

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Regents Point - Windcrest		STREET ADDRESS, CITY, STATE, ZIP CODE 19191 Harvard Avenue Irvine, CA 92612	

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 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003</p> <p>Based on interview and medical record review, the facility failed to monitor the resident's psychosocial wellness as per the care plan interventions for one of two sampled residents (Resident 1) after the allegation of the financial abuse. This failure had the potential to negatively impact Resident 1's mental and emotional well-being.</p> <p>Findings:</p> <p>On 11/7/24, the CDPH Licensing and Certification program received a report from the facility regarding Resident 1 allegedly being financially abused by the friend.</p> <p>Medical record review of Resident 1 was initiated on 11/22/24. Resident 1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's care plan for the alleged financial abuse dated 11/6/24, showed the following interventions:</p> <ul style="list-style-type: none"> - for three days monitoring by the nursing staff - for three days psychosocial monitoring by the social services staff - to assist the resident in developing a program of activities that is meaningful and of interest to encourage and provide opportunities for exercise and physical activity - to notify the Ombudsman and/or local law enforcement - to notify the provider of the incident - to notify the resident's responsible party - to observe the resident for any signs and symptoms of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statement, repetitive anxious or health-related complaints and tearfulness; and <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 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- for psychological or psychiatric evaluation as needed.</p> <p>Review of Resident 1's progress notes failed to show the nursing and social services staff had monitored Resident 1 for the psychosocial effects for 72 hours after the reported incident of an allegation of the financial abuse. The psychosocial monitoring notes were missing from the social services staff on 11/7 and 11/8/24. In addition, there was no nursing progress note for the monitoring on 11/8/24, addressing the resident's safety and wellbeing.</p> <p>On 11/22/24 at 1445 hours, a concurrent interview and medical record review was conducted with the DSD. The DSD verified the above findings and stated Resident 1 should have been monitored for the psychosocial effects for 72 hours from the nursing and social services staff as shown in the care plan.</p>		