

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055674	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Healthcare Center of Orange County		STREET ADDRESS, CITY, STATE, ZIP CODE 9021 Knott Ave Buena Park, CA 90620	

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed medical record review, the facility failed to ensure the medical record was accurately maintained for one of three sampled residents (Resident 1). * The facility documented Resident 1's family member was called to schedule a care plan meeting on 12/14/25, however, Resident 1 was transferred to the acute care hospital on [DATE]. This failure had the potential for the resident's care needs not being met as the medical record was inaccurate. Findings: Closed medical record review for Resident 1 was initiated on 3/3/26. Resident 1 was admitted to the facility on [DATE], and discharged to the acute care hospital on [DATE]. Review of Resident 1's H&P examination dated 10/31/25, showed Resident 1 had no capacity to understand and make decisions. Review of Resident 1's progress notes showed the following:- dated 12/5/25 at 2000 hours, RN 1 documented Resident 1's GT feeding was resumed at around 1900 hours. Resident 1 had vomited and was noted in distress. 911 was called and Resident 1 was transferred to the acute care hospital. - dated 12/14/25 at 1724 hours, SSA documented she called Resident 1's family member to schedule a care plan meeting. On 3/5/26 at 1135 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON acknowledged Resident 1's family member should not have been called on 12/14/25 at 1724 hours, and the SSA should not have documented in the resident's medical record because Resident 1 was discharged from the facility on 12/5/25. On 3/5/26 at 1248 hours, an interview and concurrent closed medical record review was conducted with the SSA. The SSA stated she based the residents' care plan meeting schedule on the MDS calendar and would check the current facility census prior to calling the residents' families to schedule the meeting. The SSA verified Resident 1 was discharged from the facility on 12/5/25. The SSA verified she documented on Resident 1's progress note that she called and left a voice message for the resident's family to schedule a care plan meeting on 12/14/25 at 1724 hours. The SSA acknowledged the resident's medical record was inaccurate and she should not have called the resident's family to schedule the meeting since Resident 1 was already discharged from the facility.</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
---	-------	-----------