STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055653	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Coast Post Acute	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **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 protect the residents' right to be free from physical abuse from other residents, for two of six residents (Residents 1 and 4) reviewed for abuse. * Resident 1 was in the hallway speaking with staff when Resident 2 approached and punched Resident 1 on the left cheek, causing a cut to Resident 1's left cheek. * Resident 4 was struck on the head by Resident 3. MHW 1 stated he witnessed the physical altercation involving Residents 3 and 4. These failures to prevent physical abuse had the potential to result in serious injury and/or psychosocial harm to the residents. Findings: Review of the facility's P&P titled Abuse Prohibition dated 2/23/21, showed the facility prohibits abuse for all the residents. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, injury, or mental anguish. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical abuse includes hitting, slapping, pinching, or kicking. 1. a. Medical record review for Resident 1 was initiated on 6/17/26. Resident 1 was admitted to the facility on [DATE], and discharged from the facility on 6/16/26. Review of Resident 1's Nurses Progress Note dated 6/14/26 at 2235 hours, showed at approximately 1810 hours, Resident 1 was in the hallway speaking with the staff when Resident 2 approached and became paranoid stating, I don't want to fight you. The staff and Resident 1 explained that they were discussing something else. Resident 2 began swinging, grazing Resident 1's left cheek and causing a small cut. Review of Resident 1's SBAR Summary for Providers dated 6/14/26 at 2309 hours, showed Resident 1 was assessed following the incident (with Resident 2) and was noted with a small cut on his left cheek. Neurological checks were initiated. Resident 1 presented as calm and cooperative, stating, I'm okay, I did not fight back. Resident 1 denied any pain or additional distress and declined to press charges against Resident 2. On 6/17/26 at 1043 hours, an interview was conducted with MHW 1. MHW 1 stated on 6/14/26, in the afternoon, he was standing in the hallway speaking with Resident 1. Resident 2 then approached and stated, I don't want to fight you. Resident 2 then swung his right clenched fist at Resident 1 multiple times. MHW 1 stated one of the punches hit Resident 1 on his cheek. MHW 1 stated Resident 1 raised his hands to defend himself. MHW 1 stated he was then able to separate Residents 1 and 2 having (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055653	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Coast Post Acute	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	utilized de-escalation techniques. MHW 1 stated he saw redness to Resident 1's cheek. b. Medical record review for Resident 2 was initiated on 6/17/26. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's MDS assessment dated [DATE], showed Resident 2 was cognitively intact. Review of Resident 2's Care Plan Report showed a care plan focus initiated on 5/14/26, for Resident 2's aggressive behavior/assaultive as manifested by verbal aggression with family at home related to schizoaffective disorder. Review of Resident 2's Nurses Progress Note dated 6/14/26 at 2210 hours, showed Resident 2 approached Resident 1 while Resident 1 was speaking with the staff. Resident 2 appeared paranoid and verbalized, I don't want to fight you, then Resident 2 began swinging at Resident 1 without apparent provocation. Resident 2 was interviewed and stated, I don't like the way he looks at me. On 6/17/26 at 1120 hours, an interview was conducted with Resident 2. Resident 2 was asked to describe the physical altercation he had with Resident 1. Resident 2 stated he punched Resident 1 because he heard Resident 1 was talking bad about him. 2. Medical record review for Resident 3 was initiated on 6/17/26. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 3' MDS assessment dated [DATE], showed Resident 3 was cognitively intact. Resident 3 had a diagnosis of schizoaffective disorder. Review of Resident 3's Behavior Progress Note dated 6/8/26 at 1457 hours, showed RN 1 heard screaming in the hallway. Resident 3 was sitting on the floor crying. Resident 3 was escorted to another room with another staff member and stated, the voices told him to hit her. Review of Resident 3's Social Service Progress Note dated 6/12/26 at 1316 hours, showed the SSD spoke with Resident 3 about the incident that occurred on 6/8/26, involving another resident (Resident 4). Resident 3 stated Resident 4 was bothering him, and decided to punch Resident 3. On 6/17/26 at 1310 hours, an interview was conducted with RN 1. RN 1 stated on 6/8/26, he observed Resident 3 walking past the nursing station while drooling. RN 1 asked Resident 3 if he had any concerns with his sialorrhea (excessive buildup of saliva in the mouth) or auditory hallucinations, Resident 3 denied any psychological issues. RN 1 stated Resident 3 continued to walk down the hallway and shortly afterwards, RN 1 heard a scream. RN 1 stated he observed Resident 4 sitting on the floor holding her head. Resident 4 was assessed and stated Resident 3 hit her for no reason. RN 1 asked Resident 3 what happened and Resident 3 stated the voices told him to hit Resident 4. On 6/17/26 at 1326 hours, an interview was conducted with MHW 1. MHW 1 stated he saw Residents 3 and 4 walking the opposite directions. As they walked past each other, MHW 1 stated he witnessed Resident 3 hit Resident 4 on the left side of her head with his fist. MHW 1 stated Resident 4 then sat on the floor and started to cry. MHW 1 walked Resident 3 into a different room to separate the two residents. On 6/17/26 at 1427 hours, an interview was conducted with Resident 4. Resident 4 stated Resident 3 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055653	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Coast Post Acute	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	randomly hit her on the left side of her head on 6/8/26. On 6/17/26 at 1650 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the above findings.