STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056076	A. Building B. Wing	12/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Anaheim Terrace Care Center	141 South Knott Avenue 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 0684 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed medical record review, the facility failed to provide the necessary treatment and services to maintain the highest practicable well-being for one of three sampled residents (Resident 1). * The facility failed to ensure Resident 1's change of condition was monitored every shift for at least 72 hours. This failure had the potential to negatively affect Resident 1's health and well-being and the potential risk of not providing Resident 1 with appropriate and individualized care.Findings: Closed medical record review for Resident 1 was initiated on 12/23/25. Resident 1 was admitted to the facility on [DATE], and discharged to the acute care hospital on [DATE]. Review of Resident 1's H&P examination dated 10/9/25, showed Resident 1 had the capacity to make medical decisions. Review of Resident 1's eINTERACT Change of Condition Report dated 12/8/25 at 1735 hours, showed Resident 1 had poor PO (oral) intake and low BP (blood pressure). However, further review of Resident 1's medical record failed to show the resident's condition was monitored after the resident's initial change in condition was observed for three consecutive shifts as follows:- on 12/8/25, during the 2300 to 0700 hours shift;- on 12/9/25, during the 0700 to 1500 hours shift; and - on 12/9/25, during the 1500 to 2300 hours shift. On 12/23/25 at 1530 hours, an interview and concurrent closed medical record review was conducted with LVN 1. LVN 1 verified she worked on 12/9/25, during the 0700 to 1500 hours shift and was assigned to care for Resident 1. LVN 1 verified Resident 1's medical record failed to show documented evidence the resident's change in condition on 12/8/25, was monitored every shift. On 12/24/25 at 1210 hours, an interview and concurrent closed medical record review was conducted with RN 1. RN 1 stated for the residents with a change in condition, the residents should be monitored every shift for a minimum of 72 hours and the monitoring should be documented in the resident's medical record. RN 1 was informed and acknowledged the above findings. RN 1 further stated the failure to monitor the resident's status during a change in condition could lead to delays in providing care and appropriate interventions.

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