

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Crystal Cove Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1445 Superior Avenue Newport Beach, CA 92663	

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 0583</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview, and facility P&P review, the facility failed to ensure the confidential personal and health information of the residents in the facility were protected. * The facility failed to ensure a non-employee was not permitted inside the medical records office. This failure had the potential for the residents' personal and health information to be accessed by an unauthorized person. Findings: Review of the facility's P&P titled Resident Rights dated 2001 showed the unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy information issues. All inquiries concerning the release of resident information should be directed to the HIPPA compliance officer. Review of the facility's P&P titled Protected Health Information (PHI), Management and Protection of dated 2001, showed PHI shall not be used or disclosed except as permitted by current federal and state laws. On 3/3/26 at 1103 hours, an observation and interview was conducted with MRA 1. When asked who were working in the medical records department, MRA 1 stated the Medical Records Director and MRAs 1 and 2. On 3/3/26 at 1419 hours, a interview was conducted with MRA 1. When asked what training she was provided, MRA 1 stated HIPPA. When asked what the HIPPA training covered, MRA 1 stated the resident's privacy which included the topics of not releasing or sharing the resident information to those that were not the resident themselves, or the resident's durable power of attorney. On 3/3/26 at 1517 hours, an interview was conducted with Medical Records Director. When asked if anybody could help sort the medical records for filing, the Medical Records Director stated no, it is only herself, her two assistants and there were no volunteers in the medical records department. On 3/3/26 at 1613 hours, an interview was conducted with the DON. The DON stated the authorized persons who could access the medical records would include the medical records staff, licensed nurses, therapists, physicians, admissions, administrator, activities staff, DSD, dietary supervisor, and registered dietician. On 3/3/26 at 1639 hours, a follow-up interview was conducted with MRA 1. When asked if MRA 1 worked on 2/22/26, MRA 1 stated yes. When asked who was present in the medical records office with her, MRA 1 stated Family Member 1, as Family Member 1 was her means of transportation. MRA 1 stated on 2/22/26, she had to put away the 2025 discharged resident's medical records in a box. MRA 1 further stated Family Member 1 was sitting with her inside the medical records office for approximately one to two hours, and Family Member 1 was using her cellphone. When asked if Family Member 1 was allowed inside the medical records office, MRA 1 stated we were not supposed to bring anyone in the office. When asked why Family Member 1 was in the medical records office, MRA 1 stated I know, I just asked her to stay in there because it was hot outside. On 3/3/26 at 1644 hours, a follow up observation and concurrent interview was conducted with MRA 1. The Medical Records Office was observed with two large open bookshelves which had three rows of medical records to the right of the office entrance. The multiple medical record folders contained a visible resident's name and some folders had visible admission dates, discharged dates, and medical record number. A long folding table and a pink chair was also observed in the middle of the office. MRA 1 stated on 2/22/26, Family Member 1 was sitting on the pink chair where the long folding table was. MRA 1 verified the medical record folders on the bookshelf with the resident's names were visible from where Family Member 1 (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
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<p>F 0583</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>was sitting. On 3/3/26 at 1702 hours, an interview was conducted with the DON. The DON stated unauthorized persons were not allowed in the medical records office as there were a lot of easily accessible medical records that would need to be protected. On 3/4/26 at 1158 hours, a follow-up interview was conducted with the DON. The DON verified Family Member 1 was not an employee of the facility. The DON was made aware and acknowledged the above findings.</p>		