

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Villa Valencia Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 25000 Calle DE Los Caballeros Laguna Hills, CA 92653	

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40617</b></p> <p>Based on interview, medical record review, facility record review, and facility P&amp;P review, the facility failed to document the interviewed staff during their abused investigation process as per their P&amp;P for one of four sampled residents (Resident 1). This failure had the potential to negatively impact the resident as the information was not complete.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Abuse Reporting and Investigation revised 12/2022 showed to thoroughly investigate the reports of all the allegations of abuse, mistreatment, neglect, exploitation, misappropriation of resident property, or injuries of an unknown source when appropriate. The Administrator shall conduct the investigation and interview individuals who may have information relevant to the allegation including but not limited to: interview staff members (on all shifts) who have had contact with the resident during the period of the alleged night. Witness report(s) or statement(s) shall be obtained in writing; both interviewer and interviewee shall sign and date the report/statement.</p> <p>On 2/6/25 at 1007 hours, CDPH L&amp;C Program received a report from the facility regarding a resident to resident incident. The report showed Resident 1 had been choked by her roommate.</p> <p>Medical record review for Resident 1 was initiated on 2/20/25. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 1's eINTERACT Change in Condition Evaluation V5 dated 2/6/25, showed had received a call from the resident's family member stating that Resident 1 had been abused by her roommate. The family member stated the resident called him and reported Resident 1's roommate went to her bed, punched, and choked Resident 1.</p> <p>On 2/20/25 at 1557 hours, an interview and concurrent facility document review was conducted with the DON. The DON stated the investigation process would include interviewing the victim, perpetrator, neighboring residents, CNA for that run, and licensed nurse.</p> <p>(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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 2/20/25 at 1646 hours, an interview was conducted with the Administrator. The Administrator stated he had spoken to several staff but did not document the interviews and only documented RN 1 and CNA 1's statements. The Administrator stated he did not know he had to document other staff's interviews.</p>