

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 12/20/2024
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 0684</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49258</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary care and services to ensure one of four sampled residents (Resident 4) attained and maintained their highest practicable well-being.</p> <p>* The facility failed to monitor Resident 4 after the resident had an unwitnessed fall. This failure had the potential for delay and not providing the necessary care and services if the resident had a change in condition.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Change in a Resident's Condition or Status revised January 2012 showed the nurse supervisor/charge nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition status. The assessment related to the change in condition will be documented for 72 hours unless the condition requires continued documentation or the physician's orders otherwise.</p> <p>Medical record review for Resident 4 was initiated on 12/18/24. Resident 4 was admitted to the facility on [DATE].</p> <p>Review of Resident 4's H&P examination dated 9/18/24, showed Resident 4 had the capacity to understand and make decisions.</p> <p>Review of Resident 4's SBAR Communication Form dated 12/13/24, showed Resident 4 was found on the floor by the CNA.</p> <p>Review of Resident 4's Plan of Care showed a care plan problem revised 12/17/24, addressing Resident 4's fall incident on 12/13/24. The interventions/tasks included to monitor/ document/report PRN for 72 hours to MD for signs and symptoms of pain, bruises, change in mental status, and new onset of confusion, sleepiness, inability to maintain posture, agitation.</p> <p>Review of Resident 4's Progress Notes dated 12/14 - 12/17/24, failed to show documented evidence of continued monitoring of Resident 4 for any negative impact from the fall incident on 12/13/24.</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 0684</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 12/18/24 at 1520 hours, an interview and concurrent medical record review was conducted with the ADON. The ADON stated the fall incident was considered a change of condition. The ADON stated for any change of condition, the resident would be assessed and monitored every shift for 72 hours. The ADON verified the Resident 4 was not monitored continuously for negative impact from the fall incident.</p> <p>On 12/20/24 at 1100 hours, an interview was conducted with the DON. The DON stated for any change of condition, the licensed nurses should monitor the resident every shift for 72 hours for any decline in function, pain, discomfort to the body, change in mental status, new onset of confusion, sleepiness, inability to maintain posture, agitation, and skin assessment because sometimes the skin issues would not show right away after the fall incident and if there would be any significant changes the monitoring would continue. The DON was informed and acknowledged the above findings.</p>		