STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056185	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menifee Lakes Post Acute	27600 Encanto Drive Sun City, CA 92586

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to reassess a resident for the use of grab bars (Bedrails to provide support and secure handhold) after being readmitted to the facility, for one out of four residents (Resident 1) reviewed for bed rail use. This failure resulted in the Resident 1's inability to use grab bars for repositioning assistance and bed mobility.Findings: On December 8, 2025, an unannounced visit was made to the facility to investigate a Quality-of-Care complaint. On December 8, 2025, at 9:28 a.m., an observation with a concurrent interview was conducted with Resident 1. Resident 1 was observed sitting in a wheelchair at her bedside. There were no side rails or grab bars observed attached on residents' bed. On December 8, 2025, at 10:32 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated it was the facilities policy to assess a resident for the use of bedrails upon admission, re-admission, and at the request of the resident/representative, or nursing staff. The DON stated bedrail/grab bars were used as an enabler for mobility, to grab and assist with repositioning. The DON further stated the use of a bedrail was not appropriate for all residents, as it could pose as a restraint or an entrapment risk. A review of Resident 1's, Patient Information, indicated, resident was admitted to the facility on [DATE], with a diagnosis of Parkinson's Disease (A neurological disorder that affects movement, balance and coordination). A review of Resident 1's, Brief Interview for Mental Status Evaluation (A cognitive assessment), dated, November 17, 2025, indicated Resident 1 had mild cognitive impairment. A review of Resident 1's, Bed Rails, assessment, dated, June 11, 2025, indicated, resident has bed mobility issues due to her cognitive losses, and demonstrates difficulty with bed mobility or moving to a sitting position from the bed, and difficulty with standing/sitting balance. The assessment further indicated, . per (Resident 1's Representative) (resident) fell at home . (representative) requests for grab bar at this time . Recommendations: (Left & Right) Assist . grab bar. A review of Resident 1's, Progress Notes, dated, November 16, 2025, at 7:55 p.m., indicated, resident was transferred to the General Acute Care Hospital (GACH) on November 12, 2025, and readmitted to the facility on [DATE]. There was no documented evidence that Resident 1 was reassessed for the use of bed rails or grab bars following her readmission to the facility on November 16, 2025. On December 10, 2025, at 3:50 p.m., an interview with a concurrent record review was conducted with the DON. The DON stated Resident 1 was admitted to the facility on [DATE], and was assessed for the use of grab bars in bed on June 11, 2025. The DON stated on June 11, 2025, Resident 1's bedrail assessment indicated left, and right grab bars were recommended at the request of resident's representative for Resident 1. The DON stated Resident 1 did not currently have grab bars on her bed. The DON stated resident was transferred out to GACH on November 12, 2025, and was readmitted to the facility on [DATE]. The DON stated Resident 1 was not reassessed for the use of grab bars after her readmission to the facility on November 16, 2025. The DON stated, Resident 1 should have been reassessed for the use of bedrails or grab bars, upon her readmission, as it is the facilities policy to (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reassess for bedrails. The facilities Policy and Procedure titled, Proper Use of Bed Rails, revised, December 19, 2022, indicated, . Policy: It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails . Ongoing Monitoring and Supervision: . b. A nurse assigned to the resident will complete reassessments in accordance with the facility's assessment schedule, but not less than quarterly, upon a significant change in status .

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to initiate and maintain infection prevention precautions (measures intended to prevent transmission of infectious microorganisms) for a resident with repeated Urinary Tract Infections (UTIs) with the presence of the microorganism Pseudomonas aeruginosa (Pseudomonas - a Multi Drug Resistant Organism [MDRO]) in their urine for one out of three residents reviewed for infection control precautions (Resident 2). This failure had the potential to spread infection to other residents in the facility. Findings: On December 8 & 9, 2025, unannounced visits were made to the facility for infection prevention issues. On December 8, 2025, at 9:02 a.m., an observation and concurrent interview were conducted with Resident 2, who stated she was receiving antibiotics for a UTI and is feeling better. No signage indicating infection prevention precautions was observed outside Resident 2's room. On December 8, 2025, at 3:32 p.m., an interview was conducted with the Infection Prevention Nurse (IPN) who stated the facility's process was to monitor and discuss residents on antibiotics during morning clinical review meetings with the Director of Nursing (DON) and licensed nurses (charge nurse), Monday through Friday. The IPN stated, if a resident's urine Culture & Sensitivity ({C&S}-isolation of microbes in the urine to test for drug resistance and sensitivity) indicated the UTI is caused by a MDRO (Pseudomonas), infection control interventions should be initiated to prevent the spread of the MDRO to other residents. The IPN stated these interventions include placing the resident on either Enhanced Barrier Precautions (EBP - infection control measures used to reduce the spread of MDROs) or Contact Isolation Precautions (CIP - infection control measures used to prevent the spread of infectious organisms transmitted by direct or indirect contact with a resident or their environment). The IPN stated when a resident was placed on CIP, the resident was either moved to a private room, or cohorted (roommates) with the same MDRO until asymptomatic. The IPN stated, when a resident was placed on CIP, the staff must don PPE (personal protective equipment - a specialized clothing or equipment worn by healthcare personnel to protect themselves and others from exposure to infectious agents, body fluids, or other hazards) outside of the resident's room, prior to contact with the resident or their environment. The IPN stated, with both EBP or CIP, a sign will be placed outside of the resident's bedroom door, indicating the type of precaution and the PPE required to enter the resident's bedroom. The IPN further stated, a physician order was needed for these precautions, and she was responsible for ensuring physician orders are received and implemented. The IPN stated implementing infection prevention precautions was important to help prevent the spread of infection to other residents within the facility. A review of Resident 2's, Patient Information, indicated, resident was admitted to the facility on [DATE], with a diagnosis including UTI. A review of Resident 2's, Minimum Data Set (MDS - an assessment tool) dated indicated the resident was cognitively intact (normal cognitive functioning). The following Resident 2's records were reviewed: -The Progress Notes, dated, October 1, 2025, at 10:32 p.m., indicated a Change of Condition (COC) was reported when Resident 2 complained of pain in urination and the physician ordered to obtain urine for test with C&S. -The Progress Notes dated, October 2, 2025, at 3:43 p.m., indicated the result of the urinalysis was referred to the physician with orders to start on antibiotics for UTI; -Resident 2's urine test result with C&S dated October 2, 2025, and reported October 4, 2025, indicated the presence of MDRO pseudomonas in Resident 2's urine. -The Progress Notes, dated October 4, 2025, at 10:56 a.m., indicated the urine test with C&S result was referred to Resident 2's physician with orders to discontinue the current antibiotic order and change to a new antibiotic that is susceptible (expected to be effective in treating the infection) to MDRO. There was no documented evidence indicating that physician's (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	orders were received to start CIP for Resident 1's pseudomonas urine infection. -The Progress Notes, dated November 7, 2025, at 12:30 p.m., indicated Resident 2 was seen and evaluated by her physician and was given an order to be transferred to the acute hospital for evaluation due to recurrent UTI.-The acute hospital document dated November 8, 2025, indicated Resident 2 was brought to the acute hospital to be evaluated for UTI. The document further indicated a urine test was done on November 8, 2025, and the C&S results reported November 10, 2025, indicated the presence of pseudomonas in Resident 2's urine; and-The facility progress notes, dated November 11, 2025, at 5 p.m., indicated Resident 2 was re-admitted back to the facility from the acute hospital with new orders for antibiotics for UTI. There was no documented evidence indicating that physician's orders were received to initiate an EBP or CIP for Resident 2's pseudomonas urine infection identified in November 10, 2025. On December 8, 2025, at 3:32 p.m., an interview with concurrent record review was conducted with the IPN. The IPN stated: -Resident 2's urine test with C&S result reported on October 4, 2025, indicated Resident 2 was diagnosed with UTI and the C&S result indicated the MDRO pseudomonas was present in her urine. -CIP physician orders should have been obtained and implemented following the C&S result and this was not done; and -Placing Resident 2 on CIP due to UTI with MDRO pseudomonas in the urine was important because the resident was considered infectious and the CIP will help avoid the spread of infection. On December 9, 2025, at 1001 a.m., a follow up interview with a concurrent record review was conducted with the IPN. The IPN stated: -Resident 2 was re-admitted to the facility from the acute hospital on November 11, 2025, with the diagnosis of UTI. -The acute hospital urine C&S result, reported on November10, 2025, indicated MDRO pseudomonas in Resident 2's urine. -The facility should have started infection prevention intervention like EBP when Resident 2 was readmitted on [DATE]; and -The facility did not receive physician orders to place Resident 2 on EBP upon re-admission on [DATE]. On December 10, 2025, at 3:30 p.m., an interview with a concurrent record review was conducted with the DON. the DON stated: -The facility monitored residents for infections and initiated precautions by reviewing admission orders, COC, and urine C&S results with the IPN during clinical review meetings; -The clinical review meeting information will be reported to the physician, and infection prevention orders will be received and initiated. -A resident identified with an MDRO UTI will be placed on EBP if a symptomatic or CIP if symptomatic. -On October 4, 2025, Resident was diagnosed with a symptomatic UTI caused by pseudomonas, CIP was not implemented, and a physician's order was not obtained to initiate it. -On November 11, 2025, Resident 2 was readmitted to the facility from the acute hospital for continued treatment of an asymptomatic UTI. On December 8, 2025, Resident 2 was diagnosed with UTI with the presence of pseudomonas in the urine (reported November 10, 2025). An EBP should have been initiated upon admission, and it was not done. In addition, a physician's order was not obtained to implement an EBP upon re-admission to the facility; and -On December 9, 2025, a physician's order was received to begin EBP interventions for Resident 2 to prevent the spread of infection. -On December 9, 2025, at 3:03 p.m., an interview was conducted with the DON, who stated the process to place a resident on infection prevention precautions such as EBP and CIP includes receiving a Drs order. The DON further stated if a Drs order is not received to place a resident on infection prevention precautions, then it cannot be verified the precautions were initiated. A review of the facilities Policy and Procedure (P&P), titled, Enhanced Barrier Precautions,, revised, June 17, 2024, indicated, . Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms . 8. Important MDROs may include . d. Multidrug-resistant Pseudomonas aeruginosa . 9. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility . A review of the facilities, P&P, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	titled, Transmission-Based (Isolation) Precautions, revised, July 18, 2023, indicated, . Policy: It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens modes of transmission . Contact precautions . measures . intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment . 1. Facility staff will apply Transmission-Based Precautions, in addition to standard precautions, to residents who are known or suspected to be infected or colonized with certain infectious agents requiring additional controls to prevent transmission .