STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056110	A. Building B. Wing	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laguna Hills Health and Rehabilitation Center	24452 Health Center Drive Laguna Hills, CA 92653

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 48844 Based on observation, interview, facility document review, and facility P&P review, the facility failed to maintain a clean AC unit for one sampled resident (Resident 6) and one nonsampled resident (Resident C). This failure had the potential to negatively affect the residents' health and well-being. Findings: Review of the facility's P&P titled Homelike Environment revised 2/2021 showed the residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment. 1. On 8/23/24 at 1110 hours, a concurrent observation and interview was conducted with the Housekeeping Supervisor. The Housekeeping Supervisor stated outside casing of the AC unit for every room in the facility was cleaned every day. The air outlet blade for Room A's AC was wiped with a white paper towel. A black ash residue was wiped from the air outlet blade. The Housekeeping Supervisor confirmed the AC air outlet blade was dirty. Review of the facility document titled Deep Clean Calendar for August 2024 showed Room A was cleaned on 8/5/24. The Deep Clean Check Off List dated 8/5/24, showed the room must be sanitized, dusted, and dirt free when done. On 8/23/24 at 1120 hours, a concurrent observation and interview was conducted with the Maintenance Director. The Maintenance Director stated the filter and everything inside the AC unit for every room in the facility were cleaned every six months. An observation of inside the AC unit for Room A was conducted with the Maintenance Director. There was thick dust and calcified white, black, and brown particles on the inside of the AC unit. The Maintenance Director confirmed the inside of the AC unit for Room A was not clean. Review of the facility document titled Rooms A/C Filters for January and June 2024 showed Room A were cleaned/done on 1/12 and 6/11/24. (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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 8/23/24 at 1138 hours, a concurrent observation and interview was conducted with the Maintenance Director. There was thick dust, stone like dirt and rusty grill inside the AC unit for Room B. The Maintenance Director confirmed the inside of the AC unit for Room B was not clean. Review of the facility document titled Rooms AC Filters for June 2024 showed Room B was cleaned/done on 6/21/23. On 8/23/24 at 1350 hours, the Administrator was informed and acknowledged the above findings.

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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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844 Based on interview, medical record review, and facility P&P review, the facility failed to ensure one of six sampled residents (Resident 5) was properly discharged from the facility. This failure had the potential to place Resident 5 at risk for not receiving proper care while at home. Findings: Review of the facility's P&P titled Transfer or Discharge, Facility-Initiated dated 10/2022 showed the transfer is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. A member of the interdisciplinary team will review the final post-discharge plan with the resident and family at least 24 hours before the discharge is to take place. Closed medical record review for Resident 5 was initiated on 8/23/24. Resident 5 was admitted to the facility on [DATE], and discharged on [DATE]. Review of Resident 5's H&P examination dated 7/25/24, showed Resident 5 had the capacity to make medical decisions. Review of Resident 5's Order Summary Report dated 8/2/24, showed an order to have a home health RN for medication management and a home health PT for safety. Review of Resident 5's Discharge Order dated 8/2/24, showed the LCD (local coverage determination) 8/4/24, DC (discharge) home 8/5/24, one time only for one day. Review of Resident 5's Notice of Transfer or discharge date d 8/5/24, showed Resident 5's effective discharge date was 8/5/24, and the planned discharge was to home. The verbal consent was obtained via telephone with Resident 5's family member. Review of Resident 5's Discharge Instruction Form/Recapitulation of Stay dated 8/5/24, showed the following information: - The initial discharge goal was return to the community with intent to return home in accordance with discharge plan. - In-home care or services were checked yes; however, there was no information listed for the agency, contact, and phone number. - Under the medication education section, verbal and written education provided was checked. - Teaching/training was given to the resident. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Discharge information/recap of stay form, pharmacy discharge medication summary form, personal inventory form and advance directive/POLST form were all checked; however, the resident/RP signature section was blank. Review of Resident 5's Progress Note dated 8/5/24 at 1938 hours, showed Resident 5 was discharged home. On 8/27/24 at 0803 hours, an interview was conducted with the ADON with RN 2 present. The ADON and RN 2 were asked about the protocol for discharge. The ADON stated the nurse doing the discharge should assess the resident, explain the discharge, go over the medication list and provide the remaining medications. The ADON was asked if they provided the discharge papers and instructions to the resident or their representative. The ADON stated they provided all documents pertaining to discharge to the resident or their representative and should be documented in the progress notes. The ADON confirmed there was no documentation of Resident 5's discharge. The ADON was asked if they should have a copy of the documents received by the resident or representative. The ADON stated the facility should have a copy of the discharge instructions signed by the resident or representative. On 8/27/24 at 1015 hours, a subsequent interview was conducted with the ADON. The ADON confirmed there were no discharge documents or list of medications provided to Resident 5 or representative. Furthermore, the ADON stated if instructions were given over the telephone, the discharge instruction paper should be signed by at least two nurses to confirmed it was given to Resident 5. On 8/27/24 at 1430 hours, the Administrator was informed and acknowledged the above findings.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844 Based on interview, medical record review, and facility P&P review, the facility failed to ensure one of six sampled residents (Resident 5) was free from the unnecessary drugs. * Resident 5 was administered oxycodone-acetaminophen oral tablet 10-325 mg (narcotic pain medication to manage pain) when Resident's 5 pain level was below the ordered parameters to administer the medication. This failure had the potential for Resident 5 to receive unnecessary medication and experience adverse effects from the medication. Findings: According to Lexicomp, an online reference for clinical drug information, the warnings/precautions and concerns related to the adverse effects of oxycodone-acetaminophen included sedation, confusion, and constipation. According to the facility's P&P titled Specific Medication Administration Procedures effective date 4/08 showed to administer medications in a safe and effective manner. Under Procedure - to read medication label before administering. Closed medical record review for Resident 5 was initiated on 8/23/24. Resident 5 was admitted to the facility on [DATE], and discharged on [DATE]. Review of Resident 5's Order Summary Report showed a physician's order dated 7/24/24, to administer oxycodone-acetaminophen oral tablet 10-325 mg one tablet by mouth every six hours as needed for severe pain levels of 8-10 (on a 0-10 pain scale with 0 = no pain and 10 = worst pain). Review of Resident 5's MAR for August 2024 showed Resident 5 was administered oxycodone-acetaminophen 10-325 mg on the following dates and pain levels: - On 8/1/24 at 2318 hours, with a pain level of 2 - On 8/2/24 at 0816 hours, with a pain level of 7 - On 8/3/24 at 0817 hours, with a pain level of 5; and at 2333 hours, with a pain level of 3 - On 8/5/24 at 0001, with a pain level of 7 On 8/27/24 at 0803 hours, a concurrent interview and medical record review was conducted with the ADON and RN 2. The ADON and RN 2 both stated to follow the doctor's order for medication administration. The ADON and RN 2 both confirmed oxycodone-acetaminophen was administered to Resident 5 for a pain level below 8-10. The ADON and RN 2 further confirmed no physician's order for the administration of oxycodone-acetaminophen for a pain below 8-10.