

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Laguna Hills Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, facility document review, and facility P&amp;P review, the facility failed to provide an adequate and written notice of the room change for one of five sampled residents (Resident 1). * The facility failed to communicate the room change to Resident 1 in her primary language. In addition, the facility failed to provide Responsible Party 1 a written notice of Resident 1's room change. These failures had the potential for resident's rights to be violated. Findings: Review of the facility's P&amp;P titled Room Change/Roommate Assignment revised 3/2021 showed the following:- Resident room or roommate assignment may change if the facility deems it necessary. Resident preferences are taken into account when such changes are considered; and- Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives) are given at least a 1 hour advance written notice of such change. Advance written notice of a roommate change includes why the change is being made and any information that will assist the roommate in becoming acquainted with his or her new roommate. On 3/19/26 at 1632 hours, a telephone interview was conducted with Responsible Party 1. Responsible Party 1 stated the SSD left a voicemail for her stating they were moving Resident 1 from a private room to a shared room. Responsible Party 1 stated she rushed to the facility and was verbally told the facility needed Resident 1's private room for an incoming resident who would require an isolation room. Responsible Party 1 stated she was not given any documentation or notice in writing of the room change. Responsible Party 1 stated she asked for additional time to pack and move Resident 1's belongings as she had been in the same room for five years and that request was denied. Responsible Party 1 further stated the staff began to move Resident 1's belongings to the new room and it was very upsetting for Resident 1. Medical record review for Resident 1 was initiated on 3/25/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's MDS assessment dated [DATE], under Cognitive Patterns showed a BIMS summary score of 9 which indicated moderate cognitive impairment. Review of Resident 1's Facesheet showed Resident 1's primary language was other. On 3/25/26 at 1315 hours, an interview was conducted with Resident 1 with Responsible Party 1 present. Resident 1 stated the room change was very distressing for her as she had to pack all of her belongings so quickly and felt the facility should not have done that to her because she had been in her previous room for a long time. On 3/25/26 at 1328 hours, an interview and concurrent facility document review was conducted with the SSD. The SSD stated the room change process would include filling out a Notification of Room Change form. The SSD stated the purpose of the Notification of Room Change form was to notify all parties of the room change and to inform them of their rights to appeal the room change. Review of Resident 1's Notification of Room Change form showed the form was not complete. The form was missing the date of notification of both Resident 1 and Responsible Party 1, whether they approved of the change, and the signature of Resident/Resident Representative and date. The SSD stated if they attempt to reach the resident's representative and they were unable to speak to them, they will not do the room change. The SSD stated a call was placed to Responsible Party 1 and a voicemail was left, but they did not wait for (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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Responsible Party 1 to respond before beginning the room change. The SSD stated she had a conversation with Resident 1; however, she spoke to Resident 1 in English and did not use a translator to explain the situation to Resident 1 in her native language of Farsi. The SSD acknowledged she should have used a translator to communicate the situation to Resident 1. On 3/25/26 at 1405 hours, an interview and concurrent facility document review was conducted with the Admissions Director. The Admissions Director stated the process for a room change would include filling out the Notification of Room Change and notifying the resident and responsible party if necessary and if the resident does not speak English, we had a translator line we can use, or we will use a staff member to translate. The Admissions Director also verified the Notification of Room Change form for Resident 1 was incomplete. On 3/25/26 at 1616 hours, an interview and concurrent facility document review was conducted with the Administrator. The Administrator verified Resident 1's Notification of Room Change form was incomplete and not provided to Resident 1 or Responsible Party 1. The Administrator also verified Resident 1 speaks very little English.</p>		