STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055983	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coventry Court Health Center	2040 S. Euclid Avenue Anaheim, CA 92802

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, closed medical record review, and facility P&P review, the facility failed to ensure the plan of care was revised for one of three sampled residents (Resident 1). * The facility failed to ensure Resident 1's plan of care was revised to address the resident's poor fluid intake after 4/21/26. This failure posed the risk for Resident 1 not to receive the person-centered care and services required to attain or maintain her highest level of physical and mental well-being. Findings: Review of the facility's P&P titled Comprehensive Person-Centered Care Planning revised 4/2025 showed it is the policy of this facility that the IDT shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. Under the Procedure section, it showed the resident's comprehensive plan of care will be reviewed and/or revised by the IDT after each assessment, including both the comprehensive and quarterly review assessments. Closed medical record review for Resident 1 was initiated on 6/2/26. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's POLST dated 3/7/26, under Section C Artificially Administered Nutrition showed no artificial means of nutrition, including feeding tubes. Review of Resident 1's SBAR Communication Form dated 4/19/26, showed Resident 1 had poor PO intake and elevated heart rate. Review of Resident 1's Order Summary Report for April 2026 showed a physician's order dated 4/20/26, to administer dextrose-sodium chloride (electrolyte replenisher) intravenous solution 5-0.45 %. Use 100 ml/hr intravenously every shift for hydration x 2 liters only. Review of Resident 1's Care Plan Report dated 4/20/26, showed resident had poor PO intake and the resolved date was 4/21/26. Review of Resident 1's Documentation Survey Report v2 for April 2026 under the Fluid Intake section showed the following:- On 4/22/26, the total fluid intake was 290 ml;- On 4/23/26, the total fluid intake was 370 ml;- On 4/24/26, the total fluid intake was 350 ml;- On 4/25/26, the total fluid intake was 980 ml;- On 4/26/26, the total fluid intake was 820 ml;- On 4/27/26, the total fluid intake was 320 ml;- On 4/28/26, the total fluid intake was 440 ml; and- On 4/29/26, the total fluid intake was 280 ml. Review of Resident 1's NP/PA Progress Note dated 4/27/26, showed Resident 1 had dehydration and ordered BMP for poor oral intake. Review of Resident 1's H&P examination dated 5/11/26, showed the resident had the capacity to understand and make decisions. However, further review of Resident 1's closed medical record failed to show documented evidence the resident's care plan was revised to address the resident's poor (less than 1200 ml/day) fluid intake after 4/21/26. On 6/3/26 at 1355 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with LVN 1. LVN 1 acknowledged Resident 1's Documentation Survey Report total fluid intake, and the resident had poor and insufficient fluid intake. LVN 1 stated the staff encouraged oral fluids and Resident 1 had speech therapy to evaluate swallowing. LVN 1 stated the licensed nurse gave IV fluids to Resident 1 on 4/20/26, and the resident received two liters of IV fluids. LVN 1 further stated Resident 1's physician order was only for two liters of IV fluids. LVN 1 stated on 4/24/26, Resident 1's physician ordered not to restart the IV fluids because the peripheral IV was dislodged. LVN 1 verified there was no care plan (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to address resident's poor fluid intake. LVN 1 stated the licensed nurse should have updated Resident 1's care plan. On 6/3/26 at 1546 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with RN 2. RN 2 acknowledged Resident 1 had poor and inadequate fluid intake. RN 2 stated Resident 1 should have been encouraged to drink more but sometimes she did not want to drink. RN 2 verified the care plan to address Resident 1's poor oral intake was not revised. RN 2 stated the licensed nurse should have updated Resident 1's care plan for poor fluid intake. RN 2 stated the care plan should have been done so the staff would have a guideline. On 6/9/26 at 1537 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings.