

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat with dignity and respect one of three sampled residents (Resident 1). This failure had the potential to negatively impact the psychosocial well-being (is the state of mental, emotional, and social health) of Resident 1. Findings: During a review of Resident 1's Face Sheet (admission Record), the Face Sheet indicated the facility originally admitted Resident 1 on 5/6/2025, with diagnoses including an encounter for orthopedic aftercare following surgical amputation (is a follow-up medical appointment used to oversee a resident's recovery, functional rehabilitation, and physical adaptation after a limb has been removed), acquired absence of left leg below knee, type 2 diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing) and anemia (is a blood disorder where your body lacks enough healthy red blood cells or hemoglobin to carry sufficient oxygen to your tissues). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 5/13/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 1 was dependent (helper does all of the effort) with shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS indicated Resident 1 needed set-up or clean up assistance with eating. During a review of Resident 1's Progress Notes, dated 7/7/2026, timed at 4:30 p.m., the Progress Notes indicated on 7/7/2026, at 4:30 p.m., Resident 1 reported to Licensed Vocational Nurse (LVN) 1 regarding an allegation of verbal abuse involving a staff member (not specified), Resident 1 stated that the staff member told him to be quite in the dining room in a loud manner. During a review of Resident 2's Face Sheet, the Face Sheet indicated the facility originally admitted the resident on 3/1/2022 and readmitted on [DATE] with diagnoses including type 2 DM. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was intact. The MDS indicated Resident 2 needed set-up or clean-up assistance with eating, oral hygiene, upper body dressing, and personal hygiene. During a concurrent observation and interview on 7/9/2026 at 10:20 a.m. with Resident 1, Resident 1 was observed in tears while he narrates what happened to him on 7/7/2026 at around 4:30 p.m. Resident 1 stated he was in the Activity Room playing poker with other residents when another resident's family member (name not specified) came and moved the aircon facing another side of the room causing Resident 1 to complain. Resident 1 stated that Receptionist 1 came and spoke to him in a loud manner, raising her voice and told him to grow up, not act like a child in the Activity room making him feel disrespected and not treated with dignity at the Facility. Resident 1 stated that Receptionist 1 was out of line. Resident 1 stated the residents are scared of Receptionist 1. During an interview on 7/9/2026 at 10:30 a.m. with Resident 2, Resident 2 stated on 7/7/2026 (did not indicate the time) she was in the Activity Room with Resident 1 playing Poker. Resident 2 stated (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she witnessed another resident's family member (name not specified) switched the aircon to one side making the room hot and Resident 1 told the other resident's family member that he cannot do that . Resident 2 stated she witnessed Receptionist 1 raising her voice telling Resident 1 in the Activity Room to grow up which was unnecessary and that Receptionist should not talk to Resident 1 in a loud manner. Resident 2 stated she fears Receptionist 1 and did not want Receptionist 1 to know about this interview. Resident 2 stated Receptionist 1 was always rude to the residents and that was not the first time she (Receptionist 1) talked down to the residents. During an interview, on 7/9/2026 at 3 p.m., with the Director of Nursing (DON), the DON stated that around 4:30 p.m. (7/7/2026) Receptionist 1 was trying to talk to Resident 1 to calm down but Resident 1 felt that Receptionist 1 verbally abused him. The DON stated Receptionist 1 was suspended pending Investigation. During a review of the facility policy and procedure titled, Dignity, last reviewed and approved on 4/30/2026, the policy and procedure indicated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 1. Residents are treated with dignity and respect at all times. 8. Staff speak respectfully to residents at all times.		