STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555021	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grove Post Acute	12332 Garden Grove Blvd. Garden Grove, CA 92843

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 0919 Level of Harm - Potential for minimal harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the call light system was functioning for one of six sampled residents (Resident 2). * Resident 2's call light was not working when it was pressed. This failure had the potential for delayed provision of assistance to the resident. Findings: Review of the facility's P&P titled Call Lights: Accessibility and Timely Response dated 12/19/22, showed the facility was to assure it was adequately equipped with a call light. The staff will report problems with a call light or the call system to the supervisor and/or maintenance director. On 12/30/25 at 1142 hours, an observation and concurrent interview was conducted with Resident 2. Resident 2 was lying in bed with the call light within reach. Resident 2 appeared upset and stated he had been waiting for the facility staff to provide incontinence care for almost an hour, but no staff had assisted him. Resident 2 stated he had pressed the call light several times. Resident 2 pressed the call light, however the call light system was observed to be non-functional. On 12/30/25 at 1143 hours, an observation and concurrent interview was conducted with LVN 1. LVN 1 verified Resident 2's call light was not functioning. LVN 1 stated Resident 2 used the call light and was dependent on staff for the ADL care. LVN 1 further stated the staff should have ensured Resident 2's call light was functioning before leaving the room. LVN 1 stated she would notify the maintenance department to resolve the issue. Medical record review for Resident 2 was initiated on 12/30/25. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's MDS assessment dated [DATE], showed Resident 2 had severe cognitive impairment and was dependent on staff for his ADL care. On 12/31/25 at 1006 hours, an interview was conducted with the DON and the Administrator. The DON stated the call light system for the residents should be functional. The DON and Administrator were informed and acknowledged the above findings.

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