

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48882</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide services to attain or maintain the highest practicable well-being for one of five sampled residents (Resident 4).</p> <p>* Resident 4 was noted with bilateral lower extremities swelling after the administration of intravenous fluids on 12/8/23, and transferred to the acute care hospital ED for abdominal pain and increased abdominal girth on 12/8/23. The facility failed to assess Resident 4's bilateral lower extremities swelling upon Resident 4's return to the facility on [DATE], failed to assess and monitor Resident 4's abdominal girth upon his return from the ED, and failed to obtain Resident 4's weekly weights as ordered by the physician. Resident 4 was transferred to the acute care hospital on 12/16/23, for elevated temperature and abdominal edema. These failures had the potential for Resident 4 to not receive appropriate care and monitoring to prevent the development of complications and/or delayed medical treatments.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Weight Management, undated showed the policy of the facility was to obtain baseline weight and identify significant weight change. In nursing facilities, weight will be obtained weekly for four weeks after admission. Subsequent weights will be obtained monthly unless the physician's orders or an individual's condition warrants more frequent weight measurements. Staff will follow acceptable procedure to obtain accurate weights.</p> <p>Review of the facility's P&amp;P titled Nursing Documentation dated 6/27/22, showed nursing documentation will follow the guidelines of good communication and be concise, clear, pertinent, and accurate based in the resident's condition, situation, and complexity. Documentation for subsequent and/or routine care and procedures may be completed by exception or the use of a checklist, flow charts, or other documentation tools. Documentation includes information about the resident's status, nursing assessment and interventions, expected outcomes, evaluation of the resident's outcomes, and responses to nursing care. Timely entry of documentation must occur as soon as possible after the provision of care and in conformance with time frames for completion as outlined by other policies and procedures. The patient's record specifies what nursing interventions were performed by whom, when, and where.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's P&amp;P titled Care Plan Comprehensive dated 8/25/21, showed an individualize comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental, and psychosocial needs shall be developed for each resident. Each resident's comprehensive care plan is designed to incorporate identified problems, incorporate risk and contributing factors with identified problems, reflect treatment goals, timetables, and objectives in measurable outcomes, aid in preventing or reducing declines in the resident's functional status and/or functional levels. The comprehensive care plan includes the following: the services that are to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being. Assessments of residents are ongoing and care plans are reviewed and revised as information about the resident and the resident's condition change.</p> <p>Closed medical record review for Resident 4 was initiated on 10/31/24. Resident 4 was admitted to the facility on [DATE], and discharged on [DATE]. Resident 4 had the following diagnoses: unspecified fractures of the lower end of the right tibia and upper and lower end of the right fibula, subsequent encounter for closed fracture with routine healing and unspecified cirrhosis (end-stage liver disease, a progressive, irreversible condition that occurs when the liver is permanently scarred and replaced with scar tissue and regenerative nodules) of the liver.</p> <p>Review of Resident 4's H&amp;P examination dated 11/21/23, showed Resident 4 had the capacity to understand and make decisions.</p> <p>Review of Resident 4's Order Summary Report dated 11/4/24, showed the following physician's orders:</p> <ul style="list-style-type: none"> <li>- dated 11/19/23, for weekly weight monitoring every Monday, on the day shift for four weeks.</li> <li>- dated 11/19/23, for weekly weight monitoring every day shift every one month starting on the 20th for 28 days.</li> <li>- dated 12/8/23, may send Resident 4 out to Hospital A due to abdominal distention and pain.</li> <li>- dated 12/9/23, to administer furosemide (diuretic, to treat fluid retention and swelling) 20 mg one tablet by mouth daily for edema (swelling caused by a collection of fluid in the spaces that surround the body's tissues and organs) for seven days.</li> <li>- dated 12/12/23, to administer furosemide 20 mg two tablets by mouth daily for edema for five days.</li> <li>- dated 12/15/23, for paracentesis procedure (a procedure that involves inserting a needle or tube into the abdomen to remove fluid from the peritoneal cavity) at Hospital B.</li> <li>- dated 12/16/23, to transfer Resident 4 to Hospital A, for evaluation due to elevated temperature and possible paracentesis.</li> </ul> <p>Review of Resident 4's Progress Notes showed the following documentations:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- dated 12/8/23 at 1056 hours, the General Progress Note showed a late entry for 1000 hours, the nurse documented the resident stated he was feeling weak, the physician was made aware and gave orders for one liter (intravenous fluid) at 100 ml per hour. The nurse documented she hung the IV bag and monitored the resident closely. After 300 ml of IVF infused, the physician was made aware that the resident was retaining fluids, noted with bilateral feet swelling +2. The nurse documented the IVF was stopped and the resident's lung sounds were clear.</p> <p>- dated 12/8/23 at 1817 hours, the Nurses Notes showed the resident was noted with an increase abdominal girth. The physician ordered Lasix 40 mg one time, urine analysis, and abdominal ultrasound.</p> <p>- dated 12/8/23 at 2001 hours, the General Progress Note showed the resident's family came to the nurse station and asked about the pin site redness and the family were made aware of IV antibiotics and oral antibiotics (the resident was receiving). The family asked about the swelling on the resident's feet and were made aware that the resident received 300 ml of fluid per the physician's order. The family insisted the physician needed to see the resident and were made aware that the physician was notified about the swelling on bilateral feet and the increased abdominal girth and had given an order for an extra dose of the Lasix (brand name for furosemide) 40 mg. Orders were explained to the family (and the family was) still insisting that the physician must come today to see (the resident). The physician was once again made aware and gave an order to send the resident out to Hospital A. 911 was called and transported the resident to Hospital A.</p> <p>- dated 12/8/23 at 2123 hours, the Nurses Notes showed the resident was transferred to Hospital A due to increasing abdominal girth. The resident was still in the emergency room .</p> <p>- dated 12/8/23 at 2215 hours, the eInteract SBAR Summary for Providers showed the change in condition reported was abdominal pain.</p> <p>* Under the section for Outcomes of Physical Assessment: Positive findings reported on the resident evaluation for this change in condition were:</p> <p>- for Cardiovascular Status Evaluation: (blank entry)</p> <p>- for Abdominal/GI Status Evaluation: Abdominal pain other</p> <p>- for Pain Status Evaluation: Does the resident have pain? (blank entry)</p> <p>* Under the section for Nursing observations, evaluation, and recommendation showed LVN 5 and RN 1 would be able to shed light more about the resident as they were the ones who had witnessed about the resident's signs and symptoms.</p> <p>There was no other information documented to provide information pertinent to the resident's change in condition.</p> <p>- dated 12/9/23 at 0110 hours, the Nurses Notes showed the resident was now back from the hospital without anything done for his increasing abdominal girth. Vital signs were documented.</p> <p>- dated 12/16/23 at 1100 hours, the Nurses Notes showed the resident was transferred to Hospital A for evaluation due to abdominal edema and elevated temperature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident 4's Progress Notes failed to show a change in condition assessment was initiated for Resident 4 feeling weak or the bilateral feet swelling after the infusion of intravenous fluids; failed to show the nursing documentation Resident 4's bilateral feet were assessed and monitored during the shift thereafter; failed to show documentation Resident 4's abdominal pain, and increased abdominal girth and bilateral feet swelling/edema were assessed after his return from Hospital A on 12/9/23; and failed to show Resident 4 was assessed and monitored (for 72 hours) for the abdominal pain, or the increased abdominal girth following the change in condition and after the resident's return from Hospital A on 12/9/23.</p> <p>Review of Resident 4's IV Orders for December 2023 showed Resident 4 was administered normal saline 0.9% at 100 ml/hr intravenously on 12/9/23 for the 0700-to-1500, the 1500-to- 2300 and the 2300-to-0700-hour shifts.</p> <p>Review of Resident 4's Daily Documentation showed the following documentations:</p> <ul style="list-style-type: none"> <li>- dated 12/7/23, under Cardiovascular system showed edema was documented as not present.</li> <li>- dated 12/10/23, 12/12/23 to 12/14/24, under Cardiovascular system showed pitting edema, +4 in Resident 4's left and right lower extremities; however, there was no documentation of the assessment or monitoring of Resident 4's abdomen.</li> <li>- dated 12/15/23, showed documentation the resident had edema to the bilateral lower extremities and also noted on the left and right side of the abdomen. The resident was aware and the physician was notified and ordered to schedule a paracentesis procedure at Hospital B. The order was noted and carried out and the resident was aware.</li> </ul> <p>Review of Resident 4's MAR for November and December 2023 showed the weight monitoring for every day shift for 28 days was marked with a check mark from 11/20/23 to 12/16/23, for the 0700 to 1500 hours shift. Further review of the MARs showed the weight monitoring for every Monday on the day shift for four weeks was marked with a check mark on 11/20, 11/27, 12/4, and 12/11/23.</p> <p>Review of Resident 4's Weights and Vitals Summary dated 11/4/24, showed Resident 4's weight was 240 pounds on 11/20/23, and 246 pounds on 11/26/23. No other weight entries were documented.</p> <p>Review of Resident 4's plan of care failed to show a care plan problem to address Resident 4's diagnosis of cirrhosis, abdominal pain, increasing abdominal girth, and bilateral lower extremities edema.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/4/24 at 1310 hours, a concurrent interview and closed medical record review for Resident 4 was conducted with RN 1. RN 1 stated a change in condition assessment should be completed any time there was a change in the resident's condition, a change from the resident's baseline condition. RN 1 stated the change in condition assessment would provide information on the resident's condition and an assessment of the resident during the change in condition. RN 1 stated the purpose of a change in condition assessment was to create an alert to the nurses for the following shifts, for 72 hours, to continue to monitor the resident to determine if the Resident's signs or symptoms have improved or worsened. If the resident's condition showed no improvement or worsening during the monitoring, then the nurse would inform the physician timely and obtain new orders. RN 1 reviewed Resident 4's medical record and stated she was the nurse who administered Resident 4 with IVF and had observed the swelling in his feet. RN 1 verified a change in condition assessment was not completed specific to Resident 4 feeling weak and the bilateral lower extremity edema observed after the administration of the IVF. RN 1 further stated a change in condition assessment should have been completed for Resident 4 to ensure the resident would be monitored for potential symptoms related to the administration of IVFs. RN 1 further reviewed Resident 4's medical record and verified the above findings. RN 1 stated Resident 4's weight should have been obtained as ordered by the physician. RN 1 further stated for a resident exhibiting swelling or edema, it was important to have the resident's weights to compare how much fluid the resident could be retaining.</p> <p>On 11/4/24 at 1555 hours, a concurrent interview and closed medical record review for Resident 4 was conducted with the DON. The DON stated a change in condition was any change that was outside of the resident's baseline. The purpose of completing a change in condition assessment was to identify the change in the resident's condition and to provide a full assessment of the resident, implement the proper interventions, and to ensure the monitoring of the resident for 72 hours. The DON was asked about the facility's policy for obtaining weights. The DON stated the weights should be obtained as ordered by the physician and documented in the resident's medical record. The DON reviewed Resident 4's medical record and verified Resident 4's weights were not obtained as ordered by the physician, verified Resident 4 did not have a care plan to address Resident 4's edema/swelling, abdominal pain, and increased abdominal girth. The DON stated Resident 4 should have had a care plan created to address the above problems.</p> <p>On 11/5/24 at 0950 hours, an interview was conducted with Physician 1. Physician 1 stated for a resident who had bilateral lower extremity edema after the infusion of IVF and was sent to the emergency department for increased abdominal girth, Physician 1 expected the facility to assess and monitor the resident's abdomen and edema after the resident returned to the facility. Physician 1 also stated for his residents that are prescribed the Lasix medication, he expected the facility to obtain and monitor the resident's weight.</p> <p>On 11/5/24 at 1055 hours, a follow-up concurrent interview and closed medical record review for Resident 4 was conducted with the DON. The DON reviewed Resident 4's medical record and verified the above findings. The DON stated Resident 4's abdominal girth and lower extremities edema should have been assessed and monitored after his return from Hospital A. The DON further stated there should have been a change in condition assessment completed for Resident 4's weakness and bilateral feet swelling after the administration of IV fluids. The DON also stated the change in condition assessment for Resident 4's abdominal pain dated 12/8/23, was incomplete and did not document specific information pertinent to Resident 4's change in condition. The DON further stated Resident 4's pain should have also been assessed and documented in the change in condition assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  South Coast Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 W Warner Ave Santa Ana, CA 92707	
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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 11/5/24 at 1415 hours, an interview was conducted with the Administrator, DON, MDS Coordinator, IPs 1 and 2, and QA Nurse. The Administrator and DON were informed and acknowledged the above findings.		