

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 04/16/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed ensure timely reporting of a staff to resident abuse allegation for one of eight sampled residents (Resident 1).</p> <p>* CNA 3 allegedly sat next to Resident 1, put his hand on the resident's shoulder and made the resident feel uncomfortable. This failure had the potential for abuse to go unreported at a facility with a highly vulnerable resident population and posed the risk of continued abuse of the residents.</p> <p>Findings:</p> <p>Review of facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating revised April 2024 showed resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management at the time to ensure resident is safe. Findings of all confined investigations</p> <p>are documented and reported. The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <p>a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's attending physician; and g. The facility medical director. Immediately is defined as: a. within two hours of an allegation involving abuse or result in physical harm/serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in physical harm/serious bodily injury.</p> <p>Review of the facility's SOC 341 - Report of Suspected Dependent/Elder Abuse dated 4/10/25, showed the facility reported an abuse allegation to the CDPH, L&C Program on 4/10/25 at 1521 hours. The SOC 341 showed Resident 1 was the alleged victim and CNA 3 was the alleged suspected abuser, and the incident was reported by Resident 1 on 4/4/25 around 1745 hours.</p> <p>Review of Resident 1's medical record was initiated on 4/10/25. Resident 1 was admitted to the facility on [DATE].</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's MDS assessment dated [DATE], showed the resident had a BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Review of the facility's Grievance/ Complaint Report Form dated 4/5/25, showed CNA 3 came to Resident 1's room while she was on her phone. CNA 3 sat next to Resident 1 and put his hand on her shoulder (brushing), making Resident 1 feel uncomfortable.</p> <p>On 4/10/25 at 1000 hours, an interview was conducted with Resident 1. Resident 1 stated the alleged abuse incident with CNA 3 occurred on 4/4/25. Resident 1 stated while she was playing a game on her phone, CNA 3 sat on her bed and put his arms around her. Resident 1 gestured towards her shoulder and touched her thigh. Resident 1 further stated she felt uncomfortable and violated. Resident 1 stated she reported the incident to RN 2.</p> <p>On 4/10/25 at 1240 hours, an interview was conducted with RN 2. RN 2 verified the alleged abuse incident occurred on 4/4/25, and stated the DON, SSD, and Administrator were informed.</p> <p>On 4/10/25 at 1355 hours, an interview was conducted with the SSD. The SSD stated she was informed of the alleged abuse incident on 4/4/25, and received the grievance on 4/7/25.</p> <p>On 4/10/25 at 1430 hours, an interview was conducted with the DON. The DON stated the alleged abuse was reported to her on 4/4/25, and the grievance report was filed by RN 2. The DON further stated she would submit the SOC.</p> <p>On 4/11/25 at 1029 hours, an interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.</p>