

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Palm Terrace Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 24962 Calle Aragon Laguna Hills, CA 92637	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to ensure the medical record was accurate for one of eight sampled residents (Resident 1). * Resident 1's progress notes were not accurate. This failure had the potential for the resident's care needs to not be met as their medical information was inaccurate. Findings: Review of the facility's P&P titled Nursing Clinical Documentation (undated) showed the resident's clinical record is a concise and accurate account of treatment, care, response to care, signs, symptoms and progress of the resident's condition. Closed medical record review for Resident 1 was initiated on 2/23/26. Resident 1 was admitted to the facility on [DATE] and was discharged on 2/8/26. Review of Resident 1's H&P examination dated 1/9/26, showed Resident 1 had no capacity to understand and make decisions. Review of Resident 1's Progress Notes showed the following:- dated 2/8/26 at 2149 hours. Resident 1 was very agitated, began yelling and cussing at staff, the sheriff was called and two officers from the sheriff's office responded. Resident 1 was transferred to the hospital at 1800 hours via EMS ambulance. - dated 2/8/25 at 2303 hours, LVN 1 documented a head to toe assessment for Resident 1 under the skilled evaluation. On 2/24/26 at 1128 hours, an interview and concurrent medical record review for Resident 1 was conducted with LVN 2. LVN 2 verified the progress notes dated 2/8/26 at 2149 hours and 2303 hours were charted after the resident discharged the facility at 1800 hours. LVN 2 stated if it was me, I won't chart for this resident, I can't assess this resident, he is gone, transferred to the hospital. On 2/24/26 at 1525 hours, an interview was conducted with the MDS Coordinator. The MDS Coordinator acknowledged the progress note dated 2/8/26 at 2303 hours should not have been documented after the resident left the facility at 1800 hours. The MDS Coordinator stated the staff who documented the note should not have documented that. On 2/25/25 at 0951 hours, a telephone interview was conducted with LVN 1. LVN 1 stated she was not assigned to Resident 1 and was just helping the nurses document. LVN 1 further stated she saw Resident 1 at the start of her evening shift and was not aware Resident 1 was transferred to the hospital. LVN 1 stated they should have checked with the nurses and CNAs then wrote the notes.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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