STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555329	A. Building B. Wing	02/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Palma Nursing Center	1130 LA Palma Ave Anaheim, CA 92801

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed medical record review, the facility failed to honor the resident's wishes to withhold life-sustaining measures, including CPR, in the event of cardio-pulmonary arrest as documented in the POLST (Physician Orders for Life-Sustaining Treatment) for one of three sampled residents (Resident 1) reviewed for resident rights. * Resident 1 had a physician's order for Do Not Attempt Resuscitation/DNR. The facility provided CPR (Cardiopulmonary Resuscitation) to Resident 1 when the resident became unresponsive and without a pulse. This failure had the potential to result in physical and psychological harm to the resident.Findings: Review of facility's P&P titled Basic Life Support and Cardiopulmonary Resuscitation revised 10/2017 showed it is the policy of the facility to honor a resident's wishes formulated in an advance directive or POLST. Resident wishes expressed through a resident representative should also be followed and physician orders should be obtained. The presence of a Do Not Resuscitate (DNR) order indicates that resident should not be resuscitated if respirations and/or cardiac function ceases. Closed medical record review for Resident 1 was initiated on [DATE]. Resident 1 was admitted to the facility on [DATE] and had no capacity to make medical decisions. Review of Resident 1's Order Summary Report dated [DATE], showed a physician's order dated [DATE], for Do Not Attempt Resuscitation/DNR. Review of Resident 1's POLST Form signed by the legally recognized decision maker on [DATE], showed the option for Do Not Attempt Resuscitation/DNR was selected. Review of Resident 1's SBAR (Situation, Background, Assessment, Recommendation) report dated [DATE], showed documentation Resident 1 was provided with CPR during an event of cardio-pulmonary arrest. On [DATE] at 1400 hours, a telephone interview was conducted with CNA 1. CNA 1 on [DATE] at approximately 1120 hours, Resident 1 was accompanied by her when resting in his room. Five minutes later, Resident 1 became unresponsive. CNA 1 stated she verified Resident 1 did not have a pulse and initiated CPR immediately while calling out for help. On [DATE] at 1510 hours, a telephone interview was conducted with RN 1. RN 1 stated she was called to response to an emergency at approximately 1125 hours on [DATE]. Resident 1 was assessed and CPR was provided after confirming the absence of pulse. RN 1 verified Resident 1 had an order for DNR. RN 1 stated she should have verified Resident 1's code status by checking the Physician Order Summary Report and the POLST form in the chart. RN 1 further stated the CPR would not have been provided to the resident with a DNR order to honor his wishes. On [DATE] at 1045 hours, a telephone interview was conducted with LVN 2. LVN 2 stated she also provided Resident 1 with CPR with RN 1 on [DATE], without verifying the resident's code status. She further stated that CPR should not be initiated with a DNR order. On [DATE] at 1330 hours, the Administrator and DON were 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