STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055888	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Valley Healthcare Center	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure one of four sampled residents (Resident 1) was readmitted back to the facility. * The facility failed to readmit Resident 1 back to the facility when the resident was transferred to an acute care facility. This failure had the potential for Resident 1 to have an inappropriate discharge.Findings: Review of the facility's P&P titled Transfer or discharge date d 2021 showed a transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility. A discharge refers to the movement of a resident from a bed in one certified facility to a bed and another certified facility or other location in the community, when returned to the facility is not expected. Medical record review for Resident 1 was initiated on 6/4/26. Resident 1 was admitted to the facility on [DATE], and transferred to an acute care facility on 4/7/26. Review of Resident 1's Eligibility Response dated 10/1/25, showed the resident was eligible for long term care. Review of Resident 1's Referral Information Form from the acute care facility dated 6/1/26, showed a referral request for Resident 1 to be transferred back to the facility. The document further showed the resident was projected to be discharged from the acute care facility on 6/2/26. On 6/3/26 at 0902 hours, the CDPH L&C Program received a report from the Office of Administrative Hearings and Appeals from the Department of Health Care Services. The report showed Resident 1 was granted an appeal for readmission to the facility on 5/1/26. The report further showed the following timeline of events: - on 4/7/26, Resident 1 was transferred from the facility to the hospital for treatment;- on 4/17/26, the representative filed an appeal of the facility's refusal to not readmit the resident; - on 4/30/26, the facility attempted to readmit the resident. Review of Resident 1's Social Services Progress Note dated 4/30/26, showed Family Member 1 spoke to the SSD regarding the facility not accepting the resident back today, and will be admitted tomorrow 5/1/26. Review of Resident 1's admission Record (Facesheet) showed the resident was readmitted to the facility on [DATE]. On 6/18/26 at 0921 hours, an interview and concurrent facility document review was conducted with the Business Offices Assistant (BOA). The BOA stated Resident 1 became a long-term custodial resident as of October 2025. On 6/18/26 at 1137 hours, an interview was conducted with the Administrator and DON. The Administrator and DON verified Resident 1 was a long-term custodial resident when she was transferred to the acute care facility on 4/7/26. The Administrator and the DON verified as a result, the resident would be permitted to remain in the facility. The Administrator and the DON acknowledged the above findings.

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