

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Pacific Haven Subacute and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12072 Trask Ave. Garden Grove, CA 92843	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**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 ensure one of six sampled residents reviewed for dining (Resident 1) received food prepared in a form to meet the resident's individual dietary needs.</p> <p>* The facility failed to ensure Resident 1 was provided with the chopped vegetables as per the physician's diet order. This failure had the potential for Resident 1 not liking the food based on the dietary modification and could affect the resident's quality of life.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Nutrition Management of Dysphagia dated 2023 showed in the section for dysphagia mechanical diet, all cooked vegetables should be chopped approximately half inch and cooked, soft to a mashable texture.</p> <p>Medical record review for Resident 1 was initiated on 6/12/25. Resident 1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's H&P examination dated 5/25/25, showed Resident 1 had the capacity to understand and make decisions.</p> <p>Review of Resident 1's Speech Therapy Treatment Encounter Note dated 6/2/25, showed Resident 1 had mild oropharyngeal dysphagia caused by reduced mastication impacted by reduced dentition and delayed swallow initiation. The Speech Therapy's recommendations showed to continue the mechanical soft, chopped diet for ease of oral phase.</p> <p>Review of Resident 1's Physician Order Summary showed an order dated 6/7/25, for fortified, no added salt diet, mechanical soft texture, thin liquids consistency, chopped meats/veggies, Asian menu, and renal diet. Further review of the physician's order showed restriction to dairy products, tomatoes, bananas, oranges, cantaloupe, and honeydew.</p> <p>Review of Resident 1's admission Record dated 6/12/25, showed Resident 1 had diagnoses which included dysphagia oropharyngeal phase.</p> <p>Review of Resident 1's meal ticket for lunch dated 6/12/24, showed mechanical soft Asian menu, fortified, no added salt, and chopped meat/veggies.</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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/25 at 1215 hours, Resident 1 was observed sitting in a wheelchair on the left side of her bed. Resident 1 was observed eating her lunch. Resident 1's food on the tray was a long piece of fish, cooked vegetable including napa cabbage, rice, four oz. of juice, hot ginger tea, and a red velvet cookie. Resident 1 was observed with long pieces of napa cabbage served on her lunch plate, approximately more than 1 inch in size. LVN 2 was called into the room and verified the above observation. LVN 2 verified the meal ticket showed chopped meats and veggies. LVN 2 verified the napa cabbage in Resident 1's lunch tray was big, approximately more than 1 inch and stated it should have been chopped more. LVN 2 stated she would let the dietary supervisor know.</p> <p>On 6/12/25 at 1227 hours, an interview and concurrent medical record review for Resident 1 was conducted with the DSS. The DSS verified the above findings and acknowledged Resident 1 was not served chopped vegetables for her lunch as ordered by the physician. The DSS stated the fish was served soft and was scoopable and did not need to be chopped; however, the vegetables which included the napa cabbage should have been chopped to less than a half inch approximately the size of the thumb nail. The DSS stated she would make sure Resident 1 would be served chopped vegetables and meats.</p> <p>On 6/12/25 at 4:43 hours, a telephone interview was conducted with the Speech Therapist. The Speech Therapist stated chopped meats/vegetables meant the meats and the vegetables should be cut approximately to thumb nail size which was around a half inch. The Speech Therapist was informed of the above findings. The Speech Therapist stated the fish would be flaky in texture when cooked and it did not need to be chopped; however, the cooked vegetable such as cabbage should be chopped to the thumb nail size before serving to the resident. The Speech Therapist stated Resident 1 was able to swallow the regular food; however, for her ease of swallowing Resident 1 should have been served with chopped vegetables as she recommended and as ordered by the physician.</p> <p>On 6/12/25 at 1706 hours, the DON and Administrator were informed and acknowledged the above findings.</p>		