

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055728	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Santa Clarita Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 23801 Newhall Avenue Newhall, CA 91321	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to ensure one of three sampled resident's (Resident 1) concerns were investigated and documented in the grievance form as indicated on the facility's policy and procedures (PnP). This deficient practice had the potential to violate residents' rights to have grievances addressed. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 6/25/2024 with diagnoses including multiple sclerosis (a long-lasting disease that affects the brain and spinal cord), schizophrenia (mental disorder in which people interpret reality abnormally), and bipolar disorder (mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 1's History and Physical (H&P - a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 5/26/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/26/2025, the MDS indicated Resident 1's cognitive (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making was intact. During an interview on 8/12/2025 at 10:25 a.m. with Resident 1, Resident 1 stated Resident 2 came out from the restroom and grabbed his left and right leg and looked at him without saying anything. Resident 1 stated Resident 2 made him feel scared. Resident 1 stated he reported the incident to Licensed Vocational Nurse (LVN) 1 the same day. During an interview on 8/12/2025 at 10:50 a.m. with LVN 1, LVN 1 stated Resident 1 informed her that Resident 2 touched Resident 1's foot. LVN 1 stated Resident 1 had wounds on his legs near the area where Resident 2 touched and that made Resident 1 feel uncomfortable. LVN 1 stated she was not aware that Resident 1 felt scared. LVN 1 stated she reported Resident 1's complaints to Social Services Assistant (SSA) 1. During an interview on 8/12/2025 at 11:15 a.m. and a concurrent record review of Resident 1's Progress Notes, dated 8/8/2025, reviewed with SSA 1, SSA 1 stated LVN 1 informed her to speak with Resident 1 regarding the resident's complaint. SSA 1 stated Resident 1 did not mention his complaint about Resident 2. SSA 1 stated she did not ask Resident 1 about the complaint regarding Resident 2. SSA 1 stated there was no documentation of Resident 1's complaint. During an interview on 8/12/2025 at 2:46 p.m. and a concurrent record review of the facility's PnP, reviewed with the Director of Nursing (DON), the DON stated the PnP titled, Grievances/Complaints, Recording and Investigating, last reviewed on 5/29/2025, indicated all grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). The PnP indicated 2. Upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations. 4. The investigation and report will include, as applicable. b. the circumstances surrounding the alleged incident. e. the resident's account of the alleged incident. The DON stated Resident 1's complaint not verified and investigated had the potential for delay in the implementation of interventions. The DON stated the facility failed to ensure SSA 1 investigated Resident 1's complaints and reported timely as indicated in the facility's grievance procedures.</p>		