STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055330	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Rehab Center of Tustin	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **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 personal belongings for one of six sampled residents (Resident 2) were kept safe from loss or theft. * The facility failed to update Resident 2's personal inventory to include Resident 2's Apple iPad. Additionally, the facility failed to ensure the CNA reported the missing Apple iPad according to the facility's policy. These failures resulted in the loss of Resident 2's iPad and had the potential to negatively impact the resident's wellˆbeing.Findings: a. Review of the facility's P&P titled Personal Property dated 2001 showed the residents personal belongings are inventoried and documented upon admission and updated as necessary. Medical record review for Resident 2 was initiated on 6/23/26. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's H&P examination dated 6/22/26, showed the resident had fluctuating capacity. Review of Resident 2's Inventory Log dated 6/22/26, showed the resident had three blouses, two hats, five pairs of pants, one set of slippers, and one pair of glasses. The inventory did not list an iPad. On 6/23/26 at 1636 hours, an interview was conducted with Resident 2. Resident 2 stated her iPad was missing from her room. Resident 2 stated she could not remember when she last saw the iPad and stated she informed the staff, but could not recall whom she spoke to. On 6/23/26 at 1639 hours, an interview was conducted with the SSA. The SSA stated she was familiar with Resident 2 through daily rounds. The SSA stated the resident had a tablet with a purple cover and typically kept it on her bedside table or in the pocket of her wheelchair. The SSA stated she had not seen the tablet recently. On 6/26/26 at 0857 hours, a follow up interview and concurrent medical record review was conducted with the SSA. The SSA stated the last time she saw Resident 2's tablet was sometime the week prior to the resident's most recent hospitalization. The SSA verified the above findings and stated the tablet should have been listed on the resident's inventory log. On 6/26/26 at 1013 hours, an interview was conducted with CNA 1. CNA 1 stated Resident 2 did have a tablet and the last time she saw it was sometime the previous week. CNA 1 stated the CNAs are responsible for updating the residents' inventory logs as needed. b. Review of the facility's P&P titled Investigating Incidents of Theft and/or Misappropriation of Resident Property revised April 2017 showed the facility will exercise reasonable care to protect the resident from property loss or theft and training staff to educate them about activities that constitute and procedures for reporting misappropriation of resident property. On 6/23/26 at 1639 hours, an interview was conducted with the SSA. The SSA stated the missing tablet had not been reported to her. On 6/26/26 at 1013 hours, an interview was conducted with CNA 1. CNA 1 stated Resident 2 informed her the tablet was missing and asked if she had seen it. CNA 1 stated she searched the resident's room, including in between the mattress, under bed, in other residents' room and in trash cans, but she was unable to locate Resident 2's tablet. CNA 1 stated she told Resident 2 she would report the missing tablet but Resident 2 stated she already informed somebody. CNA 1 stated she did not report the missing tablet to the Social Services. On 6/26/26 at 1158 hours, an interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.

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