

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Capistrano Beach Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35410 Del Rey Dana Point, CA 92624	

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 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**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 develop the comprehensive plan of care to reflect the individual care needs for one of six sampled residents (Resident 4). * The facility failed to develop a care plan when Resident 4 had an episode of dislodged nephrostomy tube. This failure had the potential for the residents to not receive the appropriate, consistent, and individualized care. Findings: Review of the facility's P&P titled Care Plans, Comprehensive Person-Centered revised 3/2022 showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Medical record review for Resident 4 was initiated on 9/3/25. Resident 4 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 4's MDS assessment dated [DATE], showed the resident's cognition was moderately impaired. Review of Resident 4's eINTERACT Change in Condition Evaluation - V 5.1 dated 8/19/25, showed the resident had dislodged nephrostomy tube. Review of Resident 4's Progress Notes showed the following:- dated 8/19/25 at 1421 hours, showed the resident's nephrostomy tube was dislodged, the physician was notified and ordered to transfer the resident to the acute hospital for nephrostomy tube re-insertion;- dated 8/19/25 at 1907 hours, showed the resident was transferred to the acute care hospital, and- dated 8/19/25 at 2222 hours, showed the resident arrived at the facility at 2000 hours, with a replaced nephrostomy tube from the acute care hospital. Review of Resident 4's plan of care failed to show a care plan was developed to address the resident's dislodged and replaced nephrostomy tube. On 9/11/25 at 1020 hours, an interview and concurrent medical record review was conducted with LVN 3. LVN 3 verified there was no care plan developed to address Resident 4's dislodged nephrostomy tube. LVN 3 stated whoever initiated the change of condition should have done the care plan for Resident 4's dislodged nephrostomy tube. On 9/11/25 at 1055 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 4 had an episode of dislodged nephrostomy tube. The DON stated a care plan was being initiated when the resident was admitted to the facility of if there was a change of condition. The DON stated the licensed nurse should have written Resident 4's nephrostomy tube was dislodged and the intervention should include the transfer to the acute care hospital. The DON further stated the care plan intervention should have included keeping the nephrostomy tube site clean and intact.</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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