

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, medical record review, and facility P&P review, the facility failed to provide the necessary care and services for one of seven sampled residents (Resident 1). * The facility failed to ensure Resident 1's elevated temperature reading was reported to the physician. In addition, the facility failed to ensure Resident 1's abnormal lab results were reported to the physician. These failures had the potential for the resident to not receive the necessary care and interventions and negatively affect the resident's well-being. Findings: Medical record review for Resident 1 was initiated on 7/8/26. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's H&P examination dated 6/26/26, showed Resident 1 had capacity to make needs known. a. Review of the facility's P&P titled Change in a Resident's Condition or Status revised 2/2021 showed the facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical and/or mental condition and/or status. The nurse will notify the resident's attending physician or physician on call when there has been a significant change in the resident's physical, emotional, and/or mental condition. Further review of the P&P showed a significant change of condition is a major decline or improvement in the resident's status that: a. will not normally resolve itself without intervention by staff by implementing standard disease related clinical interventions; b. impacts more than one area of the resident's health status; c. requires interdisciplinary review and/or revision to the care plan; and d. ultimately is based on the judgement of the clinical staff and the guidelines outlined in the Resident Assessment Instrument. Review of Resident 1's Weights and Vitals Summary dated 7/3/26, showed Resident 1 had a temperature of 101.8 degrees Fahrenheit. Review of Resident 1's medical records failed to show documented evidence Resident 1's physician was notified and made aware of Resident 1's elevated temperature. Review of Resident 1's Progress Notes dated 6/18/26 and 7/7/26, showed Resident 1 was admitted to acute care hospital with the diagnosis of sepsis. On 7/9/26 at 1125 hours, an interview and medical record review for Resident 1 was conducted with LVN 3. LVN 3 verified Resident 1 had an elevated temperature of 101.8 degrees Fahrenheit on 7/3/26. LVN 3 stated a normal temperature was around 98.6 degrees Fahrenheit. LVN 3 stated Resident 1's temperature of 101.8 degrees Fahrenheit was considered a COC and should have been reported to the physician to ensure Resident 1 did not develop sepsis. On 7/9/26 at 1354 hours, a telephone interview was conducted with RN 2. RN 2 stated an elevated temperature of 101.8 degrees Fahrenheit was considered a COC. RN 2 stated a resident with elevated temperatures should be assessed and the resident's physician should be notified of the resident's condition. b. Review of the facility's P&P titled Lab and Diagnostic Test Results - Clinical Protocol revised 11/2018 showed a nurse will identify the urgency of communicating with the attending physician based on physician request, the seriousness of any abnormality, and the individual's current condition. Review of Resident 1's Lab Results Report dated (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/1/26, showed Resident 1's WBC level was 11.78 10³/ul and potassium level was 2.88 mEq/L. Further review of the laboratory results showed the reference ranges for WBC was 4.0 -11.0 10³/ul and potassium was 3.5 - 5.5 mEq/L. Further review of Resident 1's medical records failed to show documented evidence Resident 1's physician was notified of the abnormal lab results report dated 7/1/26. On 7/9/26 at 1605 hours, an interview and medical record review for Resident 1 was conducted with the DON. The DON verified the above findings. The DON stated she reviewed Resident 1's laboratory results dated [DATE], and verified there was no documented evidence the physician was notified of Resident 1's abnormal laboratory results. The DON stated she expected the nurses to contact the physicians for abnormal laboratory results. On 7/9/16 at 1610 hours, an interview was conducted with the Administrator, DON, and Administrator Resource. The Administrator, DON, and Administrator Resource were made aware and acknowledged the above findings.		