

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Alamitos West Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3902 Katella Avenue Los Alamitos, CA 90720	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the discharge planning process was thoroughly completed for one of three sampled residents (Resident 1). * The facility failed to notify the Ombudsman 30 days prior to the facility-initiated discharge date for Resident 1. * The facility failed to develop a care plan for Resident 1's discharge. These failures had the potential for the residents to have an inappropriate discharge. Findings: Review of the facility's P&P titled Admission, Transfer and Discharge revised 4/2025 showed the following: 1. The Facility shall permit each resident to remain in the Facility, and not transfer or discharge the resident from the Facility unless:a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the Facility;b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the Facility;c. The safety of individuals in the Facility is endangered due to the clinical or behavioral status of the resident;d. The health of individuals in the Facility would otherwise be endangered;e. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the Facility. N. payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. F. a resident who becomes eligible for Medicaid after admission, the Facility may charge a resident only allowable charges under Medicaid; [NAME]. The Facility ceases to operate. 2. Prior to transfer or discharge, the Facility shall notify the resident and the resident's representative of the transfer or discharge and the reason for the transfer or discharge in writing in a language and manner they understand.a. The facility shall send a copy of the notice to the State Long-Term Care Ombudsman.b. The notice shall be made at least 30 days before the resident is transferred or discharged or as soon as practicable before transfer or discharge when:The safety or health of individuals in the facility would be endangered;The resident's health improves to allow a more immediate transfer or discharge;An immediate transfer or discharge is required by the resident's urgent need; orA resident has not resided in the facility for 30 days.c. The notice shall include the following:The reason for transfer or discharge;The effective date of transfer or discharge;The location to which the resident is transferred or discharged ;A statement of the resident's appeal rights, including the name, address (mailing and email), and entity which receives the requests;Information on how to obtain an appeal form and assistance in completing and submitting the hearing request;Name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;Provide the agency name, address (mailing and email) for residents with special needs (e.g., agency for protection/advocacy for individuals with intellectual and developmental disabilities or agency for protection/advocacy for individuals with mental disorders or related disabilities).d. If the information in the notice changes prior to the transfer or discharge, the facility shall update the notice once the information becomes available. 3. If the resident (and/or their representative) exercises their right to appeal a transfer or discharge notice, the Facility shall not (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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>transfer or discharge the resident while the appeal is pending, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the Facility. The Facility shall document the danger that failure to transfer, or discharge would pose. If the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the Facility, the resident's physician shall document the following in the resident's medical record:a. The basis of the transfer;b. The specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving Facility to meet the need(s). Medical record review for Resident 1 was initiated on 3/12/26. Resident 1 was admitted to the facility on [DATE]. Resident 1 had a diagnosis of Parkinson's disease and contractures to the right and left ankles. Review of Resident 1's Order Summary Report showed a physician order dated 1/30/26, okay to go to a board and care if okay with the family and resident, may go with PT evaluation, and HH. a. Review of Resident 1's Notice of Proposed Transfer/discharge date d 2/2/26, showed the following:- date this notice was provided to the resident: 2/2/26;- date resident representative notified of transfer/discharge in writing: 2/2/26;- date of notice of proposed transfer/discharge mailed to Long Term Care Ombudsman: 2/2/26; and-date of transfer/discharge: [DATE] Further review of the document showed the reason for discharge was because Resident 1's health improved sufficiently so services of the facility were no longer required. Notice was given as soon as practicable. Review of Resident 1's medical record failed to show documented evidence the Ombudsman was notified of the resident's discharge. On 3/19/26 at 1520 hours, an interview and concurrent medical record review for Resident 1 was conducted with the DON. The DON verified the notice of transfer/discharge should have been provided to the Ombudsman 30 days in advance. b. Review of Resident 1's care plans failed to show a care plan was developed for a discharge plan. On 3/19/26 at 1513 hours an interview and concurrent medical record review for Resident was conducted with the DON. The DON verified the discharge plan care plan was not developed for Resident 1.</p>		