Resident 1's package was opened and not delivered to Resident 1 or returned to the sender.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 055330 |
| | | If continuation sheet Page 1 of 2 |

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| <p>F 0576</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>On 2/5/25 at 0902 hours, an interview was conducted with the Administrator. When asked, the Administrator stated the facility's process was to secure the mailed package and work with the resident regarding a timeframe when to deliver the package to the resident.</p> <p>On 2/5/25 at 1008 hours, an interview was conducted with Family Member 1. Family Member 1 stated she spoke with a female staff about Resident 1's mailed package. However, Family Member 1 stated the female staff did not provide a concrete answer on how and when the package would be delivered to Resident 1. Family Member 1 further stated the female staff opened the package.</p> <p>On 2/5/25 at 1112 hours, a follow-up interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.</p> |