

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  02/11/2026
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation practices by failing to ensure [NAME] 1 verified the internal temperature of grilled chicken prior to service on 2/11/2026 for four of four sampled residents (Resident 4, Resident 5, Resident 6, and Resident 7). This deficient practice had the potential to result in unsafe food temperatures, allowing harmful bacterial growth and increasing the risk of foodborne illness in a medically compromised resident population who received meals prepared in the facility kitchen. Findings:a. During a review of Resident 4's admission Record (AR), the AR indicated the facility admitted Resident 4 on 10/29/2019 and readmitted the resident on 10/28/2024 with diagnosis that included Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), type two diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and essential (primary) hypertension (HTN-high blood pressure).During a review of Resident 4's Order Summary Report (OSR), dated 9/18/2025 the ORS indicated Resident 4 was ordered a regular diet, easy-to-chew texture, thin liquids, and required meat to be cut up. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 1/21/2026, the MDS indicated Resident 4 had the ability to understand and be understood. The MDS indicated Resident 4 was dependent (helper does all of the effort) in toileting, showering, lower body dressing, and putting on and taking off footwear, and required substantial (helper does more than half the effort) help with oral hygiene, upper body dressing and personal hygiene and required supervision (helper provides verbal cues as resident completes activity) with eating. A review of Resident 4's Lunch Slip dated 2/11/2026 indicated Resident 4 did not consume pork, ham, bacon, or sausage. b. During a review of Resident 5's AR, the AR indicated the facility admitted Resident 5 on 4/29/2025 and readmitted Resident 5 on 1/16/2026 with diagnosis that included dysphagia (difficulty swallowing), type two DM, and HTN.During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5 never understood and was never understood. The MDS indicated Resident 5 was dependent on toileting, showering, lower body dressing, putting on and taking off footwear, required substantial assistance with upper body dressing, and required partial (helper does less than half the effort) with oral hygiene, and personal hygiene and eating was not attempted due to medical condition or safety concerns.During a review of Resident 5's OSR dated 2/11/2026, the OSR indicated a consistent or controlled carbohydrate (CCHO- a meal plan for managing diabetes and blood sugar by consuming a similar, set amount of carbohydrates at each meal daily) diet, no added salt (NAS), minced and moist texture, with mildly thick consistency for lunch only for oral gratification. c. During a review of Resident 6's AR, the AR indicated the facility admitted Resident 6 on 2/2/2026 with diagnosis that included malignant neoplasm (a cancerous tumor) of pancreas (a large gland behind the stomach which secretes digestive enzymes into stomach), and muscle wasting and atrophy (the wasting away, shrinking, or reduction in size of</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 055728	If continuation sheet Page 1 of 3

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>cells, tissues, or organs). During a review of Resident 6's OSR dated 2/10/2026, the OSR indicated a regular diet puree texture, with mildly thick consistency. During a review of Resident 6's Lunch Slip dated 2/11/2026, indicated Resident 6 had the following dislikes bacon, ham and pork.d. During a review of Resident 7's AR, the AR indicated Resident 7 was admitted on [DATE] with diagnosis that included dysphagia, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and chronic kidney disease (CKD- a long-term condition where the kidneys are damaged and gradually lose their ability to filter waste, toxins, and extra fluid from the blood).During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7 had the ability to understand and be understood. The MDS indicated Resident 7 required partial assistance with showering, lower body dressing and putting on and taking off footwear, and supervision with oral hygiene, toileting, upper body dressing, and personal hygiene and requires set up or clean-up assistance (helper sets up or cleans up, resident completes activity) with eating.During a review of Resident 7 OSR dated 1/29/2026, the OSR indicated CCHO and NAS diet regular texture, thin liquid consistency, with no milk substitute with non-dairy.During a review of Resident 7's Lunch Slip dated 2/11/2026, Resident 7's dislikes included pork chops and porkDuring a review of the facility provided menu titled, Good for Your Health Menu, for February 9th to February 15th, 2026, the menu indicated lunch on 2/11/2026 included BBQ pork, polenta, Brussels sprouts, wheat roll, and a chocolate chip cookie bar.During a concurrent observation of the kitchen and interview with CK 1 on 2/11/2026 at 11:16 a.m. CK 1 stated grilled chicken was being substituted for residents who did not consume porkDuring an observation of the kitchen on 2/11/2026 at 12:01 p.m. CK 1 was observed checking the internal temperatures of the food on the tray line, however, the internal temperature of the grilled chicken was not verified prior to plating and distribution. During an observation on 2/11/2026 at 12:07 p.m. and 12:15 p.m. CK 1 place grilled chicken onto a plate and placed the trays in the meal cart for distribution without verifying the internal temperature. During a concurrent interview and observation on 2/11/2026 at 12:49 p.m. CK 1 placed a piece of grilled chicken into the blender to prepare a puree for a resident whose diet had been changed. During an interview on 2/11/2026 at 12:59 p.m. with CK 1, CK 1 stated she did not check the temperature of the grilled chicken and acknowledged that failure to do so could result in residents becoming ill. During an interview on 2/11/2026 at 3 p.m. with the Dietary Supervisor (DS), the DS stated the temperature of the food should be taken at the tray line prior to it being served. The DS stated if the temperatures are not taken the food will not be at the required limits and it will be at a high risk for the residents to get sick from the protein. The DS stated can affect the intake as well if the food is not hot affect their appetite may not want to eat it may not be palpable due to the temperature. During an interview on 2/11/2026 at 3:36 p.m. with the Director of Nursing (DON), the DON stated temperature for food is taken prior to the food going out. The DON stated if it is not being done potentially the food may arrive without the right temperature the resident may not eat it, potential for weight loss, and for the residents to be hungry. The DON stated there is a potential risk for gastrointestinal issues, potential for food borne illness.During a review of the facility's policy and procedure (P&amp;P) titled, Meal Service, last reviewed on 5/29/2025, the P&amp;P indicated meals that meet the nutritional needs of the resident will be served in an accurate and efficient manner, and served at the appropriate temperatures. The Food and Nutrition Services staff members will take the food temperature prior to service of the meal with a thermometer that has been cleaned and sanitized. The food will be served on tray line at the recommended temperatures indicated below:Meat, casseroles, potatoes, rice, pastas, beans, vegetables, gravies, sauces, and hot cereal: 160 Fahrenheit ( F- a scale for measuring temperature primarily used in the United States,</p> <p>(continued on next page)</p>		

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