

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Mainplace Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 West LA Veta Avenue Orange, CA 92868	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>49324</p> <p>Based on interview and medical record review, the facility failed to ensure one of three sampled residents (Resident 2) maintained their rights to manage the financial affairs.</p> <p>* The facility failed to ensure Resident 2 was involved in the decision-making process for his financial affairs and failed to inform Resident 2 that his personal funds (social security money) was directly deposited into the RFMS account.</p> <p>These failures resulted in Resident 2 losing control of his social security benefit money to the facility and further risk for Resident 2's finances to be lost, misused, and not easily accessible.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Accounts Receivable Policy and Procedure revised March 2024 showed in part, the RTF policy and procedure established guidelines to manage and monitor resident's funds in a uniform process that allows residents the appropriate access to their funds while ensuring protection of resident funds in accordance with state and federal regulatory requirements The resident has the right to determine how their trust money is spent. The facility is responsible to safeguard the resident's funds and is liable for the funds in the RTF and must follow all state and federal regulations.</p> <p>Authorization to Manage Funds:</p> <ol style="list-style-type: none"> 1. The resident has the right to manage their financial affairs. Residents are not required to deposit their personal funds into the facility resident trust account. 2. If a resident chooses to establish a resident trust account in their name, the resident or their authorized agent will sign the RTF Authorization Agreement and any applicable state required form prior to having their funds held in the facility RTF. 3. Deposits should not be made into the RTF account without signed authorization from the resident or authorized agent and kept on file in the business office. <p>Authorized Check Signers:</p> <p>(continued on next page)</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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. The facility will have a minimum of 2 designated persons to be authorized signers on Resident Trust Account.</p> <p>2. This will be the Executive Director and one other designated department manager. All authorized signers will have signed a resident trust authorized signer agreement form along with signature cards from the bank.</p> <p>3. Any requests to add signers on the account must include a signed copy of the resident trust authorized signer agreement.</p> <p>4. All checks processed on the RTF Account will be signed by one authorized check signer.</p> <p>RFMS Trust:</p> <p>1. All checks processed on the RFMS Resident Trust Fund Account will be signed by 1 authorized check signer.</p> <p>Checks:</p> <p>1. Checks received for deposit to the Resident Trust Fund account will be stamped For Deposit Only immediately upon receipt. Unless prohibited by the bank for Desk Top Scanner.</p> <p>2. Checks will be photocopied and copies will be retained with the deposit record.</p> <p>3. Direct Deposit transactions will be reviewed to ensure that they have been properly credited to the appropriate residents account.</p> <p>Medical record review of Resident 2 was initiated on 12/9/24. Resident 2 was admitted on 7/5/24.</p> <p>Review of Resident 2's Resident Fund Management Service Authorization and Agreement to Handle Resident Funds dated 10/7/20, showed under account type, a non-transferring account (no automatic transfer of deposits to pay for care cost) was checked under the resident fund account. The document only showed the resident's signature and the witness signatures were blank.</p> <p>Review of Resident 2's H&P evaluation dated 3/12/24, showed Resident 2 had the capacity to understand and make decisions.</p> <p>Review of Resident 2's MDS Section C dated 10/2/24, showed the BIMS score of 15, indicating the resident was cognitively intact.</p> <p>Review of Resident 2's Psychotherapy Progress Notes dated 10/3/24, showed the resident was in a depressed and irritable mood. Resident 2 was appropriately engaged and communicative. Resident 2 was upset about finances and complained that his checks were being kept from him.</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/24 at 0944 hours, an interview was conducted with the Business Office Director. The Business Office Director was asked regarding the facility's process for handling Resident 2's checks delivered to the facility and how the facility handled the residents who had a share of cost during their stay in the facility. The Business Office Director stated when Resident 2's social security checks came by mail, she notified Resident 2 in-person about the check delivery. The business office staff let Resident 2 know about the delivery each month for September, October, and November 2024. The Business Office Director further stated the three checks for September to November 2024 were in the facility for so long, and they were deposited in Resident 2's RFMS account. The Business Office Director verified the facility did not inform Resident 2 of his three checks deposited to his RFMS account until after they were deposited. The Business Office Director further verified there was no documentation to show there was an agreement between Resident 2 and the facility showing the resident allowed the facility to manage his checks and/or finances. The Business Office Director acknowledged there should have been a physical form of agreement for any financial concerns, signed, and dated between Resident 2 and the facility.</p> <p>On 12/18/24 at 1130 hours, an interview was conducted with the DON. The DON verified the above findings.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49324</p> <p>Based on interview and medical record review, the facility failed to ensure the medical record was complete and accurately documented for one of three sampled residents (Resident 3).</p> <ul style="list-style-type: none"> * Resident 3's MAR failed to show the lung sounds were documented. * There were no documented interventions after Resident 3's blood pressure reading of 91/49 mmHg. * There was no documentation of Resident 3's meal percentages. * There was no documentation Resident 3 was monitored for signs and symptoms of a urinary tract infection. * There was no documentation Resident 3 was being monitored for side effects of Bumex (diuretic). <p>These failures had the potential for the resident's care needs to not be met as their medical information was not complete and accurate.</p> <p>Findings:</p> <p>Closed medical record review for Resident 3 was initiated on 12/9/24. Resident 3 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 3's MDS SectionC dated 10/14/24, showed Resident 3 had a BIMS score of 10, indicating had moderate cognitive impairment.</p> <p>a. Review of Resident 3's MAR for October 2024 showed the following physician orders:</p> <ul style="list-style-type: none"> - dated 10/4/24, before incentive spirometry treatment, obtain and record pulse, oxygen saturation level, treatment minutes, and post treatment lung sounds scale: 0 = clear, 1 = rales, 2 = rhonchi, 3 = diminished, 4 = wheezing, 5 = crackles, and 6 =other, every shift for sevendays. <p>However, Resident 3's MAR failed to show lung sounds were recorded from 10/4-10/10/24.</p> <p>On 12/18/24 at 0826 hours, a concurrent closed medical record review and interview was conducted with the RN Unit Manager. The RN Unit Manager verified Resident 3's MAR failed to show the lung sounds were recorded from 10/4-10/10/24. The RN Unit Manger further verified the licensed staff should have documented the lung sounds.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. On 12/18/24 at 0826 hours, a concurrent closed medical record review and interview was conducted with the RN Unit Manager. Review of Resident 3's MAR showed a blood pressure reading of 91/49 mmHg on 10/20/24. The RN Unit Manger was asked if there was any documentation showing further nursing actions provided by the licensed staff who monitored the blood pressure that day. The RN Unit Manger confirmed she could not find documentation showing the nursing actions were taken after BP of 91/49 mmHg was recorded.</p> <p>c. On 12/18/24 at 0826 hours, a concurrent closed medical record review and interview was conducted with the RN Unit Manager. Review of Resident 3's Documentation Survey Report for meal intake failed to show the recorded percentages of meals eaten on 10/6, 10/12, 10/14, 10/30, and 10/31/24. The RN Unit Manager verified the findings.</p> <p>d. Review of Resident 3's care plans showed the care plan problem dated 10/8/24, for chronic kidney disease with interventions including to monitor for signs and symptoms of urinary tract infection.</p> <p>On 12/18/24 at 0826 hours, a concurrent closed medical record review and interview was conducted with RN Unit Manager. The RN Unit Manager was unable to provide documentation Resident 3 was monitored for signs and symptoms of urinary tract infection. The RN Unit Manger verified the findings.</p> <p>e. Review of Resident 3's MAR for October 2024 showed the following physician orders:</p> <ul style="list-style-type: none"> - dated 10/4/24, to administer Bumex oral tablet 1 mg one tablet by mouth two times a day for fluid retention <p>Review of Resident 3's care plans showed the following care plan problem:</p> <ul style="list-style-type: none"> - dated 10/4/24, addressing diuretic therapy (Bumex) for fluid retention with interventions included black box warning fluid/electrolyte loss. Bumetanide is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dosage schedule must be adjusted to the individual patient's needs. Interventions showed to monitor for signs and symptoms of dehydration: decreased or no urine output, concentrated urine, strong odor, tenting skin, cracked lips, furrowed tongue, new onset confusion, dizziness, on sitting/standing, increased pulse, headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss, dry/sunken eyes. <p>On 12/18/24 at 0826 hours, a concurrent closed medical record review and interview was conducted with the RN Unit Manager. The RN Unit Manager was asked for any documentation showing Resident 3 was monitored for the side effects of Bumex. The RN Unit Manger verified she could not find documentation and confirmed there should be.</p>		