STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of 18 final sampled residents (Resident 43) reviewed for side rail use and unnecessary medication was provided the right to self-determination regarding the use of psychotropic medication (medications affecting brain activity) and side rails. * The facility failed to obtain the informed consent for side rail from Resident 43's responsible party when Resident 43 was deemed to not have the capacity to make medical decisions. In addition, the facility failed to ensure the informed consent was obtained from the responsible party and signed by the physician before administering alprazolam (antianxiety) medication for Resident 43. These failures posed the risk of Resident 43 and his responsible party not being informed not understanding risks and benefits of the treatments and medications. Findings: Review of the facility's P&P titled Informed Consent revised 3/1/24, showed the following: - The facility shall ensure the resident's rights are not violated and copy of these rights and pertinent policies are made available to the resident and to any representative of the resident. These rights, under this section, are the right to: (1) Receive in advance all information that is material to a decision to accept or refuse treatment; (2) Consent to or to refuse any psychotherapeutic drugs; and (3) participate in care planning; - Physician's orders related to the use of psychotherapeutic drugs shall not be initiated until informed consent is obtained from the physician or his/ her agent. - The disclosure of material information and obtaining informed consent is the responsibility of the physician, however, it can be coordinated with other care professionals. The material information is provided to the resident or surrogate so they can make an informed choice and then consent to the psychotherapeutic drugs; - Informed consent is the voluntary agreement of a patient or a representative of an incapacitated resident to accept treatment or procedure after receiving the material information. (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
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's P&P titled Use of Psychotropic Drugs revised date 11/13/23, showed the residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/ non-pharmacological interventions. Review of the facility's P&P titled Bed Rails revised 4/2/18, showed to review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. On 9/10/24 at 0904 hours, 9/11/24 at 0941 and 1326 hours, 9/12/24 at 0801, 1008, 1358, and 1550 hours, and 9/13/24 at 1532 hours, Resident 43 was observed in bed with bilateral 1/4 side rails elevated. Medical record review for Resident 43 was initiated on 9/10/24. Resident 43 was admitted to the facility on [DATE]. Review of Resident 43's Initial H&P examination showed Resident 43 did not have the capacity to understand and make decisions. Review of Resident 43's Order Summary Report showed the following physician's orders dated: -8/9/24, for bilateral 1/4 bed rails in place to assist with bed mobility; and -9/6/24, to administer alprazolam 0.5 mg one tablet by mouth every 12 hours as needed for anxiety manifested by verbalization of feeling anxious for 14 days. Review of Resident 43's Bed Rails Assessment and Consent dated 8/9/24, under the Consent section, showed the bed rail risk and discussed were discussed, and the consent was received from Resident 43. Further review of Resident 43's medical record did not show documented evidence the informed consent related to the use of alprazolam medication was obtained. On 9/12/24 at 0935 hours, an interview and concurrent medical record review for Resident 43 was conducted with RN 1. RN 1 verified the above findings. When asked about the informed consent for bed rail use, RN 1 verified the consent for bed rail use showed the consent was obtained from Resident 43 who did not have the capacity. When asked about the informed consent for the use of alprazolam medication, RN 1 stated all informed consents for psychotropic medications were uploaded in the resident's electronic medical record. RN 1 was not able to find any consent for the alprazolam medications in Resident 43's electronic medical record. RN 1 was unable to find documentation in Resident 43's medical record to show an informed consent was obtained from Resident 43's representative related to the use of bed rails and alprazolam medication. After requesting for a copy of informed consent for the alprazolam medication, the facility showed a copy of the Physician Order and Informed Consent Verification Sheet for Psychotropic Drugs, Physical Restraint Use and Prolonged Use of a Device form. However, the consent form showed the physician signed the consent on 9/12/24, for the use of alprazolam medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/13/24 at 1438 hours, a concurrent interview and medical record review for Resident 43 was conducted with the DON. The DON verified the above findings. When asked about the informed consent for bed rail use, the DON stated the consent should have been obtained from the resident's representative since Resident 43 did not have the capacity. When asked about the informed consent for the alprazolam medication use, the DON stated the informed consent could be found in the resident's electronic medical record. The DON verified the informed consent for alprazolam medication was signed by the physician only on 9/12/24, and was only uploaded in Resident 43's electronic medical records on 9/12/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on interview, medical record review, and facility P&P review, the facility failed to obtain and maintain a copy of the advance directives (a legal document stating a person's wishes about receiving medical care if the person is no longer able to make medical decisions) for six of 18 final sampled residents (Residents 8, 37, 43, 44, 320, and 669). * The facility failed to obtain a copy of advance directives for Residents 8, 37, 43, and 669. * The facility failed to obtain a copy of advance directives for Residents 44 and 320. In addition, the facility failed to ensure the POLSTs for Residents 44 and 320 were completed. These failures had the potential for the residents' decisions regarding their healthcare and treatment options to not be honored. Findings: Review of the facility's P&P titled Advanced Directives revised date [DATE], showed in part, the facility will verify and/or modify the presence of advance directives or the resident's wishes with regard to CPR upon admission .each resident will receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. The facility complies with Federal and State laws and court decisions on Advanced Directives. We do not condition the provision of care or otherwise discriminate against anyone based on their health care preferences whether or not they have executed an AD. The resident has the right to request, accept, refuse, and/or discontinue medical treatment, accept, or refuse surgical treatment, to participate in or refuse to participate in experimental research, and to formulate an advanced directive. 1. Medical record review for Resident 43 was initiated on [DATE]. Resident 43 was admitted to the facility on [DATE]. Review of Resident 43's Advanced Directive Acknowledgment dated [DATE], showed Resident 43 had executed an advance directive and to provide the facility a copy of the advance directive. Further review of Resident 43's medical record failed to show a copy of Resident 43's advance directive was obtained, or an attempt was made to obtain Resident 43's advance directive. 2. Medical record review for Resident 8 was initiated on [DATE]. Resident 8 was readmitted to the facility on [DATE]. Review of Resident 8's Advanced Directive Acknowledgment dated [DATE], showed Resident 8 had executed an advance directive and to provide the facility a copy of the advance directive. Further review of Resident 8's medical record failed to show a copy of Resident 8's advance directive was obtained, or an attempt was made to obtain Resident 8's advance directive. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Medical record review for Resident 320 was initiated on [DATE]. Resident 320 was admitted to the facility on [DATE]. Review of Resident 320's Advanced Directive Acknowledgment dated [DATE], showed Resident 320 had executed an advance directive and to provide the facility a copy of the advance directive. Review of Resident 320's POLST dated [DATE], showed Section D Information and signatures section to show whether Resident 320 had an advance directive or not were left blank. Further review of Resident 320's medical record failed to show a copy of Resident 320's advance directive was obtained, or an attempt was made to obtain Resident 320's advance directive. On [DATE] at 0839 hours, an interview and concurrent medical record review for Residents 8, 43, and 320 was conducted with RN 1. RN 1 verified the above findings. RN 1 stated upon admission to the facility, the resident who had capacity or for the resident who had no capacity, a resident representative was asked to fill out the CPR and DNR form. RN 1 stated the resident or the resident representative could also fill out the POLST form under Sections A, B, and C; while Section D regarding advance directives would be filled out by the social services department. RN 1 stated the newly admitted residents were also asked regarding the existence of advance directives, and if the resident had executed an advance directive, the social services would follow up to obtain a copy of the advance directive. On [DATE] at 0916 hours, a concurrent interview and medical record review for Residents 8, 43, and 320 was conducted with the Social Services Designee. The Social Services Designee verified the above findings. The Social Services Designee stated Residents 8, 43, and 320 had executed an advance directive, but he did not follow up to obtain copies of their advance directives. 51352 4. Medical record reviewed for Resident 37 was initiated on [DATE]. Resident 37 was admitted to the facility on [DATE]. Review of Resident 37's H&P examination dated [DATE], showed Resident 37 had the capacity to understand and make decisions. Review of Resident 37's Advanced Directive Acknowledgement form dated [DATE], showed Resident 37 had executed an advanced directive. Further review of Resident 37's medical record did not show a copy of the resident's advanced directive or documentation to show the facility had obtained a copy of the advanced directive. 5. Medical record review for Resident 669 was initiated on [DATE]. Resident 669 was readmitted to the facility on [DATE]. Review of Resident 669's H&P examination dated [DATE], showed Resident 669 had the capacity to understand and make decisions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 669's Advanced Directive Acknowledgement form dated [DATE], showed Resident 669 had executed an advanced directive. Further review of Resident 669's medical record did not show a copy of the resident's advanced directive or documentation to show the facility had obtained a copy of the advanced directive. On [DATE] at 1236 hours, a concurrent interview and medical record review was conducted with the SSD and Social Service Designee for Residents 37 and 669. The SSD and Social Service Designee verified the above findings. On [DATE] at 1242 hours, a follow-up interview was conducted with the SSD and Social Service Designee. The SSD and Social Services Designee stated the facility should request and obtain the copy of the advanced directive if the resident had one prior to admission. 47474 6. Medical record review for Resident 44 was initiated on [DATE]. Resident 44 was admitted to the facility on [DATE], and readmitted to the facility on [DATE]. Review of Resident 44's H&P examination dated [DATE], showed Resident 44 did not have the capacity to understand and make decisions. Review of Resident 44's Advanced Directive Acknowledgment dated [DATE], showed the resident has executed an advance directive and to provide the facility with a copy. Review of Resident 44's POLST dated [DATE], showed Section D Information and Signatures was incomplete. Section D of the POLST showed no documented evidence if the resident had or had not executed an advance directive; and there was no documented evidence of the physician/NP/PA name and date signed. On [DATE] at 1537 hours, a concurrent interview and medical record review was conducted with the SSD. The SSD verified Resident 44's POLST was incomplete and the facility did not have an advance directive in the resident's medical record. The SSD further verified Resident 44 did not have documented evidence the facility had obtained a copy of the resident's advance directive. The SSD stated the POLST should be completed and the facility should have followed up for a copy of Resident 44's advance directive to ensure the resident's wishes were maintained. [DATE] at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0583 Level of Harm - Potential for minimal harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. 51352 Based on observation, interview, and facility P&P review, the facility failed to ensure the Director of Activities did not use her personal cell phone to take pictures of the residents during activities. This failure had the potential to negatively affect the dignity of the residents and violate privacy. Findings: Review of the facility's P&P titled Resident photos revised on 4/19/24, showed the residents have a right to privacy and confidentiality, including through photographs, videos, and digital recordings. The Policy Explanation and Compliance Guideline shows permission will be obtained by the resident and/or resident representative prior to photographs taken during facility events, activities, gatherings, etc. Review of the facility's P&P titled Resident Photos revised on 4/5/24, showed it is the policy of this facility to ensure proper use of technology. The Policy Explanation and Compliance Guideline shows the following: 1. Employees should not use their personal cell phone while on the clock. 2. Personal cell phones may be used during meal or rest breaks. On 9/12/24 at 1641 hours, a concurrent observation and interview was conducted with the Director of Activities. The Director of Activities showed the pictures of residents and staff during a scheduled activity to tour the facility kitchen. When asked if it was her personal cell phone that was used to take the pictures of the residents, the Director of Activities stated yes, It was for us. The Director of Activities stated she was not supposed to have pictures of the residents on her cell phone. On 9/13/24 at 0845 hours, an interview was conducted with the Administrator. When asked about the staff taking pictures of the residents, the Administrator stated the facility had devices such as Apple tablet and cell phones for the staff to use. The Administrator stated the staff were not to use their personal cell phones to take pictures of the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on observation, interview, medical record review and facility document review, the facility failed to provide an individualized and ongoing activity program to meet the needs and interests of one of one final sampled resident reviewed for activities (Resident 43). * The facility failed to provide activities for Resident 43 to meet the resident's identified interests. The facility only provided activity program to Resident 43 on 8/8, 8/9, and 8/18/24 since his admission on 8/7/24. This failure had the potential for the resident to experience feelings of social isolation and frustration. Findings: On 9/10/24 at 0904 hours, during the initial tour of the facility, Resident 43 was observed in bed, awake, and staring at the ceiling. The TV was turned off, and there was no other in-room sensory stimulation observed. On 9/11/24 at 0941 and 1326 hours, and 9/12/24 at 0801, and 1008 hours, Resident 43 was observed in bed and awake. The TV was turned off, and there was no other in-room sensory stimulation observed. Medical record review for Resident 43 was initiated on 9/10/24. Resident 43 was admitted to the facility on [DATE]. Review of Resident 43's MDS dated [DATE], showed Resident 43 had a severe cognitive impairment. Review of Resident 43's Activities - Initial Review dated 8/9/24, showed Resident 43 wished to participate in group activities and independent activities, watching TV and visitations. Review of Resident 43's plan of care showed a care plan problem dated 8/9/24, to address the resident's preference with independent activities. The interventions included to encourage independent or self-directed activity pursuits such as visitations and watching TV. Review of Resident 43's Progress Notes dated 8/9/24, under the Activity Participation Note, showed Resident 43 loved planting orchids, going fishing, camping and music-related activities. On 9/12/24 at 0802 hours, an interview for Resident 43 was conducted with CNA 1. When asked about Resident 43's activities, CNA 1 stated Resident 43 went to the activities only once, but Resident 43 went to therapy instead. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/13/24 at 1502 hours, a concurrent interview and medical record review for Resident 43 was conducted with the Director of Activities. When asked about activities assessment, the Director of Activities, her assistant went to the resident's room to interview the resident and completed the resident's activities assessment upon admission. The Director of Activities stated independent activities were provided usually for alert and oriented residents who liked to do their own activities and not interested in group activities; while room visits were provided to those residents who did not go out of their rooms where the activity staff provided daily activities such as providing copies of the Daily Chronicles. When asked about Resident 43's activities, the Director of Activities stated the resident was a short-term resident and was in the facility mainly for therapy. When asked what activities were provided for Resident 43, the Director of Activities stated the resident liked to be in the room and enjoyed reading the Daily Chronicles. When asked for the documentation of the resident activities, the Director of Activities stated they documented in the progress notes, but there were no daily note and use the calendar in the resident's electronic medical record. Review of Resident 43's Event Calendar Report for August and September 2024 showed Resident 43 attended exercise activity on 8/8/24, bingo on 8/9/24, and music therapy on 8/18/24. The report also showed Resident 43 was invited for an initial on 8/9/24, sing along activity on 8/16/24, birthday party on 9/4/24, dermatologist appointment on 9/6/24, and music therapy on 9/14/24. There were no other activities provided for Resident 43. The Director of Activities verified Resident 43 only attended activities on 8/8, 8/9, and 8/18/24, as per the activity calendar. The Director of Activities stated they provided the Daily Chronicles and turned the TV on for the resident, but they did not document those daily activities provided to the resident. The Director of Activities verified there were no documented evidence to show Resident 43 was provided activities to meet his identified interests, other than the activities he attended on 8/8, 8/9, and 8/18/24. On 9/13/24 at 1532 hours, an observation for Resident 43 and concurrent interview was conducted with the Director of Activities. Resident 43 was observed in bed and asleep. When asked about the Daily Chronicles, the Activities Director showed the Daily Chronicles dated 9/12/24, in a bin on top of Resident 43's nightstand, and out of resident's reach, and the Daily Chronicles dated 9/13/24, was observed folded and inside the trash can.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49644 Based on observation, interview, medical record review and facility P&P review, the facility failed to provide services to attain or maintain the highest practicable well-being for two of 18 final sampled residents (Residents 37 and 52) and one nonsampled resident (Resident 621). * LVN 3 failed to follow the physician's order to give furosemide (medication to treat fluid retention) 30 minutes before spironolactone-hydrochlorothiazide (medication to treat high blood pressure and fluid retention) to Resident 621. * Resident 37's physician's order was not followed when the physician was not notified of Resident 37's weight changes. * The licensed nurse failed to document the resident's BP when administered the as needed BP medication to evaluate the effectiveness of medication. These failures had the potential to compromise the health and safety of these residents. Findings: Review of the facility's P&P titled Medication Administration revised 2/13/17, showed the nurse shall read and follow precautionary or additional instructions available on the prescription label (i.e., Shake Well, Give on an Empty Stomach). 1. During a medication administration observation on 9/11/24 at 0801 hours with LVN 3, LVN 3 was observed administering one tablet of furosemide 20 mg and one tablet of spironolactone-hydrochlorothiazide 25-25 mg to Resident 621. Medical record review was initiated for Resident 621 on 9/11/24. Resident 621 was admitted to the facility on [DATE]. Review of Resident 621's Order Summary Report dated 8/10/22, showed the following: - an order dated 9/2/24, to administer furosemide tablet 20 mg one tablet by mouth one time a day for bilateral lower extremity swelling, give 30 minutes before spironolactone-hydrochlorothiazide medication. - an order dated 9/2/24, to administer spironolactone-hydrochlorothiazide oral tablet 25-25 mg one tablet by mouth one time a day for bilateral lower extremity swelling. On 9/11/24 at 0820 hours, a concurrent interview and medical record review for Resident 621 was conducted with LVN 3. The instruction on the prescription label and the physician's order for Resident 621's furosemide medication was reviewed. LVN 3 verified she gave the furosemide 20 mg tablet and spironolactone-hydrochlorothiazide 25-25 mg tablet at the same time. LVN 3 stated she should have followed the instruction to give furosemide medication 30 minutes before spironolactone-hydrochlorothiazide medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/13/24 at 1517 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings. 51352 2. Review of the facility's P&P titled Notification of Changes revised 11/29/23, showed the facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requirement such notification. Circumstances requiring notification include a significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include life threatening conditions or clinical complications. Review of the facility's P&P titled Weight Variance Monitoring revised on 11/17/23, showed unusual or significant weight variance includes, but is not limited to, weight loss of plus or minus 3% in a week. Unusual or significant weight loss will be reported by nursing to the physician. Medical record review for Resident 37 was initiated on 9/10/24. Resident 37 was admitted to the facility on [DATE]. Review of Resident 37's Order Summary Report showed a physician's order dated 8/29/24, to weigh the resident every day shift and notify the physician if the resident's weight changed greater than or equal to three lbs for CHF. Review of Resident 37's Weight and Vitals Summary dated 9/13/24, showed the following weights: - on 9/3/24, a weight of 197 lbs - on 9/4/24, a weight of 194 lbs (weight loss of three lbs) - on 9/7/24, a weight of 197 lbs (weight gain of three lbs) - on 9/8/24, a weight of 194 lbs (weight loss of three lbs) Further review of Resident 37's medical record did not show documentation the physician was notified for Resident 37's three lbs weight loss on 9/4 and 9/8/24. On 9/13/24 at 1548 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 37's medical record showed the resident lost three lbs in a day on 9/4/24, and again on 9/8/24. The DON verified Resident 37's physician's order dated 8/29/24, showed to notify the physician if Resident 37's weight changed greater than or equal to three lbs daily. However, the physician was not contacted regarding the weight changes for Resident 37 on these dates. 48853 3. Medical record review for Resident 52 was initiated on 9/11/24. Resident 52 was admitted to the facility on [DATE], and readmitted on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 52' H&P examination dated 3/26/24 showed Resident 52 had the capacity to understand and make decisions. Review of Resident 52's Order Summary Report for September 2024 showed a physician order dated 9/9/24, to administer clonidine hydrochloride (a medication used to treat high blood pressure) 0.1 mg one tablet by mouth every eight hours as needed for hypertension if systolic blood pressure greater than 160 mmHg. Review of Resident 52's MAR for September 2024 showed clonidine hydrochloride 0.1 mg one tablet was given on 9/11/24 at 0541 hours, to Resident 52 and was documented effective; however, the documentation failed to show the BP readings documented to show why the medication was given and effective. Review of Resident 52's progress notes on 9/10/24, failed to show the resident's response to the clonidine hydrochloride 0.1 mg given on 9/10/24 at 0541 hours. On 9/12/24 at 1536 hours, an interview and concurrent record review was conducted with the IP. The IP stated the licensed nurse should have followed up by checking Resident 52's BP. On 9/13/24 at 1533 hours, an interview with the DON was conducted. The DON was informed and acknowledged the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to provide the pharmaceutical services to ensure accurate reconciliation and disposal of medications. * The facility failed to ensure the removed controlled medications for Resident 31 was documented in the controlled drug record. * The facility failed to ensure the discontinued controlled medication for Resident 670 was removed from the current medication supply in Medication Cart B. These failures had the potential for drug diversion of the controlled medications, and potential for medication errors. Findings: According to Taylor's Fundamentals of Nursing, Seventh Edition, under Handling Controlled Substances Safely, a record must be kept for each narcotic that is administered. Healthcare agencies provide forms for keeping such records, and these forms are kept with the narcotics. Although the forms differ, the following information usually is required: name of the resident receiving the narcotic, amount of the narcotic used, hour the narcotic was given, name of the physician who prescribed the narcotic, and name of the nurse who administered the narcotic. The nurse has a secure identification code that provides access into the system, identifies the resident by name or identification number, and verifies the count for each drug as it is removed. Review of the facility's P&P titled Medication Storage dated 11/29/23, showed for unused medications: the pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with the destruction of unused drugs policy. On 9/11/24 at 1115 hours, a concurrent inspection of Medication Cart B, interview, and medical record review was conducted with LVN 3. Upon inspection of Medication Cart B, the following was observed: a. A bubble pack of morphine (narcotic analgesic) 60 mg for Resident 31 was observed with 10 tablets. Review of Resident 31's Antibiotic or Controlled Drug Record for the morphine medication showed one tablet of morphine medication was removed on 9/10/24 at 0900 hours, and the last count was 11 tablets of morphine medication. b. A bubble pack of oxycodone/ acetaminophen (narcotic analgesic) 10- 325 mg medication for Resident 31 was observed with 103 tablets. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 31's Antibiotic or Controlled Drug Record for the oxycodone/ acetaminophen medication showed one tablet of oxycodone/acetaminophen medication was removed on 9/11/24 at 0600 hours, and the last count was 104 tablets of oxycodone/acetaminophen medication. Medical record review for Resident 31 was initiated on 9/10/24. Resident 31 was readmitted to the facility on [DATE]. Review of Resident 31's Order Summary Report dated 8/28/24, showed the following physician's orders dated 11/28/23: - To administer morphine sulfate extended release 60 mg one tablet by mouth two times a day for pain management; and - To administer Percocet (brand name for oxycodone/acetaminophen) 10-325 mg one tablet by mouth six times a day for pain management. Review of Resident 31's MAR for Resident 31 showed the resident was administered the morphine medication on 9/11/24 at 0900 hours, and Percocet medication on 9/11/24 at 1000 hours. c. A bubble pack of hydrocodone/acetaminophen (narcotic analgesic) 5-325 mg medication with four tablets for Resident 670 was observed inside the narcotic medications drawer with the current supply of medications of other residents. Medical record review for Resident 670 was initiated on 9/10/24. Resident 670 was readmitted to the facility 9/5/24. Review of Resident 670's list of medications showed the hydrocodone-acetaminophen 5-325 mg medication was discontinued on 9/8/24. LVN 3 verified the above findings. When asked about Resident 31's morphine and oxycodone/acetaminophen medications, LVN 3 stated she administered the morphine and oxycodone/acetaminophen medications to Resident 31. LVN 3 stated she did not sign the controlled drug record after removing the medications from the bubble pack, nor the MAR after administering the medications, but she usually signed the controlled drug record and MAR towards the middle of her shift. When asked about Resident 670's hydrocodone medication, LVN 3 stated the medication was already discontinued and should not be in the medication cart. On 9/13/24 at 1338 hours, an interview was conducted with the DON. When asked about documentation on the controlled drug record and MAR, the DON stated the nurses should sign the controlled drug record as soon as they removed the controlled medication from the bubble pack, then administered the medication to the resident. After administering the medication, the nurses should sign the MAR. When asked about the discontinued medication, the DON stated the medication should be removed by the nurses at the end of their shift, and the medication should be brought to the DON. If the medication was discontinued on a weekend, the nurses should have removed the discontinued medication from the medication cart on the following weekday.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48853 Based on interview and medical record review, the facility failed to ensure two of two final sampled residents (Residents 2 and 56) reviewed for unnecessary medications were free from unnecessary drugs. * The facility failed to ensure Resident 2's losartan potassium (medication used to lower high blood pressure) was administered as per the physician's ordered parameter. * The facility failed to ensure Resident 56's midodrine hydrochloride (medication used to treat low blood pressure) was administered as per the physician's ordered parameter. These failures had the potential for Residents 2 and 56 to receive unnecessary medications and develop significant side effects arising from errors in administration. Findings: 1. Medical record review for Resident 2 was initiated on 9/11/24. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's Order Summary Report as of 9/11/24, showed an order dated 6/27/24 to administer losartan potassium 25 mg one tablet by mouth at bedtime for hypertension, hold if SBP less than 120 mmHg. Review of Resident 2's MAR showed losartan potassium 25 mg was administered with the following dates and blood pressure readings: - On 6/28/24, BP of 111/58 mmHg. - On 7/12/24, BP of 112/57 mmHg. - On 7/18/24, BP of 110/61 mmHg. - On 7/24/24, BP of 110/64 mmHg. - On 9/2/24, BP of 114/74 mmHg - On 9/3/24, BP of 117/77 mmHg. - On 9/5/24, BP of 118/62 mmHg. - On 9/7/24, BP of 112/59 mmHg. - On 9/8/24, BP of 116/63 mmHg. - On 9/10/24, BP of 111/68 mmHg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/12/24 at 1532 hours, a concurrent interview and medical record review was conducted with the IP. The IP verified losartan potassium 25 mg was administered to Resident 2 when SBP was less than 120 mmHg. On 9/13/24 at 1529 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings. 2. Record review for Resident 56 was initiated on 9/11/24. Resident 56 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 56's Order Summary Report as of 9/11/24, showed a physician order dated 8/22/24, to administer midodrine hydrochloride 5 mg one tablet by mouth one time a day for hypotension, hold if SBP greater than 110 mmHg. Review of Resident 56's MAR for September 2024 showed midodrine hydrochloride 5 mg was documented administered with the following dates and blood pressure readings: - On 9/3/24, BP of 113/27 mmHg - On 9/6/24, BP of 132/79 mmHg. - On 9/9/24, BP of 112/65 mmHg. - On 9/11/24, BP of 112/63 mmHg. On 9/13/24 at 0834 hours, a concurrent interview and medical record review was conducted with LVN 6. LVN 6 verified midodrine hydrochloride 5 mg was administered to Resident 56 when SBP was greater than 110 mmHg. On 9/13/24 at 1532 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on interview, medical record review, and facility P&P review, the facility failed to ensure one of five final sampled residents reviewed for unnecessary medication (Resident 43) was free from unnecessary psychotropic drugs. * The facility failed to ensure the side effects were monitored for Resident 43 related to the use of alprazolam (antianxiety medication). This failure posed the potential to negatively impact the resident's well-being. Findings: Review of the facility's P&P titled Use of Psychotropic Drugs revised date 11/13/23, showed the resident's response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record. Medical record review for Resident 43 was initiated on 9/10/24. Resident 43 was admitted to the facility on [DATE]. Review of Resident 43's Initial H&P evaluation dated 8/8/24, showed Resident 43 had no capacity to understand and make decisions. Review of Resident 43's Order Summary Report dated 9/12/24, showed a physician's order dated 9/6/24, to administer alprazolam 0.5 mg one tablet by mouth every 12 hours as needed for anxiety manifested by verbalization of feeling anxious for 14 days. Review of Resident 43's MAR for September 2024 showed Resident 43 was administered the alprazolam medication on 9/11/24 at 1836 hours. Review of Resident 43's plan of care showed a care plan problem to address the resident's anxiety manifested by verbalization of feeling anxious. The interventions included to monitor behaviors and monitor side effects every shift. Further review of Resident 43's medical record did not show documented evidence for the monitoring of the side effects related to the use of alprazolam medication. On 9/12/24 at 0835 hours, an interview and concurrent medical record review for Resident 43 was conducted with RN 1. RN 1 verified the above findings. When asked about the monitoring for Resident 43's behavior related to the use of alprazolam medication, RN 1 stated the monitoring of behavior was conducted when the resident received the medication, which meant when the resident verbalized feeling anxious, he received the medication. When asked about monitoring the side effects for Resident 43 related to the use of alprazolam medication, RN 1 verified there was no documented evidence the side effects were monitored for Resident 43 related to the use of alprazolam medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39453 Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to provide the necessary pharmacy services to ensure proper storage, labeling, and disposal of medications. * The facility failed to ensure the orally administered medications were stored separate from externally used medications. * The facility failed to ensure disinfectant wipes were stored separately from medications and treatment supplies. * The facility failed to ensure the medication bottle was kept clean and free of sticky residue. These failure posed the risk for cross-contamination of the medications. Findings: Review of the facility's P&P titled Medication Storage dated 11/29/23, showed the following: -It is the policy of the facility to ensure all medications housed on our premises will be stored in the pharmacy and/ or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. -External products: disinfectants and drugs for external drugs for external use are stored separately from internal and injectable medications; and -Internal products: medications to be administered by mouth are stored separately from other formulations (i. e. eye drops, ear drops, injectables). 1. On 9/11/24 at 0808 hours, an inspection of Medication Room A and concurrent interview was conducted with RN 1. The following was observed: - Two boxes of Fever All suppositories were stored with three boxes of oral loperamide (antidiarrheal) tablets. - One bottle of DHEA (dehydroepiandrosterone, a hormone the body produces in the adrenal gland) mood and stress tablets was stored with three boxes of eye drops. - One bottle of nasal moisturizing spray was stored with three boxes of earwax removal drops. RN 1 verified the above findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. On 9/11/24 at 0852 hours, an inspection of Medication Cart A, and concurrent interview was conducted with LVN 2. A bottle of Spectrum hand sanitizing wipes (fragrance-free wipes with 70% alcohol used to clean and sanitize hands) was stored with a bottle of ammonia lactate lotion (alpha-hydroxy acids used to treat dry skin), a box of Optifoam Gentle EX (wound dressing used to help absorb shear force and manage moisture) and a box of tubular elastic retainer net dressing (used as a secondary dressing and to keep bandages and medical devices in place). LVN 2 verified the above findings. 3. On 9/11/24 at 1115 hours, an inspection of Medication Cart B and concurrent interview was conducted with LVN 3. A container of Micro-Kill Two germicidal disinfectant wipes (ready to use wipes with a quaternary-based alcohol solution used to clean and disinfect hard and nonporous surfaces) was stored with box of NexTemp thermometer strips (single use thermometers used to check temperature by placing the thermometer strip under the tongue) and a bag of spill kit (a bag containing a set of materials used to safely clean up and dispose biohazardous spills). LVN 3 verified the above findings. 4. On 9/11/24 at 1249 hours, an inspection of Medication Cart C and concurrent interview was conducted with LVN 1. A bottle of potassium chloride (supplement) was observed with orange sticky residue around the neck of the bottle. LVN 1 verified the above findings. On 9/13/24 at 1338 hours, an interview was conducted with the DON. When asked about the medication storage, the DON stated orally administered medications should be stored separately from the external medications, and eyedrops should be stored separately. The DON stated they focused more on the medication storage in the medication carts and medication refrigerator. The DON also stated the nurses should wipe the medication bottle to prevent sticky residue on the medication bottle.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47474 Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure the pureed recipes were followed for three of 77 residents who received pureed food from the kitchen. * The facility failed to ensure the puree recipes for biscuit and rice were followed. This failure had a potential for not providing nutritional meals to meet the residents' needs. Findings: Review of the facility's census on 9/10/24, showed there were 77 residents at the facility. The facility document titled Diet Type Report for September 2024 showed the kitchen provided the diets to 75 residents in the facility. Further review of the Diet Type Report showed three of 75 residents receiving food prepared from the kitchen were on pureed diet. Review of the facility's P&P titled Meal/Tray Assembly Procedures revised 1/2024 showed meal service is prompt and accurate to ensure temperatures and nutrient content of food is preserved. Procedures showed to ensure current diet spreadsheet is available and followed at each meal period, checks meals for accuracy, and tastes the food (all diets) to evaluate flavor and consistency. If the product is unacceptable, corrective action is taken. Review of the facility's pureed recipe titled P. Biscuit/Biscuit Mix, undated, showed to blend bread in food processor until smooth, heat vegetable stock, gradually add stock in a thin stream to bread, and blend until thoroughly combined with no lumps or bits. Review of the pureed recipe titled P. Rice Pilaf w/Veg Base, undated, showed to blend pasta in a food processor until smooth, gradually add vegetable broth in a thin stream to pasta and blend until thoroughly combined, no lumps or bits. On 9/11/24 at 1123 hours, a concurrent observation and interview with [NAME] 2 was conducted during the puree preparation for pureed biscuits and pureed rice. For the puree of biscuits, [NAME] 2 was observed gradually adding a total of 34 oz of hot water to the blended biscuits. For the puree of rice, [NAME] 2 was observed adding eight oz of hot water. [NAME] 2 verified he did not follow a recipe during the puree preparation. On 9/13/24 at 1346 hours, an interview was conducted with the RD, DSS, and Executive Chef. The RD, DSS, and Executive Chef acknowledged the findings. 09/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the recipes should be followed as per the instructions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47474 Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure four of 75 residents (Residents 17, 26, 39, and 65) who received food from the kitchen were palatable. * The facility failed to ensure Residents 17, 26, 39, and 65 received palatable green beans during dining observation. This failure had a potential for the residents not consuming the food and may experience weight loss. Findings: Review of the facility's P&P titled Modified Texture Foods revised 1/2024 showed a standardized process for modified texture foods to meet community-approved diet guidelines and to assure palatability, flavor, texture, and nutritional value. Review of the facility's recipe titled [NAME] Beans Seasoned (Seasoned [NAME] Beans), undated, showed to steam vegetables until tender. Review of the International Dysphagia Diet Standardization Initiative (IDDSI) dated 7/2019, showed easy to chew texture is described as normal, everyday foods of soft/tender textures that are developmentally and age appropriate. 1. Medical record review for Resident 17 was initiated on 9/10/24. Resident 17 was admitted to the facility on [DATE], and readmitted back to the facility on [DATE]. Review of Resident 17's H&P examination dated 3/21/24, showed Resident 17 had the capacity to understand and make decisions. Review of Resident 17's Order Summary Report dated September 2024, showed a physician's order dated 1/26/24, for Regular Diet 7 Easy To Chew Texture, 0 Thin Liquid Consistency. On 9/10/24 at 1231 hours, a concurrent observation and interview with Resident 17 was conducted in the dining room. Resident 17 stated the green beans were tough and they shouldn't be tough. 2. Medical record review for Resident 26 was initiated on 9/10/24. Resident 26 was admitted to the facility on [DATE], and readmitted back to the facility on [DATE]. Review of Resident 26's H&P examination dated 5/1/24, showed Resident 26 did not have capacity to understand and make decisions. Review of Resident 26's Order Summary Report dated September 2024 showed a physician's order dated 8/15/23, for No Restriction Diet 7 Easy To Chew Texture, 0 Thin Liquid Consistency, Small Portions. On 9/10/24 at 1237 hours, a concurrent observation and interview with Resident 26 was conducted in the dining room. Resident 26 stated the green beans were tough. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Medical record review for Resident 39 was initiated on 9/10/24. Resident 39 was admitted to the facility on [DATE]. Review of Resident 39's H&P examination dated 10/30/23, showed Resident 39 had fluctuating capacity to understand and make decisions. Review of Resident 39's Order Summary Report dated September 2024 showed a physician's order dated 9/3/24, for NAS (No Added Salt) Diet 7 Regular Texture, 0 Thin Liquid Consistency, for No Fish - Small Portion. On 9/10/24 at 1240 hours, a concurrent observation and interview with Resident 39 was conducted in the dining room. Resident 39 stated the green beans were tough to cut and not easy to chew on, it shouldn't be tough. On 9/10/24 at 1315 hours, a concurrent observation and interview with LVN 5 and the RD was conducted in the dining room. LVN 5 and the RD cut the green beans and verified findings. LVN 5 stated the green beans can be a bit tougher and the RD stated the residents' diets will be re-evaluated for kitchen to cut up their vegetables. 09/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings for Residents 17, 26, and 39. 39453 4. On 9/10/24 at 1245 hours, during a dining observation, Resident 65 was observed in her room with a lunch tray in front of the resident. The lunch tray included a serving of green beans. Resident 65 stated the green beans were tough. Resident 65 stated she did not want any alternative menu but would not eat the green beans. Review of Resident 65's S/S 2024 Main/Week 2 meal card dated 9/10/24, showed four ounces of seasoned green beans was included in the lunch menu. On 9/10/24 at 1314 hours, a concurrent observation for Resident 65 and interview was conducted with the RD. The RD verified the above findings. Resident 65 stated the green beans were tough and not well-prepared. The RD stated she would check the green beans and why the residents complained about it. Medical record review for Resident 10 was initiated on 9/10/24. Resident 65 was admitted to the facility on [DATE]. Review of Resident 65's Order Summary Report showed a physician's order dated 8/7/24, for a regular diet, regular consistency and thin liquid consistency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47474 Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure the food safety and sanitary requirements were met in the kitchen. * The facility failed to ensure the ice machine was properly cleaned. * The facility failed to ensure the ice scoopers were properly stored. * The facility failed to ensure the food items were discarded on or before the best by date. * The facility failed to ensure the food preparation utensils and equipment were in good, sanitary, and cleanable working conditions. * The facility failed to ensure the kitchen staff wore hair and beard restraint. * The facility failed to ensure the blender was free of water prior to use. * The facility failed to ensure the water liners were covered during transportation in the hallway. * The facility failed to ensure the kitchen staff performed hand hygiene. These failures had the potential to cause foodborne illnesses to the medically vulnerable resident population who consumed food prepared in the kitchen. Findings: Review of the facility document titled Diet Type Report for [DATE] showed 75 of 77 residents in the facility received food prepared by the facility's kitchen. 1. According to the USDA Food Code 2022, Section ,d+[DATE].11, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: (A). Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B). The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C). Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 0945 hours, a concurrent observation and interview was conducted with Dishwasher 3. Dishwasher 3 stated the facility assigned him to clean inside and outside of the ice machines. There were white residue noted on the right and left sides of Ice Machine 1 and white residue with hardened white crust to the right side of Ice Machine 2. Dishwasher 3 verified findings. Dishwasher 3 stated the ice machines should be cleaned. 2. Review of the facility's P&P titled Ice Handling revised ,d+[DATE] showed to use a scoop to remove ice from the storage bin into the receptacle used for service. A scoop should be designated for removing ice from the bin and should not be used for other purposes. Store the scoop in a self-draining container, in an area protected from contamination. On [DATE] at 0927 hours, a concurrent observation and interview was conducted with the RD. Two ice scoopers in a metal holder attached outside of Ice Machine 1 and Ice Machine 2 were observed not covered and protected from contamination as per the facility's P&P. The RD verified the observation. 3. According to the USDA Food Code 2022, Manufacturer's use-by dates, manufacturers assign a date to products for various reasons, and spoilage may or may not occur before pathogen growth renders the product unsafe. The manufacturer's use-by date is its recommendation for using the product while its quality is at its best. Although it is a guide for quality, it could be based on food safety reasons. It is recommended that food establishments consider the manufacturer's information as good guidance to follow to maintain the quality (taste, smell, and appearance) and salability of the product. If the product becomes inferior quality-wise due to time in storage, it is possible that safety concerns are not far behind. On [DATE] at 0750 hours, during the initial tour of the kitchen, the following was observed: - Ten boiled eggs with the best by date of [DATE] - Two bags of Hoagie breads with the best by date of [DATE] - One bag of fries with the best by date of [DATE] - Four one-gallons of fat free milk, two gallons with the best by dated of [DATE] and another two gallons with the best by dated of [DATE]. The DSS and Chef 1 verified the above findings. Chef 1 stated the food products should be used prior to the best by date to ensure the items were not served expired. 4. According to the USDA Food Code 2022, Section ,d+[DATE].11, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: (A). Equipment food-contact surfaces and utensils shall be clean to sight and touch. (B). The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C). Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	According to the USDA Food Code 2022 ,d+[DATE].12, Cutting Surfaces, cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces. Review of the facility's P&P titled Food Handling guidelines (HACC) revised ,d+[DATE], showed to use clean sanitized equipment and food contact surfaces (e.g., knives, skinks, utensils, table surfaces, slicers, multipurpose cutting boards, bowels, etc.) for each task. Review of the facility's P&P titled Cutting Boards revised ,d+[DATE] showed to replace all cutting boards with grooves and pits ,d+[DATE]-inch or deeper that cannot be cleaned and sanitized using routine cleaning and sanitizing procedures. On [DATE] at 0750 hours, during the initial tour of the kitchen, the following utensils and equipment were observed not in good, sanitary, and cleanable working conditions: - five red, three yellow, three white, two blue, two tan, two green, and one black cutting boards were heavily marred. - four rubber spatulas heavily were worn out with dark brown discoloration. - five small, four medium, and two large frying pans were heavily scratched and worn out. - three measuring cups with brown residue. - two scoopers with brown discoloration. - one peeler with brown crusted residue. - one hot tray transportation warmer with brown streak residue inside equipment. The above findings were verified with the RD, DSS, and Chef 1. The DSS stated the items in the kitchen should be cleaned. 5. Review of the facility's P&P titled Dress Guidelines for Food Service Management and Clinical Nutrition Staff revised ,d+[DATE] showed dress for food service management and clinical nutrition staff must be professional in appearance and function to portray a positive image of the department. The P&P further showed hair restraints are worn by all when in the kitchen. This includes department associates, associates from other facility departments and guest, such as vendors. On [DATE] at 0819 hours, a concurrent observation and interview was conducted with Server 1 and DSS. Server 1 was observed in the kitchen without a hair restraint. The DSS verified the findings and stated hair restraints were necessary to ensure hair would not get into the residents' food. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 0932 hours, a concurrent observation and interview was conducted with Dishwasher 2 and Chef 1. Dishwasher 2 was observed with facial hair wearing a face mask with facial hair exposed. Dishwasher 2 stated he did not wear beard restraints; however, stated he should to ensure hair would not fall into the food. Chef 1 was also observed with facial hair with no beard restraint. Chef 1 verified observation and stated he would be shaving his beard and order beard restraints. 6. On [DATE] at 1123 hours, a concurrent observation and interview was conducted with [NAME] 2. During the puree food preparation observation for cauliflower, water was observed inside the blender. [NAME] 2 verified findings and stated the blender should be dried. [DATE] at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the blender should not have water since water can harbor and grow organisms. 7. On [DATE] at 0945 hours, a concurrent observation and interview was conducted with CNA 7. CNA 7 was observed transporting water liners for the water pitchers without a cover in the hallway across from Nursing Station 5. When asked what the facility's protocol was when transporting water liners in the hallway, CNA 7 stated they should be covered. On [DATE] at 1005 hours, an interview was conducted with the DON. The DON acknowledged above findings. 8. According to the USDA Food Code 2022 ,d+[DATE].14, When to Wash, food employees shall clean their hands and exposed portions of their arms after engaging in other activities that contaminate the hands. In addition, according to the USDA Food Code 2022 ,d+[DATE].11, Clean Condition, the hands are particularly important in transmitting foodborne pathogens. Food employees with dirty hands and/or fingernails may contaminate the food being prepared. Therefore, any activity which may contaminate the hands must be followed by thorough handwashing in accordance with the procedures outlined in the Code. Review of the facility's P&P titled Hand Hygiene revised ,d+[DATE] showed in the Food and Nutrition Services Department: all associates associated with the handling of food shall wash hands. Hands are washed with soap and water in the following times including: - Before each shift. - Before handling food or clean utensils/dishes/equipment -After taking a break/when returning to kitchen On [DATE] at 1111 hours, a concurrent observation and interview was conducted with [NAME] 1. [NAME] 1 was observed entering the kitchen without performing hand hygiene. When asked if hand hygiene was performed upon entering the kitchen, [NAME] 1 stated he did not. [NAME] 1 stated hand hygiene prevents illness and cross contamination. [NAME] 1 further stated he should have performed hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 1134 hours, a concurrent observation and interview was conducted with [NAME] 2. During pureed food preparation observations, [NAME] 2 was observed removing the used kitchen equipment and utensils from the sink to the three-compartment sink for washing. Further observation showed [NAME] 2 returned without changing out gloves and performing hand hygiene. [NAME] 2 then started crumbing the biscuits to prepare the puree biscuit. When asked if change of gloves and hand hygiene were performed prior to crumbing the biscuits, [NAME] 2 stated he did not. [NAME] 2 further stated he should have performed hand hygiene and changed his gloves to present cross contamination. [DATE] at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the kitchen staff were expected to perform hand hygiene upon entering the kitchen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. 47474 Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure the facility's P&P titled Use of Food Brought Into the Facility was updated to address the use and storage of foods brought to the residents by the family or visitors. In addition, the facility failed to ensure the visitors were educated on safe food handling of outside food. These failures had the potential to cause foodborne illnesses to the medically vulnerable resident population who consume food brought from outside sources. Findings: 1. Review of the CMS S&C-09-39 dated 5/29/09, showed the residents have the right to choose to accept food from visitors, family, friends, or other guests according to their rights to make choices. Review of the State regulations dated 2/3/23, showed the facility must have a policy regarding use and storage of foods brought to the residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. Review of the facility's P&P titled Use of Food Brought Into the Facility revised 7/2023 showed it is the right of the residents of this facility to have food brought in by family or other visitors, however, the food must be handled in a way to ensure the safety of the resident. The P&P further showed all food items that are already prepared by the family or visitor brought in must be for immediate consumption. On 9/10/24 at 0940 hours, an interview with the RD was conducted. The RD stated the facility did not have a resident refrigerator. The RD further stated the food brought from outside were for immediate consumption. 09/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the facility did not have a refrigerator designated for the residents. 2. Review of the CMS S&C-09-39 dated 5/29/09, showed the residents have the right to choose to accept food from visitors, family, friends, or other guests according to their rights to make choices. The CMS guideline further shows the facility has the responsibility under the food safety regulation to help visitors to understand safe food handling practices such as not holding or transporting foods containing perishable ingredients at temperatures above 41 degrees Fahrenheit. Further Review of the facility's P&P titled Use of Food Brought Into the Facility revised 7/2023 showed no documented evidence of safe food handling instructions provided to the visitors or family bringing food from outside. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/12/24 at 1015 hours, an interview was conducted with the RD. When asked if the RD provided the visitors information on safe food handling including proper hand hygiene, the RD verified she did not. The RD stated the visitors were informed that the food brought from outside sources would be for the residents' immediate consumption; however, the RD stated the visitors were not educated on the safe food handling. On 9/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the facility did not provide the visitors education on safe handling of foods brought from outside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49258 Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to establish and maintain the infection control program and practices designed to help prevent the development and transmission of diseases and infections as evidenced by: * The facility failed to ensure the contact and droplet precautions were practiced for Resident 569. * The facility failed to ensure the infection control was maintained in the laundry room. * The facility failed to show consistent and accurate documentation of its testing protocols for Legionella and other opportunistic pathogens in building water systems. These failures had the potential risk for transmission of communicable diseases or organisms to residents in the facility. Findings: 1. Review of the facility's P&P titled Transmission Based Precautions revised 10/31/22, showed the Definitions section includes the following: - Contact precautions refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment; and - Droplet precautions refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Under the section Policy Explanation and Compliance Guidelines: - Visitors coining to visit a resident who is on transmission-based precautions (isolation precautions) or quarantine, will be informed by the facility of the potential risk of visiting and precautions necessary when visiting the resident. Review of the facility's P&P titled Isolation Precautions revised 5/31/22, showed the following: - The facility will use standard approaches, as defined by the CDC (Center for Disease Control and Prevention), for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of PPE (personal protective equipment) to be used; and - Information regarding the particular type of precaution to be utilized will be communicated through verbal reports, written in-house communications forms, and signage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's P&P titled Personal Protective Equipment revised 5/31/22, showed the following: - Wear gloves when direct contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment is anticipated; - Gowns should fully cover torso from neck to knees, arms to end of wrist, and wrap around the back. Fasten in back at neck and waist; and - Wear goggles or face shield as added face/eye protection. Personal eyeglasses are not a substitute for goggles. Review of the facility's P&P titled Shingles revised 5/23/23, showed for the residents that exhibit signs and symptoms of shingles, to apply contact and droplet precautions. On 9/10/24 at 1049 hours, during a concurrent initial tour observation of the facility and interview with CNA 6, a contact and droplet precautions signage was observed posted outside the room on top of the three-tier PPE drawer of Resident 569. The signage showed anyone entering the room must follow the following precautions- hand hygiene before and after entering/exiting the room, eye protection (goggles/face shield), face mask, gloves, and gown. CNA 6 stated Resident 569 had shingles. Medical record review for Resident 569 was initiated on 9/10/24. Resident 569 was admitted to the facility on [DATE]. Review of Resident 569's H&P examination dated 9/4/24, showed Resident 569 had the capacity to understand and make decisions. Review of Resident 569's Order Summary Report dated September 2024 showed a physician's order dated 9/6/24, for contact droplet precautions every shift for shingles. On 9/10/24 at 1242 hours, LVN 7 was observed standing outside Resident 569's room and talking to Family Member 1. Family Member 1 was observed wearing a personal eyeglass, an untied yellow disposable gown which was falling off from her shoulders down to half of her upper body, and mask, without gloves and eye goggles or face shield. Family Member 1 was observed standing beside the bed of the resident and touching the resident and the bed. Family Member 1 was further observed talking to Resident 569. When Family Member 1 was asked to be interviewed, LVN 7 instructed Family Member 1 to tie her gown, wear gloves, and to remove the PPEs before leaving the room and sanitize her hands. On 9/10/24 at 1250 hours, an interview was conducted with Family Member 1. Family Member 1 stated she was aware Resident 569 had shingles and had been visiting the resident almost everyday, but no one had instructed her on what to do prior to entering the room. Family Member 1 stated she did not notice the signage for contact and droplet precautions outside the room. Family Member 1 further stated she was just told by LVN 7 to read the sign by the door. On 9/10/24 at 1315 hours, LVN 7 stated Resident 569 was on contact and droplet precautions because of shingles. LVN 7 stated Family Member 1 was already inside the room when she saw her. LVN 7 further stated the visitors of resident on isolation precaution should be taught or reminded of the precautions to observe before entering the room to prevent spread of infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/24 at 1113 hours, a concurrent interview and medical record review was conducted with the IP. The IP stated he would call the family of the resident and provide information regarding the infection and precautions to observe when visiting the resident, and the staff could also provide information to the resident and family members. The IP stated the visitor's personal eyeglass was not considered as a substitute for the eye protectors or goggles. The IP further stated the facility should provide all needed PPE to be used for the residents on isolation precaution. The IP was informed and acknowledged the above findings. 2. Review of the facility's document titled Employee Handbook dated 2020 showed each department has lockers that can be used by employees to store personal belongings while an employee is on duty. On 9/12/24 at 0927 hours, a concurrent observation of the laundry room and interview was conducted with Laundry Aide 1. The cellphone and body lotion were observed in the clean folding area. Laundry Aide 1 verified the findings. Laundry Aide 1 stated both cellphone ad body lotion were hers. On 9/12/24 at 1119 hours, an interview was conducted with the Housekeeping Manager. The Housekeeping Manager stated the laundry area's clean folding area should be free of any employee's personal belongings to prevent spread of infection and contamination of linens. 3. According to the CMS QSO 17-30 titled Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaire's Disease dated 6/2/17, the facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. These facilities must have water management plans and documentation that, at a minimum, ensure each facility specifies testing protocols and acceptable ranges for control measures and documents the results of testing and corrective actions when control limits are not maintained. Review of the facility's Water Management Program revised on 10/01/21, showed a risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water systems. On 9/12/24 at 1515 hours, a concurrent interview and facility document review was conducted with the Director of Facilities. Review of the facility's Water System Infection Control Risk Assessment failed to show a recent documentation of its testing protocols for Legionella and other opportunistic pathogens in the building water systems. The risk assessment was last completed on 10/15/18. The Director of Facilities verified this finding and stated the testing was conducted by an outside company. On 9/13/24 at 1545 hours, an interview was conducted with the Administrator. The Administrator acknowledged the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. 47474 Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure the essential kitchen equipment were in safe operating condition. * The facility failed to ensure two of two ice machines were properly cleaned as per the ice machine cleaning instruction. This failure had the potential for ice served from the kitchen to be unsanitary. Findings: Review of the facility document titled Hoshizaki Instruction Manual revised 11/2018 showed Hoshizaki provides this manual primarily to assist qualified service technicians in the installation, maintenance, and service of the appliance. Further review of the facility document showed the cleaning and sanitizing instructions in the manual included the following: - Cleaning solution: dilute 9.6 fl. oz. (0.29 L) of Hoshizaki Scale Away with 1.6 gal (6.0 L) of warm water. This is a minimum amount. Make more solution if necessary. - Sanitizing solution: dilute 2.5 fl. oz. (75 ml or 5 tbs) of 5.25% sodium hypochlorite solution (chorine bleach) with 5 gallons (19 L) of warm water. This is a minimum amount. Make more solution if necessary. Review of the facility document titled Service/Project Report by Ram Air Engineering dated 5/2/24, showed the ice machines are cleaned with nickel safe food grade cleaner, brushed, and rinsed. The document further showed sanitizing solution is processed through the system, rinsed and restored all components after rinsing. Review of the document showed no documented evidence of the sanitizing solution used to clean the ice machines. On 9/11/24 at 0927 hours, a concurrent observation and interview was conducted with the Maintenance Staff. Ice Machines 1 and 2 were noted with white and brown residue and gray particles inside the ice machines. The Maintenance Staff stated the facility used an outside company called Ram to service and clean both ice machines every six months. The Maintenance Staff verified observations and stated the ice machines should be cleaned to ensure the ice would not get contaminated. On 9/13/24 at 1346 hours, a concurrent facility document review and interview was conducted with the RD, DSS, and Chef 1. The RD stated the facility contacted Ram to verify the solutions used when cleaning the ice machines which included the following: - Nu-Calgon IMS-III Sanitizing Concentrate - Nu-Calgon Nickel-Safe Ice Machine Cleaner The RD verified the Nu-Calgon IMS-III Sanitizing Concentrate's active ingredients did not include 5.25% sodium hypochlorite solution (chorine bleach) as per the Hoshizaki Instruction Manual. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	09/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings and stated the current instructions from the Hoshizaki Instruction Manual revised 11/2018 should be followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39453 Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the residents' entrapment assessments were complete and the measurements were recorded during the bed inspection when identifying areas of possible entrapment with the use of side rails for 16 of 53 residents with bed rails (Residents 1, 4, 8, 10, 16, 27, 37, 43, 52, 53, 56, 57, 320, 569, 620, and 669). These failures had the potential to negatively impact the residents resulting in possible entrapment, serious injury, and death. Findings: According to the Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, the term entrapment describes an event in which a patient/resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame. Patient entrapments may result in deaths and serious injuries. These entrapment events have occurred in openings within the bed rails, between the bed rails and mattresses, under bed rails, between split rails, and between the bed rails and head or foot boards. The population most vulnerable to entrapment are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement. The seven areas in the bed system where there is a potential for entrapment are: - Zone 1: within the rail; - Zone 2: under the rail, between the rail supports or next to a single rail support; - Zone 3: between the rail and the mattress; - Zone 4: under the rail, at the ends of the rail; - Zone 5: between split bed rails; - Zone 6: between the end of the rail and the side edge of the head or foot board; and - Zone 7: between the head or foot board and the mattress end. Review of the facility's P&P titled Bed Rails revised ate 4/2/18, showed the following: - Entrapment is an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail; and - If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including, but not limited to, the following elements: assess the resident for risk of entrapment from ed rails prior to installation, ensure the bed's dimensions are appropriate for the resident's size and weight, and ensure the mattress, bed frame and bed rail leave no gap wide enough to entrap the resident's head or body. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's document titled Order Listing Report dated 9/12/24, showed the facility had 53 residents who used bed rails, including Residents 1, 4, 8, 10, 16, 27, 37, 43, 52, 53, 56, 57, 320, 569, 620, and 669. A concurrent observation, interview, medical record review, and facility document review for Residents 1, 4, 8, 10, 16, 27, 37, 43, 52, 53, 56, 57, 320, 569, 620, and 669 showed the residents' bed entrapment assessments were not completed and the bed inspection gap measurements for the entrapment zones were not recorded. 1. On 9/10/24 at 0904 hours, 9/11/24 at 0941 and 1326 hours, 9/12/24 at 0801, 1008, 1358, and 1550 hours, and on 9/13/24 at 1532 hours, Resident 43 was observed in bed with bilateral 1/4 side rails elevated. Medical record review for Resident 43 was initiated on 9/10/24. Resident 43 was admitted to the facility on [DATE]. Review of Resident 43's MDS dated [DATE], showed Resident 43 had severe cognitive impairment, with no impairment to the upper and lower extremities; and required partial/moderate assistance for mobility. Review of Resident 43's Bed Rail Assessment and Consent dated 8/9/24, showed the bed rails were requested for mobility/transferring assistance. The form showed the potential risks of bed rails included acts as a restraint by hindering the resident from independently getting out of bed, creates a barrier to performing activities such as going to the bathroom or retrieving items in the room, poses a potential for significant risk for injury, a potential hazard for getting caught between rails or bedrails and mattress, and a potential for negative physical outcomes such as decreased muscle functioning and balance, skin integrity, ADL cares (continence, eating, hydration, walking, and mobility). The form showed the IDT recommended 1/4 bed rails were to be used at all times while the resident was in bed. Review of Resident 43's Order Summary Report dated 9/12/24, showed a physician's order dated 8/9/24, to provide bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 43's plan of care showed a care plan problem dated 8/9/24, to address the safety risk related to the use of bilateral 1/4 side rails used to assist bed mobility. The goal was for the resident to attain the highest practicable level of function and safety without harm and/or entrapment through the next review. The interventions included to conduct the bed rail assessment prior to utilization for appropriateness, quarterly and as needed. On 9/12/24 at 0802 hours, an interview was conducted with CNA 1. When asked about Resident 43's use of bed rails, CNA 1 stated Resident 43 could move his arms, and used the bed rails when turning. 2. On 9/10/24 at 0817 hours, during the initial tour of the facility, Resident 320 was observed lying in bed with bilateral 1/4 bed rails elevated. Resident 320 stated she held on to the bed rails when she was repositioned to her side. On 9/11/24 at 0937 hours, and 9/12/24 at 0801 and 1358 hours, Resident 320 was observed lying in bed with bilateral 1/4 bed rails elevated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Medical record review for Resident 320 was initiated on 9/10/24. Resident 320 was admitted to the facility on [DATE]. Review of Resident 320's MDS dated [DATE], showed Resident 320 was cognitively intact with impairment to both upper extremities, and dependent of staff assistance for mobility. Review of Resident 320's Bed Rail Assessment and Consent dated 8/28/24, showed the bed rails were requested for mobility/transferring assistance. The form showed the potential risks of bed rails included acts as a restraint by hindering resident from independently getting out of bed, creates a barrier to performing activities such as going to the bathroom or retrieving items in the room, poses a potential for significant risk for injury, a potential hazard for getting caught between rails or bedrails and mattress, and a potential for negative physical outcomes such as decreased muscle functioning and balance, skin integrity, ADL cares (continence, eating, hydration, walking, and mobility). The form showed the IDT recommended 1/4 bed rails were to be used at all times while the resident was in bed. Review of Resident 320's Order Summary Report dated 9/12/24, showed a physician's order dated 8/28/24, to provide bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 320's plan of care showed a care plan problem dated 8/28/24, addressing the safety risk related to the use of bilateral 1/4 side rails used to assist bed mobility. The goal was for the resident to attain the highest practicable level of function and safety without harm and/or entrapment through the next review. The interventions included to conduct bed rail assessment prior to utilization for appropriateness, quarterly and as needed. On 9/12/24 at 0801 hours, an interview was conducted with CNA 2. When asked about Resident 320's use of bed rails, CNA 2 stated Resident 320 could move her arms and held on to the bed rails when turned to her side. 3. On 9/10/24 at 0849 hours, 9/11/24 at 0937 and 1316 hours, and 9/12/24 at 0759, 1016, and 1359 hours, Resident 8 was observed in bed with bilateral 1/4 bed rails elevated. Medical record review for Resident 8 was initiated on 9/10/24. Resident 8 was readmitted to the facility on [DATE]. Review of Resident 8's MDS dated [DATE], showed Resident 8 had moderate cognitive impairment, with no impairment to the upper extremities, and required substantial/maximal assistance for mobility. Review of Resident 8's Bed Rail Assessment and Consent dated 8/1/24, showed the bed rails were requested for mobility/transferring assistance. The form showed the potential risks of bed rails included acts as a restraint by hindering resident from independently getting out of bed, creates a barrier to performing activities such as going to the bathroom or retrieving items in the room, poses a potential for significant risk for injury, a potential hazard for getting caught between rails or bedrails and mattress, and a potential for negative physical outcomes such as decreased muscle functioning and balance, skin integrity, ADL cares (continence, eating, hydration, walking, and mobility). The form showed the IDT recommended 1/4 bed rails were to be used at all times while the resident was in bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 8's Order Summary Report dated 9/12/24, showed a physician's order dated 8/28/24, to provide bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 8's plan of care showed a care plan problem dated 8/1/24, to address the safety risk related to the use of bilateral 1/4 side rails used to assist bed mobility. The goal was for the resident to attain the highest practicable level of function and safety without harm and/or entrapment through the next review. The interventions included to conduct bed rail assessment prior to utilization for appropriateness, quarterly and as needed. On 9/12/24 at 0809 hours, an interview was conducted with CNA 2. When asked about Resident 8's use of bed rails, CNA 2 stated Resident 8 used the bed rails when turning on her side. 4. On 9/10/24 at 0912 hours, and 9/11/24 at 0942 hours, Resident 10 was observed in bed with bilateral 1/4 bed rails elevated. Medical record review for Resident 10 was initiated on 9/10/24. Resident 10 was readmitted to the facility on [DATE]. Review of Resident 10's MDS dated [DATE], showed Resident 10 had moderate cognitive impairment, with no impairment to the upper and lower extremities, and required partial/moderate assistance for mobility. Review of Resident 10's Bed Rail Assessment and Consent dated 7/30/24, showed the bed rails were requested for mobility/transferring assistance. The form showed the potential risks of bed rails included acts as a restraint by hindering resident from independently getting out of bed, creates a barrier to performing activities such as going to the bathroom or retrieving items in the room, poses a potential for significant risk for injury, a potential hazard for getting caught between rails or bedrails and mattress, and a potential for negative physical outcomes such as decreased muscle functioning and balance, skin integrity, ADL cares (continence, eating, hydration, walking, and mobility). The form showed the IDT recommended 1/4 bed rails were to be used at all times while the resident was in bed. Review of Resident 10's Order Summary Report dated 9/12/24, showed a physician's order dated 7/30/24, to provide bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 10's plan of care showed a care plan problem dated 7/30/24, addressing the safety risk related to the use of bilateral 1/4 side rails to assist bed mobility. The goal was for the resident to attain the highest practicable level of function and safety without harm and/or entrapment through the next review. The interventions included to conduct the bed rail assessment prior to utilization for appropriateness, quarterly and as needed. On 9/12/24 at 0814 hours, an interview was conducted with CNA 2. When asked about Resident 10's use of bed rails, CNA 2 stated Resident 10 used the bed rails when turning and repositioning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/12/24 at 1429 hours, a concurrent interview and facility document review for Residents 8, 10, 43, and 320 was conducted with the Director of Facilities. The Director of Facilities stated the maintenance department was responsible for the bed inspection of all the beds in the facility. The Director of Facilities stated the bed inspection was not done upon admission but only conducted upon the discharge of the resident and quarterly. The Director of Facilities stated the bed inspection included the entrapment assessment. When asked what was used to measure the entrapment zones on each bed, the Director of Facilities showed the Bionix safety measuring device. When asked to show how the safety measuring device was used, the Director of Facilities stated he did not know how to use the device. When asked if he was familiar with the seven zones of entrapment, the Director of Facilities answered no. When asked to show the documentation of the results of the entrapment assessment using the safety measuring device, the Director of Facilities showed the Bed Maintenance and Inspection forms. Review of the Bed Maintenance and Inspection form dated 4/2/24 showed the following: - Room A - Bed B had no side rails; - Room B - had no gaps; - Room C - Bed A had no gaps and Bed B had no side rails; and - Room D - had no gaps. Review of the Bed Maintenance and Inspection form dated 7/2/24 showed the following: - Room A - was out of order; - Room B - Bed A had no side rails and Bed B had no gaps; - Room C -had no gaps; - Room D - Bed A had no gaps and Bed B had no side rails. Further review of the residents' medical records and facility documents failed to show a documented evidence the residents' entrapment assessments were completed and the measurements were recorded during the bed inspection to identify areas of possible entrapment with the use of side rails. The Director of Facilities verified the above findings. The Director of Facilities stated if the form showed, no gaps, it meant both beds in the room had side rails and did not have gaps. The Director of Facilities verified there was no other documentation to show the residents' entrapment assessments were completed and the measurements of the entrapment zones were recorded during the bed inspection to identify areas of possible entrapment with the use of side rails. 49258 5. On 9/10/24 at 0835 hours, during the initial tour of the facility, Resident 4 was observed awake sitting in the wheelchair. Resident 4's bed was observed with bilateral 1/4 bed rails elevated. Resident 4 did not speak English. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/12/24 at 0826 hours, Resident 4 was observed sitting in the wheelchair and having breakfast. Resident 4's bed was observed with bilateral 1/4 bed rails elevated. Medical record review for Resident 4 was initiated on 9/12/24. Resident 4 was readmitted to the facility on [DATE]. Review of Resident 4's H&P examination dated 11/14/23, showed Resident 4 had the capacity to understand and make decisions. Review of Resident 4's Order Summary Report dated September 2024 showed a physician's order dated 11/8/23, for bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 4's plan of care showed a care plan problem dated 12/16/23, addressing the use of the bilateral 1/4 bed rails for bed mobility. The interventions/tasks included the facility to perform quarterly and prn (as needed) safety checks of bed rails by maintenance. Review of Resident 4's Bed Rail Assessment and Consent dated 8/13/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance, and the potential for significant risk for injury and potential hazard for getting caught between rails or bed rails and mattress were discussed. On 9/12/24 at 0930 hours, an interview was conducted with CNA 6. CNA 6 verified Resident 4's used of the bilateral 1/4 bed rails. CNA 6 stated Resident 4 had been using the bed rails for assistance with bed mobility, turning, and getting out of bed. On 9/12/24 at 0940 hours, a concurrent interview and facility document review for Resident 4 was conducted with LVN 8. LVN 8 verified Resident 4 used the bilateral 1/4 bed rails. When asked about the entrapment assessment, LVN 8 stated the entrapment assessment was not included in the bed rail assessment the nurses had to complete, but they would call the maintenance department to install the bed rails. 6. On 9/12/24 at 1145 hours, Resident 16 was observed awake and lying in the bed. Resident 16's bed was observed with bilateral 1/4 bed rails elevated. Resident 16 stated the bed rails helped her with turning and she grabbed on it when they cleaned her or if she would get out of bed. Medical record review for Resident 16 was initiated on 9/12/24. Resident 16 was admitted to the facility on [DATE]. Review of Resident 16's H&P examination dated 10/25/23, showed Resident 16 had the capacity to understand and make decisions. Review of Resident 16's Order Summary Report dated September 2024 showed a physician's order dated 10/24/23, for bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 16's plan of care showed a care plan problem dated 1/15/24, addressing the use of the bilateral 1/4 bed rails for bed mobility. The interventions/tasks included the facility to perform quarterly and prn safety checks of bed rails by maintenance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 16's Bed Rail Assessment and Consent dated 7/29/24, showed the resident had right and left 1/4 length rails for mobility and transferring assistance, and potential for significant risk for injury and potential hazard for getting caught between rails or bed rails and mattress were discussed. On 9/12/24 at 1210 hours, an interview was conducted with CNA 7. CNA 7 verified Resident 16's use of the bilateral 1/4 bed rails. CNA 7 stated Resident 16 had been using the bed rails for assistance with turning and getting out of bed. On 9/12/24 at 1220 hours, a concurrent interview and facility document review for Resident 16 was conducted with LVN 8. LVN 8 verified Resident 16 used the bilateral 1/4 bed rails. When asked about the entrapment assessment, LVN 8 stated the entrapment assessment was not included in the bed rail assessment that the nurses had to complete, but they would call the maintenance department to install the bed rails. 7. On 9/12/24 at 0822 hours, Resident 56 was observed sleeping in the bed. Resident 56's bed was observed with bilateral 1/4 bed rails elevated. Medical record review for Resident 56 was initiated on 9/12/24. Resident 56 was readmitted to the facility on [DATE]. Review of Resident 56's H&P examination dated 6/13/24, showed Resident 16 did not have the capacity to understand and make decisions. Review of Resident 56's Order Summary Report dated September 2024, showed a physician's order dated 6/12/24, for bilateral 1/4 bed rails in place to assist with bed mobility every shift. Review of Resident 56's plan of care showed a care plan problem dated 6/12/24, addressing the use of the bilateral 1/4 bed rails for bed mobility. The interventions/tasks included the facility to perform quarterly and prn safety checks of bed rails by maintenance. Review of Resident 56's Bed Rail Assessment and Consent dated 7/15/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance, and the potential for significant risk for injury and potential hazard for getting caught between rails or bed rails and mattress were discussed to the resident's family member. On 9/12/24 at 0822 hours, an interview was conducted with CNA 7. CNA 7 verified Resident 56's use of the bilateral 1/4 bed rails. CNA 7 stated Resident 56 felt safe holding on to the bed rails while being turned. On 9/12/24 at 0940 hours, a concurrent interview and facility document review for Resident 56 was conducted with LVN 8. LVN 8 verified Resident 56 used the bilateral 1/4 bed rails. LVN 8 stated the entrapment assessment was not included in the bed rail assessment the nurses had to complete, but they would call the maintenance department to install the bed rails. 8. On 9/10/24 at 1049 hours, during the initial tour of the facility, Resident 569 was observed awake lying in the bed. Resident 569's bed was observed with bilateral 1/4 bed rails elevated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Medical record review for Resident 569 was initiated on 9/10/24. Resident 569 was admitted to the facility on [DATE]. Review of Resident 569's H&P examination dated 9/4/24, showed Resident 569 had the capacity to understand and make decisions. Review of Resident 569's Order Summary Report dated September 2024, showed a physician's order dated 9/4/24, for bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 569's plan of care showed a care plan problem dated 9/4/24, addressing the use of the bilateral 1/4 bed rails for bed mobility. The interventions/tasks included the facility to perform quarterly and prn safety checks of bed rails by maintenance. Review of Resident 569's Bed Rail Assessment and Consent dated 9/4/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance, and the potential for significant risk for injury and potential hazard for getting caught between rails or bed rails and mattress were discussed. On 9/10/24 at 1115 hours, an interview was conducted with CNA 6. CNA 6 verified Resident 569's use of the bilateral 1/4 bed rails since admission to the facility. CNA 6 stated Resident 569 had been using the bed rails for assistance with turning. On 9/10/24 at 1315 hours, a concurrent interview and facility document review for Resident 569 was conducted with LVN 7. LVN 7 verified Resident 569 used the bilateral 1/4 bed rails. LVN 7 stated the nurses had to complete the bed rail assessment, but the entrapment assessment was not performed. LVN 7 stated the maintenance staff would install the bed rails and check the bed. On 9/12/24 at 1429 hours, an interview and concurrent facility document review for Residents 4, 16, 56, and 569 was conducted with the Director of Facilities. When asked about bed inspection, the Director of Facilities stated the bed inspection was performed when the resident was discharged , and the bed rails were also removed at the same time. The Director of Facilities further stated they performed a quarterly maintenance bed inspection for all the beds but they did not do the bed inspection during admission of the resident. Review of the facility document titled Bed Maintenance and Inspection dated 7/2/24, showed the following: - For Resident 4's room, the side rails had no gaps; - For Resident 16's room, the side rails had no gaps; - For Resident 56's room, the side rails had no gaps; and - For Resident 569's room, there were no side rails. Further review of the document showed no documented evidence the entrapment zones were assessed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Director of Facilities verified no entrapment zones assessment had been done for all the bed with bed rails in the facility and he was not familiar with the entrapment zones. On 9/13/24 at 1545 hours, an interview was conducted with the DON and Administrator. The DON and Administrator acknowledged the above findings. 47474 9. Medical record review for Resident 52 was initiated on 9/10/24. Resident 52 was admitted to the facility on [DATE], and readmitted back to the facility on [DATE]. Review of Resident 52's H&P examination dated 3/6/24, showed Resident 52 had the capacity to understand and make decisions. Review of Resident 52's Order Summary Report dated September 2024 showed a physician's order dated 6/9/23, for bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 52's Bed Rail Assessment and Consent dated 9/10/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance. Review of Resident 52's Bed Rails Safety Check dated 6/5/24 showed no documented evidence the entrapment zones were assessed. 10. Medical record review for Resident 53 was initiated on 9/10/24. Resident 53 was admitted to the facility on [DATE], and readmitted to the facility on [DATE]. Review of Resident 53's H&P examination dated 5/31/24, showed Resident 53 had the capacity to understand and make decisions. Review of Resident 53's Order Summary Report dated September 2024 showed a physician's order dated 5/31/24, for bilateral 1/4 bed rails in place to assist with bed mobility. Review of Resident 53's Bed Rail Assessment and Consent dated 9/5/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance. Review of the facility document titled Bed Maintenance and Inspection dated 7/2/24, showed Resident 52's side rails had no gaps. Further review of the document showed no documented evidence entrapment zones were assessed. 11. Medical record review for Resident 57 was initiated on 9/10/24. Resident 57 was admitted to the facility on [DATE], and readmitted to the facility on [DATE]. Review of Resident 57's H&P examination dated 7/16/24, showed Resident 57 had the capacity to understand and make decisions. Review of Resident 57's Order Summary Report dated September 2024, showed a physician's order dated 11/6/23, for bilateral 1/4 bed rails in place to assist with bed mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 57's Bed Rail Assessment and Consent dated 6/17/24, showed the resident had the right and left 1/4 length rails for mobility and transferring assistance. Review of Resident 57's Bed Rails Safety Check dated 6/21/24, showed no documented evidence the entrapment zones were assessed. On 9/13/24 at 1436 hours, an interview with CNA 5 was conducted outside of Resident 57's room. CNA 5 verified Residents 52, 53, and 57 used the 1/4 length side rails for mobility, repositioning, and transfers. On 9/13/24 at 1443 hours, an interview with LVN 1 was conducted outside of Resident 57's room. LVN 1 stated Resident 52, 53, and 57 used the 1/4 length side rails for repositioning and transfers in and out of bed. 09/13/24 at 1619 hours, an interview was conducted with the DON. The DON acknowledged the above findings for Residents 52, 53, and 57. 49644 12. On 9/12/24 at 0854 hours, Resident 1 was observed sitting in a wheelchair inside her room. The bed was observed with the bilateral 1/4 side rails elevated. Resident 1 stated she used the 1/4 side rails for turning and to get in the bed. Medical record review for Resident 1 was initiated on 9/10/24. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's MDS dated [DATE], showed Resident 1's cognition was intact. Review of Resident 1 s Order Summary Report showed a physician's order dated 7/30/24, for bilateral 1/4 side rails in place to assist with bed mobility every shift. Further review of Resident 1's medical record failed to show documented evidence of any measurements related to the bed rail entrapment zones. On 9/12/24 at 0925 hours, a concurrent observation and interview was conducted with CNA 1. CNA 1 verified Resident 1's bilateral 1/4 side rails were elevated. CNA stated Resident 1 was using the side rails for mobility. On 9/12/24 at 1430 hours, an interview and concurrent record review for Resident 1 was conducted with the Director of Facilities. The Director of Facilities stated he performed bed inspection on resident's discharge and quarterly. The Director of Facilities stated he used LifeLoop (connects senior living residents, staff, and family members with its inclusive software) digital work order program anytime when he got a work order. The Director of Facilities stated the maintenance used the Bionix (bed entrapment measurement tool) bed system measuring device on an empty bed. The Director of Facilities showed the Bed Maintenance and Inspection form dated 7/2/24, included the room, date, and no gaps comment for Resident 1's bed. However, the Director of Facilities was not able to present a form with measurement of the entrapment zones. The Director of Facilities acknowledged he was not familiar with the entrapment zones. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/12/24 at 1610 hours, a concurrent interview and facility document review for Resident 1 was conducted with the Director of Facilities. The Director of Facilities showed a copy of the LifeLoop work order to install or remove side rails. The Director of Facilities verified the copy of the LifeLoop work order did not show the entrapment assessment for Resident 1. On 9/13/24 at 1517 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings. 13. On 9/10/24 at 0944 hours, Resident 27 was observed lying in bed and watching TV inside her room. The bed was observed with the bilateral 1/4 side rails elevated. Resident 27 stated she used the 1/4 side rails for turning in the bed. Medical record review for Resident 27 was initiated on 9/10/24. Resident 27 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 27's MDS dated [DATE], showed Resident 27's cognition was intact. Review of Resident 27's Order Summary Report showed a physician's order dated 7/23/24, for bilateral 1/4 side rails in place to assist with bed mobility every shift. Further review of Resident 27's medical record failed to show documented evidence of any measurements related to the bed rail entrapment zones. On 9/12/24 at 1013 hours, a concurrent observation and interview was conducted with CNA 4. CNA 4 verified Resident 27's bilateral 1/4 side rails were elevated. CNA 4 stated Resident 27 requested for side rails and was using the side rails for turning. On 9/12/24 at 1430 hours, a concurrent interview and facility document review for Resident 27 was conducted with the Director of Facilities. The Director of Facilities stated he performed bed inspection on the resident's discharge and quarterly. The Director of Facilities stated he used LifeLoop (connects senior living residents, staff, and family members with its inclusive software) digital work order program anytime when he got a work order. The Director of Facilities stated the maintenance staff used the Bionix (bed entrapment measurement tool) bed system measuring device on an empty bed. The Director of Facilities showed the Bed Maintenance and Inspection form dated 7/2/24, included the room, date, and no side rail comment for Resident 27's bed. The Director of Facilities was not able to present a form with measurement of the entrapment zones. The Director of Facilities acknowledged he was not familiar with the entrapment zones. On 9/12/24 at 1610 hours, a concurrent interview and facility document review for Resident 27 was conducted with the Director of Facilities. The Director of Facilities showed a copy of the LifeLoop work order to install or remove side rails. The Director of Facilities verified the copy of the LifeLoop work order did not show the entrapment assessment for Resident 27. On 9/13/24 at 1517 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town & Country	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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. On 9/12/24 at 0949 hours, Resident 620 was observed lying in bed inside her room. The bed was observed with the bilateral 1/4 side rails elevated. Resident 620 stated she used the 1/4 side rails for turning and getting up. Medical record review for Resident 620 was initiated on 9/10/24. Resident 620 was admitted to the facility on [DATE]. Review of Resident 620's MDS dated [DATE], showed Resident 620's cognition was intact. Review of Resident 620's Order Summary Report showed a physician's order dated 8/26/24, for bilateral 1/4 side rails in place to assist with bed mobility every shift. Further review of Resident 620's medical record failed to show documented evidence of any measurements related to the bed rail entrapment zones. On 9/12/24 at 1002 hours, a concurrent observation and interview was conducted with CNA 4. CNA 4 verified Resident 620's bilateral 1/4 side rails were elevated. CNA 4 stated Resident 620 requested the side rails because she was afraid to fall and was using the side rails for turning. On 9/12/24 at 1430 ho [TRUNCATED]