

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Freedom Village Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 23442 El Toro 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)		
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **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 complete and accurate medical records for one of four sampled residents (Resident 3). * Resident 3's neurological assessments were incomplete. This failures resulted in medical records that contained incomplete or inaccurate information, which could negatively impact the continuity of care. Findings: Review of the facility's P&P titled Fall Incident Management and Intervention dated November 2025 showed neurological checks will be initiated for any unwitnessed fall and / or head related incident. Medical record review for Resident 3 was initiated on 6/2/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's Progress Notes dated 5/26/26, showed at 0730 hours the staff found Resident 3 sitting on the floor, leaning on the bed. Resident 3's progress notes showed neurological monitoring was initiated for 72 hours. Review of Resident 3's Neuro Checks sheet initiated 5/26/26, showed neurological assessments were to be completed at a scheduled frequency of every 15 minutes for four assessments, every 30 minutes for two assessments, every hour for two hours, then every shift for three days. The form showed one of the hourly assessments was missed on 5/26/26 at 1135 hours. Additionally, the form did not show neurological assessments were completed for the full 72-hour period with the last entry being made on 5/28/26 during the 7P-7A shift. On 6/3/26 at 1202 hours, a telephone interview and concurrent medical record review for Resident 3 was conducted with the DON. The DON verified the neurological assessments were not correctly documented on the form and for the full 72 hours.		

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
--	-------	-----------