STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555328	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fountain Valley Post Acute	11680 Warner Avenue Fountain Valley, CA 92708

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **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 a baseline care plan was developed and implemented within 48 hours of admission for one of five sampled residents (Resident 1). * The facility failed to ensure Resident 1's baseline care plan showed treatment and interventions related to mycotic nails. This failure had the potential for Resident 1 not to receive the necessary treatment and services to meet the individualized care needs. Findings: Review of the facility's P&P titled Care Plans, Comprehensive Person-Centered (undated) showed a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan:a. includes measurable objectives and timeframes;b. describes the services that are to be furnished to attain or maintain the resident's highest practicablephysical, mental, and psychosocial well-being, including:1) services that would otherwise be provided for the above, but are not provided due to theresident exercising his or her rights, including the right to refuse treatment;2) any specialized services to be provided as a result of PASARR recommendations; and3) which professional services are responsible for each element of care;c. includes the resident's stated goals upon admission and desired outcomes;d. builds on the resident's strengths; ande. reflects currently recognized standards of practice for problem areas and conditions. Closed medical record review for Resident 1 was initiated on 4/23/26. Resident 1 was admitted to the facility on [DATE], and discharged on 4/20/26. Review of Resident 1's admission assessment dated [DATE], showed Resident 1 had mycotic toenails and bilateral upper extremities skin discoloration. Review of Resident 1's H&P examination dated 3/25/26, showed Resident 1 had no capacity to understand and make medical decisions. Review of Resident 1's Order Summary Report showed a physician's order dated 3/26/26, for Kerasal (a topical ointment prescribed to treat fungal infection of the nails) fungal nail renewal solution, to apply to bilateral toenails for mycotic nails daily for 14 days and reassess. Further review of Resident 1's medical record failed to show the baseline care plan included the treatment and interventions related to the mycotic nails. On 4/24/26 at 1440 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 1. RN 1 verified Resident 1's baseline care plan did not address the treatment and interventions related to the resident's mycotic nails. RN 1 further stated Resident 1's care plan should be individualized and include all the current problems and interventions. On 4/24/26 at 1705 hours, the DON was informed and acknowledged the findings.

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