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	09/16/2025

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 0550 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of four sampled residents (Resident 4) was treated with dignity and respect related to the use of an indwelling urinary catheter (a thin, flexible tube inserted into the bladder to collect and drain urine). * The facility failed to ensure the urinary drainage bag (a medical device connected to the indwelling urinary catheter which collects and stores urine from the body) for Resident 4 was placed inside the privacy bag (a bag used to cover and hold the catheter drainage/collection bag) to provide privacy. This resulted in Resident 4's urine contents inside the urinary drainage bag visible to everyone going inside the resident's room. This failure had the potential to affect the privacy and dignity of the resident. Findings: Review of facility's P&P titled Catheter Care revised 12/19/22, showed in part, it is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Catheter care will be performed every shift and as needed by nursing personnel. Privacy bags will be available and catheter drainage bags will be covered at all times while in use. According to the CDC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009, under the section Core Prevention Strategies and Proper Techniques for Urinary Catheter Maintenance, III.B.2. keep the urine collection bag below the level of the bladder at all times, do not rest the bag on the floor. On 9/16/25 at 1000 hours, an observation was conducted in Resident 4's room. Resident 4's urinary drainage bag and tubing were observed touching the floor and the drainage bag was not inside the dignity bag. On 9/16/25 at 1016 hours, an observation and concurrent interview for Resident 4 was conducted with LVN 6. LVN 6 verified the urinary drainage bag, and the tubing were touching the floor. LVN 6 stated it should not be touching the floor and should be inside a dignity bag. LVN 6 stated he will put the urinary drainage bag inside a dignity bag and will place something under the drainage bag to prevent the bag from touching the floor. Medical record review for Resident 4 was initiated on 9/10/25. Resident 4 was initially admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 4's Order Summary Report dated 9/16/25, showed an order dated 8/27/25, for Resident 4 to have an indwelling urinary catheter for obstructive uropathy (a medical condition where the normal flow of urine is blocked leading to urine backing up and potentially damaging the kidneys). On 9/16/25 at 1035 hours, an interview was conducted with the DON. The DON verified the findings and stated Resident 4 was on a low bed; however, there should be something under the drainage bag to prevent the bag from touching the floor. The DON further stated Resident 4's drainage bag will be changed and placed inside the dignity bag.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of four sampled residents (Resident 4) received the appropriate care and services related to the use of an indwelling urinary catheter (a thin, flexible tube inserted into the bladder to collect and drain urine). *The facility failed to ensure Resident 4's urinary drainage bag and tubing were not touching the floor. This failure posed the risk for the growth of bacteria causing urinary tract infections (an illness in any part of the urinary tract, the system of organs that makes urine).Findings: Review of facility's P&P titled Catheter Care revised 12/19/22, showed in part, it is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Catheter care will be performed every shift and as needed by nursing personnel. Privacy bags will be available and catheter drainage bags will be covered at all times while in use. According to the CDC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009, under the section Core Prevention Strategies and Proper Techniques for Urinary Catheter Maintenance, III.B.2. keep the urine collection bag below the level of the bladder at all times, do not rest the bag on the floor. On 9/16/25 at 1000 hours, an observation was conducted in Resident 4's room. Resident 4's urinary drainage bag and tubing were observed touching the floor and the drainage bag was not inside the dignity bag. On 9/16/25 at 1016 hours, an observation and concurrent interview for Resident 4 was conducted with LVN 6. LVN 6 verified the urinary drainage bag, and the tubing were touching the floor. LVN 6 stated it should not be touching the floor and should be inside a dignity bag. LVN 6 stated he will put the urinary drainage bag inside a dignity bag and will place something under the drainage bag to prevent the bag from touching the floor. Medical record review for Resident 4 was initiated on 9/10/25. Resident 4 was initially admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 4's Order Summary Report dated 9/16/25, showed an order dated 8/27/25, for Resident 4 to have an indwelling urinary catheter for obstructive uropathy (a medical condition where the normal flow of urine is blocked leading to urine backing up and potentially damaging the kidneys). On 9/16/25 at 1035 hours, an interview was conducted with the DON. The DON verified the findings and stated Resident 4 was on a low bed; however, there should be something under the drainage bag to prevent the bag from touching the floor. The DON further stated Resident 4's drainage bag will be changed and placed inside the dignity bag.