STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056362	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesa Verde Post Acute Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, closed medical record review, and facility P&P review, the facility failed to ensure the personal belongings for one of five sampled residents (Resident 1) were kept safe from loss or theft. * The facility failed to ensure the Personal Effects Inventory Form for Resident 1 was completed and signed by Resident 1's representative and facility staff upon Resident 1's discharge from the facility. This failure resulted in Resident 1 losing his personal belongings.Findings: Review of the facility's P&P titled Personal Property dated 11/14/25, showed the following: - Upon admission the CNA or designee will conduct a personal property inventory of the resident's property. - The Personal Effects Inventory Form will be signed, placed in the medical record, and a copy of the signed form provided to the resident or the resident's representative. - Upon discharge, the resident or resident representative will review and sign the Personal Effects Inventory form to ensure all personal property is accounted for. - Upon discharge, Social Services staff contact the resident or resident representative and explain the belongings can only be stored at the facility for 30 days. On 6/2/26 at 1004 hours, an interview was conducted with Family Member 1. Family Member 1 stated after Resident 1 was transferred to the acute care hospital, he was told by the staff that they could not find the resident's personal belongings. On 6/2/26 at 1545 hours, an interview was conducted with the SSA. The SSA stated he was unaware about the missing personal belongings for Resident 1 until Resident 1's representative called him on 5/18/26. The SSA stated he told Resident 1's representative the items had been discarded because the items were in the facility for over 30 days. Closed medical record review for Resident 1 was initiated on 6/2/26. Resident 1 was admitted to the facility on [DATE], and discharged on 3/26/26. Review of Resident 1's H&P examination dated 3/19/26, showed Resident 1 had the capacity to understand and make medical decisions. Review of Resident 1's MDS dated [DATE], showed the resident had moderate cognitive impairment. Review of Resident 1's Personal Effects Inventory Form dated 3/18/26, showed Resident 1 signed the form, which listed one pair of shoes, one blue shirt, one pair of black pants, and one smartphone. Further review of Resident 1's Personal Effects Inventory Form showed the discharge review section of the form was blank. On 6/8/26 at 1225 hours, an interview was conducted with the Administrator. The Administrator stated the facility was unable to locate Resident 1's belongings and would reimburse Resident 1 for the lost items. On 6/8/26 at 1300 hours, an interview and concurrent closed medical record review was conducted with RN 1. RN 1 verified the above findings and stated the staff are required to complete the Personal Effects Inventory Form upon admission and discharge. RN 1 stated the forms must be signed and dated by both the staff and the resident or resident's representative. RN 1 stated upon discharge, the staff are supposed to verify all belongings are accounted for. RN 1 verified Resident 1's inventory list was not completed at discharge. On 6/8/26 at 1600 hours, a follow-up interview was conducted with the Administrator. The Administrator was informed of the above findings and stated the facility could only reimburse for the missing items listed on Resident 1's inventory list (clothing and shoes). On 6/15/26 at 1245 hours, an interview was conducted with Family Member 1. Family Member 1 stated the Administrator informed him the facility would reimburse him for Resident 1's missing personal belongings.

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to ensure the medical records for two of five sampled residents (Residents 2 and 3) were accurate and complete. * The facility failed to ensure the Personal Effects Inventory Form for Resident 2 was reviewed and signed by the resident's representative and facility staff upon the resident's admission to the facility. * The facility failed to ensure the Personal Effects Inventory Form for Resident 3 was completed and signed by the resident's representative and facility staff upon the resident's admission to the facility. These failures had the potential to prevent the facility from accurately accounting for the personal effects and belongings of Residents 2 and 3.Findings: Review of the facility's P&P titled Personal Property dated 11/14/25, showed the following: - Upon admission the CNA or designee will conduct a personal property inventory of the resident's property. - The Personal Effects Inventory Form will be signed, placed in the medical record, and a copy of the signed form provided to the resident or the resident's representative. - Upon discharge, the resident or resident representative will review and sign the Personal Effects Inventory form to ensure all personal property is accounted form. - Upon discharge, Social Services staff contact the resident or resident representative and explain the belongings can only be stored at the facility for 30 days. 1. Medical record review for Resident 2 was initiated on 6/8/26. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's MDS dated [DATE], showed the resident had moderate cognitive impairment. Review of Resident 2's Personal Effects Inventory Form (undated) showed the following items listed: Glasses, Galaxy phone, gray pants, black sweater, and white socks. The form was not signed by the staff or Resident 2's representative. On 6/8/26 at 1300 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified the above findings and stated the staff were supposed to list the resident's personal belongings on the Personal Effects Inventory Form and review it with the resident's representative. RN 1 stated if the inventory list was not completed, the facility could not track the residents' items and may be held responsible for lost belongings. RN 1 stated some items, such as hearing aids, could be very expensive. 2. Medical record review for Resident 3 was initiated on 6/8/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's H&P examination dated 5/19/26, showed Resident 3 had the capacity to understand and make medical decisions Review of Resident 3's medical record failed to show documented evidence a Personal Effects Inventory Form was completed for Resident 3 upon admission to the facility. On 6/8/26 at 1300 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified the above findings and stated Resident 3 did not have a Personal Effects Inventory Form completed upon admission to the facility. On 6/8/26 at 1600 hours, an interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.