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	06/30/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, facility document review and facility P&P review, the facility failed to ensure three of three sampled residents (Residents 1, 2 and 3) were provided with the necessary care and services. * The facility failed to ensure Resident 1, who was at risk for falls, was supervised while using the restroom resulting in an unwitnessed fall. * The facility failed to ensure the post-fall neurological assessments for Resident 2 were complete. In addition, the facility failed to complete a fall-risk assessment on admission for Resident 2. * The facility failed to ensure the post-fall neurological assessments for Resident 3 were complete. These failures posed a risk for the residents to sustain further falls and/or injuries, and also resulted in medical records containing incomplete or inaccurate information, which could negatively impact continuity of care.Findings: Review of the facility's P&P titled Fall Management System revised 12/2023 showed it is the policy of this facility to provide an environment that remains as free of accident hazards as possible. It is also the policy of this facility to provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs.when a resident sustains a fall, a physical assessment will be completed by a licensed nurse, with results documented in the medical record.follow up documentation will be completed for a minimum of 72 hours following the incident. Review of the facility's document titled In-service: Fall Prevention - Assisting Resident to the Bathroom dated 5/26/26, showed the following under protocols on assisting residents to the bathroom:- to ensure residents' safety, staff should stay with residents during toileting. If resident prefers to observe her/his right to privacy, staff stays within the vicinity to monitor and be readily available when resident needs assistance; and- if needed to be relieved, CNA/Staff must communicate to the team and request another staff to attend to the resident while in the bathroom. CNA must ensure that another staff is present in the vicinity to attend to residents' needs before leaving the resident. 1. Medical record review for Resident 1 was initiated on 6/29/26. Resident 1 was admitted to the facility on [DATE], with diagnoses including fall with injury. Review of Resident 1's H&P examination dated 5/6/26, showed the resident had history of falls and required care from the SNF. The H&P further showed the resident had no capacity to understand and make decisions. Review of Resident 1's Change in Condition dated 5/23/26, showed Resident 1 was found in the restroom, on the floor sitting on the left side of the toilet bowl at around 1145 hours. Resident 1 stated she was washing her hands, felt dizzy, fell backwards and landed on the floor. Resident 1 stated she tried to hold her walker to stop from falling but was unable to reach it. Resident 1 stated she hit her head. The Change in Condition further showed the resident had a history of having one to two falls in the past three months. Review of Resident 1's Progress Note dated 5/23/26, showed paramedics arrived and transported Resident 1 to the acute care hospital. Review of Resident 1's Fall Committee IDT dated 5/26/26, showed LATE ENTRY, IDT met and discussed resident's fall on 5/23/26. On 5/23/26 around 1130 hours, Resident 1 was assisted by a CNA to the toilet after she turned her call light on. Resident 1 told the CNA she needed to go to the toilet, CNA offered to use wheelchair to take her to toilet but Resident 1 insisted to use her walker. Resident 1 informed the (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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	15 minutes for four assessments, every 30 minutes for four assessments, every hour for four hours, and then every shift. On 6/30/26 at 1445 hours, an interview was conducted with the DON. The DON verified the fall risk evaluation for Resident 2 was never completed on admission. The DON also verified the neurological assessments for Residents 2 and 3 were not accurately and completely documented.