STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055585	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capistrano Beach Care Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **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 the medical record for one of four sampled residents (Resident 1) was accurate. * Resident 1's PICC line dressing and Stat Lock were documented as being changed on 5/22/26; however, they were last changed on 5/15/26. This failure contributed to delay in Resident 1's PICC line dressing and Stat-lock to be changed as ordered by the physician.Findings: Review of the facility's P&P titled Charting and Documentation revised 7/2017 showed the medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Further review of the P&P also showed treatments or services performed should be documented in the resident medical record. Medical record review for Resident 1 was initiated on 5/27/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 5/11/26, showed Resident 1 had the capacity to understand and make medical decisions. Review of Resident 1's MDS assessment dated [DATE], showed the resident had moderate cognitive impairment. Review of Resident 1's Order Summary Report showed a physician's order dated 5/15/26, for Resident 1 to have his Right Upper Arm PICC dressing and Stat-lock changed every Friday. On 5/27/26 at 1545 hours, an observation was conducted with Resident 1. Resident was observed to have a PICC line inserted into his right upper arm with a dressing over it dated 5/15/25. On 5/27/26 at 1608 hours, an observation, interview, and concurrent medical record review for Resident 1 was conducted with RN 2. RN 2 confirmed he changed the dressing and Stat-lock on 5/15/25. RN 2 stated the dressing and Stat-lock should have been changed a week later on 5/22/26. Review of Resident 1's Intravenous MAR showed the PICC line dressing and Stat-lock had been documented as changed on 5/22/26 by RN 1. RN 2 stated the documentation should be done after a task was completed and not before. On 5/27/26 at 1630 hours an observation, interview, and concurrent medical record review for Resident 1 was conducted with the DON. The DON verified the above findings. The DON stated the PICC line dressing and Stat-lock should have been changed every Friday and as needed to prevent infections. The DON stated the documentation should have been done after the nurse completed the dressing change. The DON stated if the documentation was done prior to a task being performed, there was a potential for it to be missed. On 5/28/26 at 0730 hours, an interview and concurrent record review was conducted with RN 1. RN 1 stated she had documented that the task was completed but must have forgotten to update the record accordingly. RN 1 stated she should have documented it after she finished the dressing change. Cross Reference to F880

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
	055585	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capistrano Beach Care Center	35410 Del Rey Dana Point, CA 92624

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **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 the infection control practices were implemented for one of four sampled residents (Resident 1). * Resident 1's PICC line dressing and StatLock were not changed as ordered by the physician. This failure placed Resident 1 at increased risk for developing a central line-associated bloodstream infection related to the PICC line.Findings: Review of the facility's P&P titled Central Venous Catheter Care and Dressing Changes revised 3/2022 showed the purpose of the procedure is to prevent complications associated with intravenous therapy including catheter related infections that are associated with contaminated, loosened, soiled, or wet dressings. Further review of the P&P also showed to maintain a sterile dressing and to change it if it becomes damp, loosened, or visibly soiled. Medical record review for Resident 1 was initiated on 5/27/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 5/11/26, showed Resident 1 had the capacity to understand and make medical decisions. Review of Resident 1's MDS assessment dated [DATE], showed the resident had moderate cognitive impairment. Review of Resident 1's Order Summary Report showed a physician's order dated 5/15/26, for Resident 1 to have his right upper arm PICC dressing and Stat-lock to change every Friday. On 5/27/26 at 1545 hours, an observation was conducted with Resident 1. Resident 1 was observed to have a PICC line inserted in his right upper arm with a dressing dated 5/15/25. On 5/27/26 at 1608 hours, an observation, interview, and concurrent medical record review for Resident 1 was conducted with RN 2. RN 2 confirmed he changed the dressing and Stat-Lock on 5/15/25. RN 2 stated the dressing and Stat-Lock should have been changed one week later, on 5/22/26. On 5/27/26 at 1630 hours an observation, interview, and concurrent medical record review for Resident 1 was conducted with the DON. The DON confirmed the above findings. The DON stated the PICC line dressing and Stat-lock should have been changed every Friday, and as needed to prevent infections. Cross Reference to F842