

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 01/12/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility document review, the facility failed to ensure the Office of the State LTC Ombudsman was provided with a copy of the notice of transfer/discharge for one of 11 sampled residents (Resident 1). * The facility failed to send a copy of the notice of transfer/discharge to the representative of the Office of the State LTC Ombudsman when Resident 1 was discharged from the facility. This failure posed the risk of the LTC Ombudsman not being aware of the circumstances of the resident's transfer/discharge should an appeal be filed or requested by the resident or their representatives regarding the transfer. Findings: Closed medical record review for Resident 1 was initiated on 12/23/25. Resident 1 was admitted to the facility on [DATE], and transferred to the acute care hospital on [DATE]. Further review of Resident 1's medical record failed to show documented evidence of the notification to the LTC Ombudsman regarding Resident 1's transfer to the acute care hospital. On 1/8/26 at 1256 hours, an interview and concurrent closed record review for Resident 1 was conducted with RN 3. RN 3 stated the change of condition, transfer form, and notice of transfer were the three forms that needed to be completed when transferring a resident. RN 3 stated all the residents' information was now in the electronic medical record. RN 3 was asked to navigate and search for Resident 1's Notification of Transfer/Discharge. RN 3 verified there was no Notification of Transfer/Discharge completed for Resident 1 and no documented evidence if the LTC Ombudsman was notified regarding Resident 1's discharge or transfer to the acute care hospital. On 1/12/26 at 1230 hours, an interview and concurrent closed record review for Resident 1 was conducted with RN 2. RN 2 stated she was acting as an interim DON. RN 2 acknowledged the facility staff should have completed Resident 1's notice of transfer and sent a copy to the LTC Ombudsman.</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
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