

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Alta Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13075 Blackbird Street Garden Grove, CA 92843	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure one of three final sampled residents (Resident 105) reviewed for abuse was free from abuse. * The facility failed to protect Resident 105's right to be free from physical abuse by another resident (Resident 3). Resident 105 was blocking the hallway while Resident 3 was trying to get through. Resident 3 reached out his hand and slapped Resident 105 on the face. Resident 105 had some redness on the face and forehead. This failure had the potential for Resident 105 to be seriously injured or have psychosocial harm. Findings: Review of the facility's P&P titled Abuse Prohibition Policy and Procedure dated 2/23/21, showed health care centers prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents. The Federal Definition section showed abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, injury, or mental anguish. On 2/6/26 at 1735 hours, the CDPH, L&C Program received an SOC 341 from the facility. The SOC 341 showed at approximately at 1440 hours, there was a resident to resident altercation in Station 2. Resident 3 attempted to get by Resident 105 who was in front of the Station 2 hallway. Resident 3 yelled and Resident 105 moved but not quick enough. Resident 3 swung with an open hand and hit Resident 105's face. Medical record review for Resident 105 was initiated on 2/11/26. Resident 105 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 105's MDS assessment dated [DATE], showed the resident was cognitively intact. Medical record review for Resident 3 was initiated on 2/11/26. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's MDS assessment dated [DATE], showed the resident had severe cognitive impairment. Review of Resident 105's eINTERACT Change in Condition Evaluation - V 5.1 dated 2/6/26, showed Resident 105 said he was blocking the hallway while the other resident (Resident 3) was trying to get through. The other resident (Resident 3) reached his hand out and slapped Resident 105's face. Resident 105 had some redness on the face and forehead. On 2/12/26 at 1531 hours, an observation and concurrent interview was conducted with Resident 3. Resident 3 was observed lying on his right side and was calm. Resident 3 stated he did not remember the alleged abuse incident, refused to answer any more questions and closed his eyes. On 2/11/26 at 1600 hours, an interview was conducted with Resident 105. Resident 105 stated he was sitting in his wheelchair in the hallway and was hit by the resident in the hallway. Resident 105 stated he were going opposite directions and he could not move out of the resident's way fast enough. Resident 105 stated the resident hit him in the face with a closed fist. On 2/13/26 at 1110 hours, an interview was conducted with RN 3. RN 3 stated she heard Resident 3 yelling 'get out of my way'. RN 3 stated both Residents 3 and 105 were in the hallway. RN 3 further stated Resident 3 wanted to pass by, but he could not because Resident 105 was blocking his way. RN 3 stated Resident 105 was not moving fast enough, so Resident 3 swung his hand to Resident 105's head and slapped him. On 2/13/26 at 1139 hours,</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 555473	If continuation sheet Page 1 of 2

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>an interview was conducted with the Social Services Assistant. The Social Services Assistant stated he was sitting in his office, and the office door was halfway open when he heard yelling. The Social Services Assistant stated he saw Resident 3 slap Resident 105's face. On 2/18/26 at 1052 hours, an interview was conducted with the Administrator. The Administrator stated the facility substantiated the physical abuse because the incident was witnessed and the body check showed redness on Resident 105's face. On 2/18/26 at 1403 hours, the Administrator and DON were informed and acknowledged the above findings.</p>		