

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Victoria Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3541 Puente Avenue Baldwin Park, CA 91706	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an accurate assessment was conducted for one of one sampled resident (Resident 1). Resident 1 did not have an accurate assessment for the resident's cognitive skills for daily decision making. This deficient practice resulted in inaccurate assessment for Resident 1's elopement risk and had the potential for delay in necessary care and services. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] and re-admitted to the facility on [DATE], with diagnoses that included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), diabetes mellitus (a disease that results in elevated levels of glucose in the blood), dysphagia (difficulty swallowing), hypertension (HTN-high blood pressure), and acquired absence of left leg below knee (a part of the left leg removed below the knee, due to an amputation, either surgically or traumatically). The AR indicated Resident 1's Responsible Person (RP) was a conservator/guardian (a public official appointed by the court to care for individuals who are deemed unable to care for themselves or their finances). During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 4/22/25, the MDS indicated Resident 1 had intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision making. During a concurrent review of Resident 1's Elopement Risk Assessment, dated 6/7/25, and interview with the Director of Nurse (DON) on 6/10/25 at 10:02 a.m., Resident 1's Elopement Risk Assessment indicated No on all 10 areas of the assessment. The DON stated all questions in Resident 1's assessment were answered No because the assessment tool assessed if the resident had a history of elopement or an attempt for elopement while at home. The DON stated Resident 1 was not at home and the questions would not apply to Resident 1 while the resident was at the facility. During a telephone interview on 6/12/25 at 9:17 a.m. with Resident 1's Public Guardian (PG), the PG stated Resident 1 has been under [NAME]-Petris-Short (LPS, a California law enacted in 1969 that regulates the involuntary commitment of individuals with mental health disorders) conservatorship (a legal process where a court appoints a person to make certain decisions for an individual who was deemed gravely disabled [unable to provide for basic needs] due to a mental health disorder) since 7/1/22 to present day (6/12/25) and Resident 1 cannot make any legal, financial, medical or care decisions. The PG stated Resident 1's elopement from the facility on 6/7/25 was considered absence without leave (AWOL, generally refers to a resident leaving the facility without proper authorization or supervisions).</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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