STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056169	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alamitos West Health & Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **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 report an abuse allegation to CDPH, L&C Program for one of four residents (Resident 1) reviewed for abuse. * The facility failed to ensure SOC 341 was submitted and the alleged abuse was reported to CDPH, L&C Program, Ombudsman, and law enforcement on the day the alleged abuse was reported to the facility staff. This failure had the potential for the abuse allegation going unreported and uninvestigated.Findings: Review of the facility's P&P titled Abuse: Prevention of and Prohibition Against revised 4/1/25, showed it is the policy of this facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property, exploitation, and mistreatment. Under the Reporting/Response section showed all allegations of abuse, neglect, misappropriation of resident property, or exploitation should be reported immediately to the Administrator. Allegations of abuse, neglect, misappropriation of resident property, or exploitation will be reported outside the facility and to the appropriate State or Federal agencies in the applicable timeframes, as per this policy and applicable regulations. Medical record review for Resident 1 was initiated on 5/15/26. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. On 5/11/26, CDPH, L&C Program received a complaint which showed complainant claimed on 4/23/26, CNA 3 (1500 to 2300 shift) told Resident 1 that if the resident pressed the call light or called out for help, that they would not come and that no one else would come. Same CNA gave Resident 1 the middle finger after the resident asked the nurse to wash hands before feeding three weeks before. However, the review of facility record for Resident 1 did not show SOC 341 was submitted on 4/23/26 to CDPH, L&C Program. Review of Resident 1's Nursing Progress Notes dated 4/23/26, showed Resident 1's son called the nurse and complained CNA 3 was assigned to his father who flipped a middle finger at his father before, and now the staffing coordinator still assigned CNA 3 to his father. Review of Resident 1's MDS assessment dated [DATE], showed the resident was cognitively intact. On 5/15/26 at 1555 hours, an observation and concurrent interview was conducted with Resident 1. Resident 1 was lying in bed and watching TV. Resident 1 stated CNA 3 showed me like this while showing a middle finger. Resident 1 stated he asked CNA 3 to wash her hands but he thought she did not want to help him. When Resident 1 was asked when the alleged abuse happened, Resident 1 stated he did not remember. On 5/19/26 at 1115 hours, an interview was conducted with the SSD. The SSD stated the IP told her on 4/24/26, about the alleged abuse of Resident 1 and LVN 3 told the alleged abuse to the IP. The SSD verified the facility staff did not submit SOC 341. The SSD stated Resident 1 did not want to report the incident as an abuse. The SSD stated the documentation would be on grievance interview and follow-up. On 5/19/26 at 1525 hours, an interview was conducted with LVN 3. LVN 3 stated Resident 1 verbalized CNA 3 gave him a middle finger. When LVN 3 was asked when the alleged abuse happened, LVN 3 stated she was not sure but she thought it was in April. LVN 3 stated she reported the alleged abuse right away to the DSD and IP. On 5/21/26 at 1320 hours, an interview was conducted with the DON. The DON acknowledged the facility staff did not report the alleged abuse to CDPH, Ombudsman, and law enforcement on 4/23/26. The DON stated the IDT team should (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	investigate, gather all the information, and conclude if the alleged abuse happened. The DON stated the IDT team did not submit SOC 341 because the incident did not happen on the day it was reported. The DON stated the IDT team completed a grievance report on 4/24/26.