

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 03/25/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**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 protect the residents' personal privacy for two of four sampled residents (Residents 1 and 2). * The facility failed to ensure the consent for photography was obtained for Residents 1 and 2, when videos were made of the residents without their permission and posted to the social media. This posed the risk of negatively affecting the residents' dignity. Findings: Review of the facility's P&P titled Confidentiality of Information and Personal Privacy revised on 10/2021 showed release of resident information, including video, audio, or computer stored information, will be handled in accordance with the resident rights and privacy policies. Review of the facility's P&P titled Photography, Video, Audio, and Electronically Recorded Data (undated) showed before taking any photographs or recordings for marketing or promotional purpose, written consent shall be obtained from the patient or authorized legal representative with the Consent and Release to Use Photography or recordings form. On 3/13/26 at 1105 hours, the CDPH received a complaint alleging an outside vendor (Performer) took multiple demeaning photos and videos of the residents without consent, and posted it on social media. 1. Medical record review for Resident 1 was initiated on 3/23/26. Resident 1 was admitted to the facility on [DATE], readmitted on [DATE]. Review of Resident 1's Consent for Photography dated 3/9/24, showed Resident 1's responsible party consented for photography for the purpose of facesheet only. Review of Resident 1's MDS assessment dated [DATE], showed Resident 1's BIMS score was 0 indicating severe cognitive impairment. On 3/25/26 at 1037 hours, an interview was conducted with the Responsible Party. The Responsible Party stated he did not consent for the photography or video recording by the Performer or for them to be posted on social media. In addition, the Responsible Party stated the only consent he gave permission for was for the facesheet. The Responsible Party stated there were no updates or changes to the consent. The Responsible Party stated it bothered him when the Performer uploaded videos of Resident 1 and other residents on the social media. The Responsible Party stated the photos and videos had humiliating comments towards Resident 1. 2. Medical record review for Resident 2 was initiated on 3/24/26. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's Consent for Photography dated 5/20/23, showed Resident 2 consented for photography for the purpose of facesheet, dietary card, and medication records only. Review of Resident 2's MDS assessment dated [DATE], showed Resident 2's BIMS score was 13 indicating cognitively intact. On 3/23/26 at 1113 hours, an interview was conducted with Resident 2. Resident 2 stated he did not give a consent for the photography or video recording for social media. In addition, Resident 2 stated he saw the Performer recorded the performance and the facility's residents using the Performer's personal phone, however, Resident 2 did not expect it would be uploaded in the social media. On 3/23/26 at 1148 hours, an interview and concurrent medical record review for Residents 1 and 2 was conducted with the admission Coordinator. The Admissions Coordinator verified Resident 1 and 2's Consent for Photography failed to show consent for the social media. On 3/25/26 at 0850 hours, an interview and concurrent medical record review for Residents 1 and 2 was conducted with the Administrator. The Administrator verified Resident 1 and 2's Consent for Photography failed to show consent for the social media. 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
---	-------	-----------

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 03/25/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administrator stated she consented the Performer to video record the performance including the residents who attended the activity without any restrictions. In addition, the Administrator stated the resident attendees' consent for photography was not checked whether the residents consented for social media or activity performance. The Administrator stated she confirmed the Performer uploaded the facility's performance on social media. Furthermore, the Administrator stated the facility must follow the resident or responsible party's consent for the photography and its purpose. On 3/25/26 at 1623 hours, an interview was conducted with the Administrator and DON. The Administrator and DON acknowledged and verified the above findings.</p>		