

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Mesa Verde Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 661 Center Street Costa Mesa, CA 92627	

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 0552</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39683</p> <p>Based on observation, interview, and medical record review, the facility failed to obtain the appropriate consent prior to administering the COVID-19 (a contagious disease caused by the coronavirus SARS-CoV-2) and influenza vaccines for one of two sampled residents (Resident 1). This failure had the potential to result in the resident receiving the vaccines without the resident's responsible party being informed of the risks, benefits, and side effects prior to administering the vaccines.</p> <p>Findings:</p> <p>Medical record review for Resident 1 was initiated on 11/27/24. Resident 1 was readmitted to the facility on [DATE].</p> <p>Review of Resident 1's History and Physical examination dated 8/30/24, showed the resident had no capacity, and the resident's family member was the surrogate decision maker.</p> <p>Review of Resident 1's Durable Power of Attorney for Healthcare dated 3/11/21, showed the resident named Family Member 1 as his designated healthcare decision maker, effective immediately.</p> <p>Review of Resident 1's Informed Consent for Immunizations dated 10/9/24, showed Resident 1 signed the consent form to consent for the administration of the COVID-19 and influenza vaccines.</p> <p>Review of Resident 1's MAR for October 2024 showed on 10/16/24, the COVID-19 and influenza vaccines were administered to the resident.</p> <p>On 11/27/24 at 1228 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated Family Member 1 was Resident 1's responsible party and verified the facility failed to inform and obtain the consent from Family Member 1 prior to administering the COVID-19 and influenza vaccines to Resident 1.</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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39683</p> <p>Based on interview and medical record review, the facility failed to ensure the accurate and complete medical records for two of two sampled residents (Residents 1 and 2).</p> <p>* Resident 1's History and Physical examination had a strike-through without a date or initial to show when and who had completed the strike-through.</p> <p>* Resident 2's weekly Long Term Care Evaluation incorrectly showed the resident did not have any falls.</p> <p>These failures had the potential for the residents' care needs not being met as the medical records were incomplete and inaccurate.</p> <p>Findings:</p> <p>1. Medical record review for Resident 1 was initiated on 11/27/24. Resident 1 was readmitted to the facility on [DATE].</p> <p>Review of Resident 1's History and Physical examination dated 2/7/23, showed the section for decision making capacity as follows:</p> <ul style="list-style-type: none"> - Line A showed the box for has the capacity to understand and make decisions was checked off and struck out with a line. - Line B showed the box for does not have capacity to understand and make medical decisions was checked off. <p>The above documents did not show the date or initials as to when Line A was struck out.</p> <p>On 11/27/24 at 1535 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated when a medical record entry was made in error, the process was to strike out the error, write error, initial, and date the error to show when the error was corrected. The DON reviewed Resident 1's History and Physical examination dated 2/7/23, and stated Line A should include the error wording with a date and initials next to the strike through.</p> <p>2. Medical record review for Resident 2 was initiated on 11/27/24. Resident 2 was admitted to the facility on [DATE].</p> <p>Review of Resident 2's N Adv - Post Fall Evaluation note dated 11/18/24, showed the resident had an unwitnessed fall on 11/18/24 at 0115 hours.</p> <p>Review of Resident 2's weekly N Adv - Long Term Evaluation note dated 11/22/24, showed the resident did not have any falls since their last evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 2's medical record showed the prior N Adv - Long Term Evaluation note was completed on 11/15/24, before the resident's fall on 11/18/24.</p> <p>On 11/27/24 at 1228 hours, an interview and concurrent medical record review was conducted with the DON. The DON reviewed Resident 2's medical record and verified the resident had a fall on 11/18/24. The DON stated Resident 2's weekly N Adv - Long Term Evaluation completed on 11/22/24 was incorrect and should have shown the resident had a fall since the prior evaluation on 11/15/24.</p>