

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 04/16/2026
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**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 the medications were stored in a safe manner for two of two nonsampled residents (Residents 5 and 6). * The facility failed to ensure the medications for Residents 5 and 6 were not left unattended on top of Medication Cart A. This failure had the potential for the medication to be accessed by an unauthorized individuals. Findings: Review of the facility's P&P titled Medication Labeling and Storage dated 2/2023 showed the facility stores all the medications and biologicals in locked compartments under proper temperature, humidity and light controls. Further review of the P&P showed to not leave medications unattended. On 4/15/26 at 1212 hours, an observation in the facility hallway and concurrent interview was conducted with RN 1. Two medication bubble packs were observed left unattended on top of Medication Cart A by room [ROOM NUMBER]. Medication Cart A was parked in the hallway where the staff, residents, and visitors would pass through. The following were on top of Medication Cart A:- a bubble pack of doxazosin mesylate (blood pressure medication) one mg tablet, to give one tablet by mouth one time a day for hypertension (high blood pressure) for Resident 5. The bubble pack contained nine white tablets; and - a bubble pack of Xarelto (blood thinner) 10 mg tablet, to give one tablet by mouth one time a day for DVT prophylaxis for Resident 6. The bubble pack contained four red tablets. RN 1 was called and verified the findings. RN 1 stated the medications should not be left unattended to ensure protection of the residents' safety and privacy. a. Medical record review for Resident 5 was initiated on 4/15/26. Resident 5 was admitted to the facility on [DATE]. Review of Resident 5's Order Summary Report showed a physician's order dated 3/24/26, for doxazosin mesylate one mg tablet, to give one tablet by mouth one time a day for hypertension and to hold if the SBP was less than 110 mmHg. b. Medical record review for Resident 6 was initiated on 4/15/26. Resident 6 was admitted to the facility on [DATE]. Review of Resident 6's Order Summary Report showed a physician's order dated 2/19/26, for Xarelto 10 mg tablet, to give one tablet by mouth one time a day for DVT prophylaxis On 4/16/26 at 1715 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged above findings.</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
---	-------	-----------