STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056382	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grove Post-Acute Care Center	14122 Hubbard Street Sylmar, CA 91342

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to follow professional standards of nursing practice for one of three sampled residents (Resident 1) by failing to ensure licensed nurses appropriately assessed and monitored Resident 1's medical status following the resident's Change of Condition (COC) on 5/28/2026 related to the resident's fall. This deficient practice had the potential to result in the failure to identify continued or worsening clinical deterioration and increase risk for falls, thereby placing Resident 1 at risk for adverse health outcomes and compromised safety.Findings: During a review of Resident 1's undated admission Record, the admission Record indicated on the facility admitted the resident on 1/15/2026 with diagnoses including incomplete quadriplegia (weakness or paralysis of all four limbs), unspecified Parkinsonism (a group of brain condition that causes slowed movements, rigid muscles, and balance issues), and muscle weakness. During a review of Resident 1's Fall Risk Evaluation, dated 5/5/2026, the Fall Risk Evaluation indicated Resident 1 had a total score of 16. A total score of 16 represented high risk for falls. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/21/2026, the MDS indicated Resident 1's cognitive skills (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) for daily decision making was moderately impaired. During a review of Resident 1's COC Evaluation, dated 5/28/2026, the COC Evaluation indicated on 5/28/2026 at 7:15 p.m., Resident 1 was found lying on the floor and turned on the resident's left side. The COC Evaluation indicated Resident 1 was found on the floor between resident bed A and resident bed B. Registered Nurse (RN) 2 assessed Resident 1 and the resident did not complain of pain. During a concurrent interview and record review on 6/4/2026 at 3:03 p.m. with RN 1, Resident 1's Progress Notes dated 5/28/2026 to 5/31/2026, were reviewed. RN 1 stated Resident 1 should be monitored every shift for 72 hours after a change of condition. RN 1 stated Resident 1's Progress Notes indicated there was no documented evidence that the resident was monitored on the following shifts: On 5/29/2026 (7 a.m. to 3 p.m. shift),On 5/29/2026 (3 p.m. to 11 p.m. shift), and On 5/30/2026 (7 a.m. to 3 p.m. shift).RN 1 stated that care not documented was considered not provided. RN 1 stated that failure to document Resident 1's medical status monitoring following a change of condition related to fall could put Resident 1's safety at risk. During an interview on 6/4/2026 at 3:20 p.m. with the Director of Nursing (DON), the DON stated Resident 1 should be monitored every shift for 72 hours after a change of condition. The DON stated failure to monitor Resident 1 every shift after a COC could result in worsening of the resident's condition. The DON stated that care not documented was considered not provided. The DON acknowledged and stated the facility failed to monitor and document Resident 1 following a change of condition. During a review of the facility's policy and procedure (PnP) titled, Fall/Accident Mitigation and Intervention, last reviewed on 1/28/2026, the PnP indicated the facility shall begin 72-hour charting after the fall or related accident and continue to assess for latent injuries of changes in condition in accordance with the policy. During a review of the facility's PnP titled, Charting and Documentation, last reviewed on 1/28/2026, the PnP indicated all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interdisciplinary team regarding the resident's condition and response to care. The PnP indicated the following information is to be documented in the resident's medical record.changes in the resident's condition. progress toward or changes in the care plan goals and objectives. Documentation in the medical record will be objective, complete, and accurate.