STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055984	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Anaheim Healthcare Center, LLC	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)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to ensure the medical record was accurate and complete for one of five sampled residents (Resident 1). * Resident 1's informed consent for a bolster pillow was not signed by the provider who had obtained the informed consent. In additon, there was no physician's order for the use of the bolster pillow. This failure had the potential for the resident's care needs not being met as their medical information was inaccurate and incomplete. Findings: Review of the facility's P&P titled Informed Consent revised on 3/25/24, showed it is the responsibility of the healthcare professional who proposes any medical intervention or treatment that requires informed consent to provide information to the resident/resident representative regarding the resident's condition and circumstances that are pertinent to a decision to accept or refuse the proposed intervention or treatment. Medical record review for Resident 1 was initiated on 6/18/25. Resident 1 was admitted to the facility on [DATE], and was readmitted on [DATE]. Review of Resident 1's H&P examination dated 5/27/25, showed Resident 1 could make needs known but could not make medical decisions. Review of Resident 1's care plan dated 6/8/25, showed Resident 1 had an unwitnessed fall from the bed. The interventions included to have the bilateral bolster pillows to maintain proper body alignment when in bed. Review of Resident 1's Physician Document of Informed Consent dated 6/9/25, failed to show the signature of the provider who had obtained the informed consent. Review of Resident 1's Medication Review Report for June 2025 failed to show a physician's order for the use of the bilateral bolster pillow. On 6/18/25 at 0951 hours, an observation for Resident 1 was conducted. Resident 1's bed had a bilateral bolster pillow. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	On 6/20/25 at 1038 hours, an interview and concurrent medical record review was conducted with LVN 1. LVN 1 confirmed a bolster pillow required a consent from the resident or representative and a physician's order. LVN 1 verified the bolster pillows did not have an order and the consent was not signed by the physician. On 6/20/25 at 1515 hours, an interview and concurrent medical review was conducted with the DON. The DON verified a bolster pillow required the signature of the provider who obtained the informed consent and should have a physician's order.