

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Anaheim Crest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3067 W Orange Avenue Anaheim, CA 92804	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the Transfer, Discharge Notices were given to Resident 1, 2, and 3's Responsible Party during the transfer to the acute care hospital. * Resident 1 was transferred to the acute care hospital on 1/10/26. The Transfer, Discharge Notice was documented as sent to the acute care hospital. * Resident 2 was transferred to the acute care hospital on 3/3/26. The Transfer, Discharge Notice was documented as sent to the acute care hospital. * Resident 3 was transferred to the hospital on [DATE]. The Transfer Discharge Notice was documented as sent to the acute care hospital. These failures had the potential to negatively impact the residents' health outcomes. Findings: According to the State Operations Manual (SOM) Appendix PP, Guidance to Surveyors for Long Term Care Facilities under S483.15(c)(3) Notice before transfer: Before a facility transfers or discharges a resident, the facility must (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. Review of the facility's P&P titled Facility-Initiated Transfer or discharge date d 10/2022 showed the following:- Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer.- Notice of Facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer.- Notices are provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments.- Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge. 1. Closed medical record review for Resident 1 was initiated on 3/18/26. Resident 1 was admitted to the facility on [DATE], and discharged on 1/10/26. Review of Resident 1's MDS assessment Section C dated 12/30/25, showed a BIMS (Brief Interview for Mental Status) score of 0 (severe impairment in cognition). Review of Resident 1's Progress Notes dated 1/10/26 at 2226 hours, showed Resident 1 had a fall with Resident 1's Responsible Party at the bedside. Resident 1 was assessed to have low blood pressure of 77/40 mmHg (millimeters of mercury). Resident 1 was transferred to the acute care hospital for further evaluation via 911 as per physician's order. Review of Resident 1's Notice of Transfer and discharge date d 1/10/26 showed:- LVN 1 completed the form- a written copy the Notice of the Transfer and Discharge Notice dated 1/10/26, showed was checked off provided to Resident 1's Responsible Party - Method: sent with Transfer Paperwork to Acute Hospital 2. Closed medical record review for Resident 2 was initiated on 3/19/26. Resident 3 was admitted to the facility on [DATE], and discharged on 3/3/26. Review of Resident 2's H&P examination dated 2/5/26, showed Resident 2 had the capacity to understand and make decisions. Review of Resident 2's MDS assessment dated [DATE], showed a BIMS score of 99 (unable to complete the interview). Review of Resident 2's Progress notes dated 3/3/26, showed Resident 2 had a change in condition (COC), sudden change in mental status, and was transferred to the acute care hospital. Resident 2's Responsible Party was at the bedside during the transfer. Review of Resident 2' Notice of Transfer and discharge date d 3/3/26, showed the following:- RN 1 completed the form- Written copy of the (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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notice of Transfer and discharge date d 3/3/26, was as checked off provided to Resident 2's Responsible Party- Method: sent with Transfer Paperwork to Acute Hospital 3. Closed medical record review for Resident 3 was initiated on 3/19/26. Resident 3 was readmitted to the facility on [DATE], transferred to the acute care hospital on [DATE], and readmitted to the facility on the same day. Review of Resident 3's MDS assessment dated [DATE], showed a BIMS score of 9 (moderate impairment in cognition). Review of Resident 3's Progress Note dated 12/9/25, showed Resident 3 was transferred to the acute care hospital after a fall with injury. Review of Resident 3's Notice of Transfer and Discharge showed the following:- RN 1 completed the form- Written copy of the Notice of Transfer and Discharge Provided section was blank.- Method: sent with Transfer Paperwork to Acute hospital on 3/19/26 at 1414 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated the Notice of Transfer, Discharge and Bed hold and Return were one form. When asked about the process of how a resident or Responsible Party was notified during transfers, the DON stated, during transfer we notify the resident or family of the transfer, the reason for transfer, discharge and the bed hold policy routinely then put all the paperwork in an envelope including the Notice of Transfer, and Discharge, Transfer form, latest laboratory results, active medication orders, current physician progress notes. When asked how the facility ensured the resident or the Responsible Party received the Notice of Transfer, and Discharge when it was given to the paramedics, then to the acute care hospital's emergency room, the DON responded, we already informed them. On 3/19/26 at 1510 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 stated, in general, when we transfer a resident, we send the Notice of Transfer, Discharge to the acute care hospital with the transfer documents and inform the resident or the Responsible Party of the 7 (seven) - day bed hold. RN 1 transferred Resident 3 on 3/3/26, and stated I told Resident 3's Responsible Party verbally at bedside of the transfer, bed hold, and handed him the Notice of Transfer and Discharge. However, the Notice of Transfer and Discharge showed a written copy was sent with Transfer Paperwork to Acute Care Hospital. RN 1 was asked if she documented in the medical record the Notice of Transfer and Discharge was handed to Resident 3's Responsible Party, RN 1 stated no. RN 1 was also asked regarding Resident 3's discharge. RN 1 stated I called the Responsible Party, informed of the fall, and hospital transfer, and sent the Notice of Transfer and Discharge with the transfer documents to the hospital through the paramedics. On 3/19/26 at 1527 hours, an interview and concurrent medical record review was conducted with LVN 1. LVN 1 stated Resident 1's Responsible Party was present during Resident 1's acute care hospital transfer. When asked where she sent the Notice of Transfer and Discharge to, LVN 1 stated I sent it together with the hospital transfer records in an envelope and gave to the paramedics who transported the resident to the hospital. LVN 1 did not answer when asked if she was aware of the facility's policy in handling the Notice of Transfer and Discharge.</p>		