STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555093	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Citrus Post-Acute	1929 N. Fairview Street Santa Ana, CA 92706

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 0657 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **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 comprehensive plan of care for one of three sampled residents (Resident 3) was revised to reflect the resident's current care needs and interventions. The facility failed to revise Resident 3's care plan to address the new interventions related to the management of weight loss. This failure posed the risk of not providing the resident with individualized and person-centered care.Findings: Review of the facility's P&P titled Care Plan, Comprehensive dated 12/2017 showed the care plans should be developed by the Interdisciplinary Team (IDT), which includes activities, dietary, nursing management, social services, and therapy and includes the input from the direct care staff, including the licensed nurses and nursing assistants. The plans are reviewed and revised by the IDT at least quarterly, following completion of the MDS assessment or following an assessment for a significant change of condition. Medical record review for Resident 3 was initiated on 7/17/25. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 3's MDS assessment dated [DATE], showed the resident had a BIMS score of 5, indicating severe cognitive impairment. Review of Resident 3's monthly weight report showed the following:- on 1/2, 2/3, and 3/3/25, Resident 3's weight was 123 lbs;- on 4/30, 5/6, and 6/2/25, Resident 3's weight was 122 lbs;- on 7/3 and 7/7/25, Resident 3's weight was 115 lbs; and- on 7/14/25, Resident 3's weight was 119 lbs. Review of Resident 3's SBAR Communication Form dated 7/3/25, showed Resident 3 had a weight loss of seven pounds in one month from June to July 2025. Review of Resident 3's Order Review Report dated 7/17/25, showed the following physician's orders:- dated 7/3/25, to obtain the resident's weekly weight for four weeks; and- dated 7/3/25, to administer megestrol acetate (appetite stimulant) suspension 400 mg/10 ml by mouth two times a day for appetite stimulant. Review of Resident 3's plan of care dated 7/17/25, showed a care plan problem addressing the resident's seven pound weight loss in one month. However, the care plan failed to include the interventions of weekly weight for four weeks and the administration of the appetite stimulant medication as ordered by the physician. On 7/17/25 at 1345 hours, an interview and concurrent medical record review for Resident 3 was conducted with the LVN 3. LVN 3 verified the above findings and stated Resident 3's care plan should be revised to reflect the current interventions for the management of the resident's weight loss. On 7/17/25 at 1430 hours, an interview and concurrent medical record review was conducted with the ADON. The ADON was 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