

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Town & Country		STREET ADDRESS, CITY, STATE, ZIP CODE 555 East Memory Lane 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 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	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 documentation were accurate for one of four sampled residents (Resident 1).The skilled nursing documentation showed speech was clear for Resident 1 who was assessed based on MDS to have unclear speech- slurred or mumbled words. This failure posed a risk for the resident to not receive the appropriate care as the resident's record was inaccurate.Findings: Review of the facility's P&P titled Documentation in Medical Record revised on 8/23/23, showed the licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. The documentation shall be accurate, relevant, and complete, containing sufficient details about the residents' care and/or responses to care. Closed medical record review for Resident 1 was initiated on 3/9/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 1/11/26, showed the resident had no capacity to understand and make decisions. Review of Resident 1's MDS assessment dated [DATE], showed under section B unclear speech- slurred or mumbled words. Review of Resident 1's Skilled Evaluations dated 2/16, 2/18, 2/20, 2/21, 2/22, 2/24, 2/25, 2/27, and 3/1/26 showed her speech was clear. On 3/9/26 at 1110 hours, an interview and concurrent medical record review was conducted with LVN 1. LVN 1 stated Resident 1 was able to answer yes or no when asked if she was in pain, her speech was not clear as documented. On 3/9/26 at 1138 hours, an interview and concurrent medical record review was conducted with LVN 2. LVN 2 stated she was a treatment nurse, when she assessed Resident 1 for her skin, her speech was not clear. On 3/9/26 at 1326 hours, an interview was conducted with CNA 1. CNA 1 stated Resident 1 talked a little bit but it was very hard to understand. On 3/9/26 at 1510 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified 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
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