

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Trabuco Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25652 Old Trabuco Road Lake Forest, CA 92630	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41941</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of 19 sampled residents (Resident 7) was provided rehabilitative services as ordered by the physician.</p> <p>* Resident 7 was not evaluated and treated by the ST four times a week as ordered. This failure had the potential for Resident 7 to aspirate food and fluid into the lungs, which could result in pneumonia.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Specialized Rehabilitation Services revised 12/2022 showed the facility shall provide specialized rehabilitative services, if required by the resident's comprehensive assessment and care plan, to assist them to attain, maintain or restore their highest practicable level of physical, mental, functional, and psychosocial well-being.</p> <p>Review of the facility's P&P titled Physician Orders for Rehab Services revised 12/2022 showed all the orders should be addressed within 72 hours of the receipt by the rehabilitation department staff.</p> <p>Medical record review for Resident 7 was initiated on 2/13/25. Resident was admitted to the facility on [DATE].</p> <p>Review of Resident 7's H&P examination dated 12/21/24, showed Resident 7 was developmentally delayed and had a diagnosis of dysphagia. The H&P also showed Resident 7 was admitted to the facility for rehabilitative services after he had aspirated and gone to the acute care hospital emergency department for difficulty in breathing.</p> <p>Review of Resident 7's MDS dated [DATE], showed the resident had severe cognitive impairment.</p> <p>Review of Resident 7's Order Summary Report showed a physician's order dated 12/18/24, for Resident 7 to be evaluated and treated by the ST.</p> <p>Review of Resident 7's ST evaluation dated 12/21/24, showed the reason for skilled services was to assess and determine the least restrictive diet to minimize the aspiration risks.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 7's Order Summary Report showed a physician's order dated 12/21/24, for Resident 7 to be evaluated and treated by the ST four times for a swallowing dysfunction and provide Resident 7 with a pureed diet and thin liquids.</p> <p>On 2/13/25 at 1136 hours, an interview and concurrent medical record review was conducted with the DOR. The DOR stated Resident 7 had not received the treatment from the ST since the initial evaluation was completed on 12/21/24. The DOR stated Resident 7 was supposed to have the ST treatment four times a week. The DOR stated Resident 7's initial ST order was for the resident to be able to have thin liquids. The DOR stated Resident 7's diet was downgraded to moderately thick liquids on 1/15/25, by the nursing department staff when Resident 7 had coughed during eating. The DOR stated Resident 7 had declined. The DOR stated the physician was not notified when Resident 7 was not receiving the ST services as ordered.</p> <p>On 2/13/25 at 1445 hours, an interview was conducted with the DON. The DON stated the physician should have been notified if an order was not followed. The DON confirmed the above findings.</p>		