

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Huntington Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8382 Newman Avenue Huntington Beach, CA 92647	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to implement the plan of care to reflect the individual care needs for one of five sampled residents (Resident 2). * The facility failed to ensure Resident 2's care plan was followed when the resident went out to an outpatient medical appointment without someone or was not accompanied by the resident's responsible party. This failure had the potential to negatively affect the resident's well-being and safety. Findings: Medical record review for Resident 2 was initiated on 11/26/25. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's H&P examination dated 7/5/25, showed Resident 2 had no capacity to make medical decisions. Further review of the H&P showed the resident had mild and intermittent episodes of confusion. Review of Resident 2's care plan for elopement initiated 8/6/25, showed Resident 2 was not to leave the facility without a responsible person. Review of Resident 2's Order Summary Report showed an order dated 9/26/25, to monitor the resident every 15 minutes for elopement risk. Review of Resident 2's Progress Note dated 11/19/25 at 2230 hours, showed the resident had authorization for out on pass and scheduled for an outside appointment today. Resident left the facility with transportation under approved authorization. Resident did not return to the facility after the appointment and instead went back to his apartment. There was no documentation to show Resident 2's responsible person accompanied the resident to the appointment. Review of Resident 2's Progress Note dated 11/20/25 at 0118 hours, showed the resident went to an appointment and went by his apartment, and arrived back to the facility. Review of Resident 2's Progress Note dated 11/20/25 at 0120 hours, showed the resident came back to the facility. On 12/1/25 at 1130 hours, a concurrent interview and medical record review was conducted with the DON. The DON verified the resident had no capacity to make medical decisions and the resident's care plan stated he needed to be accompanied by his responsible person when he leaves the facility. The DON verified Resident 2 left the facility unaccompanied to a physician appointment on 11/19/25, and eloped after the appointment. The DON verified the findings. On 12/10/25 at 1530 hours, an interview was conducted with Responsible Party 1. Responsible Party 1 stated the facility never informed her she needed to accompany the resident when he left the facility per the elopement care plan on 8/6/25. Additionally, Responsible Party 1 stated had she known about the appointment on 11/19/25, she would have accompanied the resident to the appointment. Responsible Party 1 further stated she did not authorize the resident to leave the facility alone. Responsible Party 1 stated she was very upset because according to the GPS she had on Resident 2's phone, Resident 2 left the physician's office at around 1430 hours and when she called the facility after 2300 hours, the facility did not know where the resident was.</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: 055888
		If continuation sheet Page 1 of 1