

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055984	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Anaheim Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  501 South Beach Blvd. Anaheim, CA 92804	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</b></p> <p>Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to ensure the personal property for one of two sampled residents (Resident 1) was protected from theft or loss. This failure had the potential for the resident's property to get lost or stolen.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Theft and Loss Program dated 9/2/22, showed a resident property inventory will be completed to identify the personal property the resident brought with him/her to the facility. The items will be listed on a two (2) part form; Resident's Clothing and Possessions. In addition, the policy showed the admission staff will explain to the resident/surrogate at the time of admission that all personal property is to be clearly marked with the resident's name and listed on the Resident's Clothing and Possessions form.</p> <p>Review of the facility's P&amp;P titled Resident Personal Belongings dated 9/2/22, showed the facility will ensure the resident's belongings are kept in a neat and orderly fashion and maintained in each resident's room. Following the discharge or death of a resident, all personal clothing and items of a customized nature are to be given to the designated resident representative. Inventories of all items are to be reviewed and examined by the Social Services designee and the resident's representative. Recipients of such personal items at the time of discharge or death shall sign off with their legal signature, acknowledging receipt of all personal belongs presented.</p> <p>Medical record review for Resident 1 was initiated on 6/18/24. Resident 1 was admitted to the facility on [DATE], and discharged to the acute care hospital on 3/12/24.</p> <p>Review of Resident 1's Inventory of Personal Effects dated 3/30/23, showed on admission, Resident 1 had one walker, one wheelchair, one eyeglass, one hat, three shirts, one shoes, two sweaters, one bib, three stuffed animals, two pants, one underwear, one wallet, one cell phone, and one fan. Further review of the form failed to show documented evidence the itemized inventory was released and signed by the resident or responsible party and facility staff upon Resident 1's discharge from the facility.</p> <p>Review of Resident 1's SNF/NF to Hospital Transfer Form dated 3/12/24, showed Resident 24 was transferred to the acute care hospital for abnormal laboratory results.</p> <p>(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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Resident Property Update form dated 3/14/24, showed two bags with Resident 1's belongings, and a letter from Hospital A was released by the SSA to Resident 1's friend. Further review of the form showed the signatures from the SSA and Resident 1's friend. However, the form did not show Resident 1's walker was included on the items released to Resident 1's friend.</p> <p>On 6/21/24 at 1016 hours, a telephone message was received from Resident 1's responsible party regarding the description of Resident 1's walker. The responsible party stated the walker was maroon in color, with a seat, brakes, and had Resident 1's name all over the walker; and the resident had not received the walker upon discharge.</p> <p>On 6/25/24 at 0926 hours, an interview was conducted with the SSA. The SSA stated a signed inventory form was provided to the residents upon discharge. The SSA stated when the residents were transferred or discharged , their belongings werekept in a storage room for safe keeping.</p> <p>On 6/25/24 at 1056 hours, an interview was conducted with the Assistant Administrator. The Assistant Administrator stated he was not aware of Resident 1's maroon walker until the acute care hospital's Director of Case Management called the facility to report a missing walker. The Assistant Administrator further stated when he was made aware, he personally delivered a replacement walker to Resident 1 on 6/10/24.</p> <p>On 6/25/24 at 1335 hours, an interview and concurrent facility document review was conducted with the Administrator. The Administrator showed Resident 1's Resident Property Update form dated 3/14/24. The Administrator verified the form showed the two bags with belongings, and letter from Saint [NAME] were picked up after discharge. The Administrator further stated the items should have been checked and cross referenced with Resident 1's Inventory of Personal Effects form.</p> <p>On 6/25/24 at 1347 hours, an interview was conducted with the Administrator. When asked, the Administrator stated he would verify if the facility thoroughly searched for Resident 1's walker. The Administrator was observed walking inside the rehabilitation gym. The Administrator further stated Resident 1's walker was found in the gym. The Administrator verified Resident 1's name was written in black ink on Resident 1's walker.</p> <p>On 6/26/24 at 0816 hours, and interview and concurrent medicalrecord review was conducted with the SSD. When asked how the resident's belongings were kept safe upon transfer or discharge, the SSD stated their belongings were keptin the discharge storage room. The SSD stated the resident inventory list stayed in the resident's medical record located in the medical records office. When the residents were discharged and the medical record office was closed, a smaller inventory slip was provided to the responsible party picking up the items. Resident 1's Resident Property Update form dated 3/14/24, was reviewed with the SSD. The SSD verified the belongings showed on the form was documented as two bags with belongings and letter from the Acute Hospital A. The SSD verified the items picked up were not itemized on the form and were not cross referenced with Resident 1's Inventory of Personal Effects form on admission.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 1555 hours, an interview and concurrent facility document review was conducted with the DON. The DON verified upon discharge the form titled Inventory of Personal Effects should have been signed by the staff member releasing the property and the responsible party who is picking up the items. The DON verified the Discharge section of the Resident 1's Inventory of Personal Effect form was blank. The DON stated the walker should have been released to Resident 1's responsible party upon discharge.</p> <p>On 6/26/24 at 1635 hours, the Administrator and DON was made aware and acknowledged the above findings.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49348</p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide the necessary care and services to one of two sampled residents (Resident 2) as ordered by the physician.</p> <p>* The facility failed to notify the physician regarding Resident 2's continuous refusal of medications. This failure had the potential to negatively affect the residents' health condition and well-being.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Medication Administration revised 9/2/22, showed to report and document any adverse side effects or refusals.</p> <p>Medical record review for Resident 2 was initiated on 6/18/24. Resident 2 was admitted to the facility on [DATE]. Resident 2 had diagnoses of COPD and duodenal ulcer.</p> <p>Review of Resident 2's H&amp;P examination dated 12/4/23, showed Resident 2 had the capacity to understand and make decisions.</p> <p>Review of Resident 2's Order Summary Report showed a physician's order to administer the following medications:</p> <ul style="list-style-type: none"> <li>- omeprazole DR (medication used for indigestion, heartburn, or acid reflux) 20 mg one capsule by mouth two times a day for duodenal ulcer.</li> <li>- ipratropium-albuterol inhalation solution 0.5-2.5 mg/3 ml inhale orally every six hours for COPD.</li> </ul> <p>Review of Resident 2's MAR for June 2024 showed the following:</p> <p>* Resident 1's omeprazole medication was coded as 1 (one-drug refused) at 0630 hours on 6/7, 6/9, 6/12, 6/13, 6/14, 6/15, 6/18, 6/19, 6/20, 6/24, and 6/25/24.</p> <p>* Resident 1's ipratropium-albuterol medication was coded as 1 (one-drug refused) on the following times and dates:</p> <ul style="list-style-type: none"> <li>- at 0000 hours, on 6/1, 6/6, 6/7, 6/9, 6/10, 6/12, 6/13, 6/14, 6/15, 6/17, 6/18, 6/19, 6/20, 6/23, 6/24, and 6/25/24;</li> <li>- at 0600 hours, on 6/6, 6/7, 6/9, 6/12, 6/13, 6/14, 6/15, 6/17, 6/18, 6/19, 6/20, 6/23, 6/24, and 6/25/24; and</li> <li>- at 1800 hours, on 6/2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/15, 6/16, 6/17, 6/22, 6/23, and 6/24/24</li> </ul> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 2's Progress Notes dated for June 2024 did not show documented evidence the physician was contacted regarding Resident 2's consecutive refusal of medications for omeprazole and ipratropium-albuterol inhalation solution.</p> <p>On 6/26/24 at 1332 hours, and interview was conducted with LVN. LVN 2 stated Resident 2 liked to sleep in late, but she woke up Resident 2 to ask what time he wanted his medications. LVN 2 stated Resident 2 refused two medications in the morning. LVN 2 stated when a resident refused a medication, the physician was to be notified. LVN 2 verified the physician had not been notified of Resident 2's refusal of medications.</p> <p>On 6/26/24 at 1431 hours, an interview was conducted with RN 1. RN 1 verified there was no documented evidence to show the physician was notified of Resident 2's consecutive refusals of medications.</p> <p>On 6/26/24 at 1555 hours, an interview was conducted with the DON. The DON stated if a resident refused medications multiple times, the physician should be notified for noncompliance and the resident would be on a COC monitoring. The DON verified there was no documented evidence to show the physician was notified of Resident 2's refusal of medications.</p> <p>On 6/26/24 at 1635 hours, the Administrator and DON were made aware and acknowledged the above findings.</p>