STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555473	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alta Gardens Care Center	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)
F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **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 appropriate parties were notified when one of three sampled residents (Resident 1) was discovered to be missing from the facility. * The facility failed to ensure the police department was notified when Resident 1 was discovered missing from the facility. This failure had the potential to delay locating Resident 1.Findings: According to the California Code of Regulations Title 22 DIV5 CH3 ART5-72521(a), written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the facility. Review of the facility's P&P titled Leave of Absence without Notice dated 1/16/26, showed the procedure for locating a missing resident included providing the police with a description and information about the resident including any photos. Medical record review for Resident 1 was initiated on 6/1/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 5/7/26, showed Resident 1 had diagnoses including dementia. Review of Resident 1's MDS assessment dated [DATE], showed the resident had severe cognitive impairment. Review of Resident 1's Change in Condition Evaluation dated 5/8/26, showed Resident 1 was unable to be found at approximately 1600 hours and a search for Resident 1 was initiated. Further review of the document showed Resident 1 was found, a mile away from the facility at approximately 1640 hours. Review of Resident 1's medical record failed to show documented evidence the police department was notified when the resident was discovered missing. On 6/8/26 at 1358 hours, an interview was conducted with the DON. The DON verified the finding and stated the facility did not call the police because Resident 1 was found so quickly.

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