

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Menifee Lakes Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a written summary of the baseline care plan for one of one resident reviewed (Resident C).This failure had the potential for Resident C not to be aware of the facility's plan of care for Resident C.Findings:On January 27, 2026, at 10:10 a.m., an unannounced visit to the facility was conducted to investigate quality care and treatment issues.A review of Resident C's admission Record indicated Resident C was admitted to the facility on [DATE], with diagnoses which included congestive heart failure (heart disease) and angina pectoris (a type of temporary chest pain).A review of Resident C's History and Physical dated September 26, 2024, indicated Resident C has the capacity to understand and make decisions.On January 29, 2026, at 11:41 a.m., the MDS (Minimum Data Set- an assessment tool) Nurse was interviewed, the MDS nurse stated the baseline care plan is completed within 72 hours. The nurses would give the resident or the responsible party (RP) a copy of the baseline care plan.On January 29, 2026, at 11:56 a.m., a Licensed Vocational Nurse (LVN 1) was interviewed. LVN 1 stated that she was not familiar with the baseline care plan, as she is not involved in the admissions process.On January 29, 2026, at 12:08 p.m., the Registered Nurse Supervisor (RNS) was interviewed. The RNS stated she was not aware that the baseline care plan was supposed to be completed within 48 to 72 hours, and that residents or the RP were supposed to be provided with a copy of the baseline care plan.On January 29, 2026, at 12:44 p.m., the Director of Nursing (DON) was interviewed. The DON stated the admission nurse would initiate the baseline care plan and department heads would review and complete it within 48 hours, and a copy of the summary of the baseline care plan should be provided to the residents or the RP. The DON further they were not able to do any care plan meeting with the resident, and we have no proof to show that the resident or the RP were provided with a copy of summary of the baseline care plan.A review of facility policy and procedures titled, Baseline Care Plan, dated December 19, 2022, indicated, .The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care. The baseline care plan will be developed:within 48 hours of resident's admission, include the minimum healthcare information necessary to properly care for a resident.The admitting nurse or supervising nurse on duty will gather information.once gathered, initial goals shall be established that reflects the resident stated goals and objectives.A written summary of the baseline care plan shall be provided to resident and representative.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the call light is within reach for one of three residents reviewed (Resident B). Resident B is at risk of falling. This failure had the potential for Resident B not to be able to call for assistance, which could lead to unassisted attempts to stand and increase the risk of falls. Findings:On January 30, 2026, at 8:17 a.m., during a concurrent observation and interview, Resident B's call light button was observed hanging on the left side of the bed, not within the resident's reach. Resident B stated she would normally use her call light button when she needed help from the staff. Resident B stated she could not locate her call light button.On January 30, 2026, at 8:30 a.m. during interview with Certified Nurse Assistant (CNA) 1, at Resident B's room, CNA 1 stated she missed the call light button for Resident B, and it was placed hanging at the left side of the bed and not within the resident's reach. CNA 1 stated the call light should have been positioned and secured in front of the resident.A review of Resident B's admission Record, indicated Resident B was admitted to the facility on [DATE], with diagnoses which included traumatic subdural hematoma (bleeding inside the brain usually caused by a head injury), history of fall, and abnormality of gait.A review of Resident B's Care Plan titled, Focus-the resident is at risk for fall r/t (related to) h/o (history of) fall prior to admission, unsteady gait/balance.Intervention-Place the resident's call light within reach.Resident needs a safe environment with a reachable call light.On January 30, 2026, at 9:29 a.m., the Director of Nursing (DON) was interviewed. The DON stated that fall-risk residents are discussed during the morning huddle. Additionally, the DON noted that a call light not within reach may present a potential risk for falls.A review of facility policy and procedure titled Call Light Accessibility and Timely Response, dated December 19, 2022, indicated, .Staff will ensure the call light is within reach of resident and secured.A review of the facility policy and procedure titled, Fall Prevention Program, dated December 19, 2022, indicated .Each resident will be assessed for fall risk and receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. Fall prevention include, but not limited to: Call light.are within reach.</p>		