STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055570	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Elizabeth Healthcare Center	2800 N. Harbor Blvd. Fullerton, CA 92835

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to implement the care plan interventions for two of eleven sampled residents (Residents 2 and 3). * The facility failed to ensure Residents 2 and 3's care plan interventions to monitor the signs and symptoms of hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose) were implemented. These failures posed the risk of the residents not receiving services that were person-centered to meet the specific needs of each resident. Findings: Review of the facility's P&P titled Comprehensive Person-Centered Care Planning revised April 2025 showed it is the policy of this facility that the IDT shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The IDT team will also develop and implement a baseline care plan for each resident, within 48 hours of admission, that includes minimum healthcare information necessary to properly care for each resident and instructions needed to provide effective and person-centered care that meet professional standards of quality care. 1. a. Medical record review for Resident 2 was initiated on 11/18/25. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's care plan for DM dated 6/9/25, showed the following interventions:- monitor/document/report to MD PRN for signs and symptoms of hypoglycemia: sweating, tremor, increased heart rate (tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait. - monitor/document/report to MD PRN for signs and symptoms of hyperglycemia: increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul breathing, acetone breath (smells fruity), stupor, and coma. Review of Resident 2's H&P examination dated 11/22/25, showed the resident had DM Type 2 with hyperglycemia. Review of Resident 2's MDS assessment dated [DATE], showed the resident was cognitively intact. Further review of Resident 2's medical record failed to show documented evidence the resident was monitored for the signs and symptoms of hypoglycemia and hyperglycemia. On 12/19/25 at 1303 hours, an interview and concurrent medical record review was conducted with RN 2. RN 2 verified Resident 2 was not monitored for the signs and symptoms of hypoglycemia and hyperglycemia. RN 2 stated the licensed nurse should have monitored Resident 2's signs and symptoms of hypoglycemia and hyperglycemia. RN 2 stated Resident 2 had diabetes and high risk of blood sugar fluctuations. On 12/19/25 at 1400 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 2 was not monitored for the signs and symptoms of hypoglycemia and hyperglycemia. The DON stated the licensed nurse should have identified there was no monitoring and should have initiated a way of monitoring Resident 2's signs and symptoms of hypoglycemia and hyperglycemia. b. Closed medical record review for Resident 3 was initiated on 11/18/25. Resident 3 was admitted to the facility on [DATE], and discharged on 11/21/25. Review of Resident 2's care plan for DM dated 10/30/25, showed the following interventions:- monitor/document/report to MD PRN for signs and symptoms of hypoglycemia: sweating, tremor, increased heart rate (tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait.- monitor/document/report to MD PRN for signs and symptoms of hyperglycemia: increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul breathing, acetone breath, stupor and coma. Review of Resident 2's H&P examination dated 10/31/25, showed the resident had DM Type 2 with diabetic chronic kidney disease. Review of Resident 2's MDS assessment dated [DATE], showed the resident was cognitively intact. Further review of Resident 3's medical record failed to show documented evidence the resident was monitored for the signs and symptoms of hypoglycemia and hyperglycemia. On 12/19/25 at 1320 hours, an interview and concurrent closed medical record review was conducted with RN 2. RN 2 verified Resident 3 was not monitored for the signs and symptoms of hypoglycemia and hyperglycemia. RN 2 stated the licensed nurse should have monitored Resident 3 for the signs and symptoms of hypoglycemia and hyperglycemia. RN 2 stated diabetic residents were at high risk for blood sugar fluctuations. On 12/19/25 at 1420 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON acknowledged the above findings. The DON stated the licensed nurse should have notified Resident 3's physician the resident was diabetic with no blood sugar checks. The DON stated the licensed nurse should have monitored Resident 3 for signs and symptoms of hyperglycemia and hypoglycemia at least every shift