STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055542	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Care Center	8487 Magnolia Avenue Riverside, CA 92504

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the written notice of proposed transfer and discharge was provided to the resident or resident representative (RR), for one of four residents reviewed (Resident 2). This failure had the potential for the resident or resident representative not to be aware of the transfer/discharge rights and process to appeal the transfer/discharge. Findings: On May 20, 2026, at 11:06 a.m., an unannounced visit was conducted at the facility to investigate a complaint regarding discharge. On May 20, 2026, Resident 2's medical record was reviewed. Resident 2 was admitted to the facility on [DATE], with diagnoses which included chronic respiratory failure with hypoxia (the lungs have a long-term, ongoing problem getting enough oxygen into your bloodstream), tracheostomy (a surgically created hole in the front of the neck that leads directly into the windpipe), and dependence on respirator (ventilator) (body relies on a machine to breathe because your lungs or the muscles that control them cannot do the job on their own).A review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated April 21, 2026, indicated Resident 2 had a BIMS (Brief Interview of Mental Status - a cognitive assessment tool) score of 05 (severe cognitive impairment- unable to understand and make decisions). A review of Resident 2's COC (Change of Condition)/eINTERACT ASSESSMENT FORM, dated May 1, 2026, at 11:30 a.m., indicated, .during routine rounds by respiratory .observed that resident looks different .tried to wake him up .stimulate him but no response .vital signs taken within normal range .no respiratory distress noted .on ventilator .altered mental status .placed a call to MD (medical doctor) .will transfer to acute hospital via 911 .A review of Resident 2's eINTERACT Transfer Form, dated May 1, 2026, at 11:40 a.m., indicated, .transfer .sent to .hospital .05/01/2026 (May 1, 2026) at 12:10 p.m altered mental status .A review of Resident 2's Physician Orders, dated May 1, 2026, indicated, .Transfer to acute hospital for ALOC (altered level of consciousness), bed hold x 7 days if admitted .On May 20, 2026, at 2:14 p.m., a concurrent interview and record review was conducted with Social Services Director (SSD). The SSD stated the facility transfer process was to notify the responsible party (RP) over a telephone call when there was a change in condition and physician orders were received to transfer the resident to acute care setting. The SSD stated the Notice of Proposed Transfer/Discharge document will be completed and faxed to the Ombudsman, then mailed via standard mail or emailed to the RR. The SSD stated she did not keep record or documentation of when she mailed or emailed the Notice of Proposed Transfer/Discharge document. The SSD stated the Notice of Proposed Transfer/Discharge was mailed to Resident 2's RR via standard mail and she did not know if the RP received the Notice of Proposed Transfer/Discharge. The SSD stated she should have followed up with a phone call and email to ensure that Resident 2's RR received the Notice of Proposed Transfer/Discharge, understood the document, understood their rights to appeal and if they had any further questions. On May 20, 2026, at 4:21 p.m., a concurrent interview and record review were conducted with the Director of Nursing (DON). The DON stated to ensure that the RR received the Notice of Proposed Transfer/Discharge, the facility should send the Notice of Proposed Transfer/Discharge by certified mail. A review of the facility's policy and procedure titled, Transfer (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

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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and Discharge (including AMA), dated December 19, 2022, indicated, .the facility's transfer/discharge notice .will be provided to the resident and the resident's representative in a language and manner .in which they can understand .The notice will include all of the following at the time it is provided .specific reason and basis for transfer or discharge .effective date of transfer or discharge .the specific location .to which the resident is to be transferred or discharged .an explanation of the right to appeal the transfer or discharge to the State .name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests .information on how to obtain an appeal form .information on obtaining assistance in completing and submitting the appeal hearing request .name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman .