

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Park Regency Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 W. LA Habra Blvd. LA Habra, CA 90631	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and medical record review, the facility failed to provide the necessary care and services for one of five sampled residents (Resident 1). * The facility failed to assess and implement interventions to ensure Resident 1 received necessary care and services to prevent avoidable pain during transport to a medical appointment. This failure resulted in Resident 1 experiencing unnecessary pain and discomfort. Findings: Medical record review for Resident 1 was initiated on 7/13/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 6/25/26, showed Resident 1 had the capacity to understand and make decisions. On 7/13/26 at 1216 hours, an interview was conducted with CNA 1. CNA 1 stated Resident 1 was a maximum assist resident who required a Hoyer lift for transfers because of his fractures and pain. CNA 1 further stated Resident 1 could not tolerate more than 10 or 15 minutes in the wheelchair after therapy sessions due to extreme pain, and would request to be transferred back to bed. On 7/13/26 at 1330 hours, an interview was conducted with OT 1. OT 1 stated Resident 1 was able to tolerate sitting in the wheelchair for 45 minutes during therapy and would ask to go back to bed following therapy due to pain. On 7/13/26 at 1400 hours, an interview was conducted with the Case Manager. The Case Manager stated Resident 1 required maximum assistance for his care. The Case Manager stated he spoke to Resident 1 on 6/30/26, to inform him about a doctor's (physician) appointment in two days. The Case Manager stated he did not consult with the therapy department to determine the best mode of transportation for Resident 1 because Resident 1 was alert and agreed to transport via wheelchair. On 7/13/26 at 1415 hours, an interview was conducted with the DON. The DON stated Resident 1 had a doctor's appointment on 7/2/26, however the transportation company refused to transport Resident 1 back to the facility due to Resident 1's inability to safely remain in the wheelchair without sliding out. The DON stated the facility paid out of pocket to have Resident 1 transported back to the facility via ambulance on a gurney. On 7/13/26 at 1435 hours, an interview was conducted with Resident 1. Resident 1 stated the Case Manager had a conversation with him and informed him of the upcoming doctor's appointment but never discussed the wheelchair transport. Resident 1 stated he could only tolerate about thirty minutes sitting in the wheelchair due to severe pain. Resident 1 stated he was in such severe pain at his appointment that his daughter had to send his niece home to retrieve his pain medication and his daughter administered the medication to him at the appointment. On 7/13/26 at 1513 hours, a follow-up interview was conducted with OT 1. OT 1 stated if the Case Manager had consulted with him regarding the transportation mode, he would have recommended Resident 1 to transport via gurney. On 7/14/26 at 1243 hours, an interview was conducted with Family Member 1. Family Member 1 stated she met Resident 1 at the doctor's office. Family Member 1 stated during the appointment, Resident 1 was falling out of the wheelchair and medical staff was trying to help Resident 1, but he kept sliding out of the wheelchair. Family Member (continued on next page)		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Park Regency Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 W. LA Habra Blvd. LA Habra, CA 90631	
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1 stated when she went out front to wait for transport, the medical office had to give Resident 1 a chair to prop his legs up to prevent him from sliding out of the wheelchair. When the transportation arrived, they refused to transport Resident 1 back to the facility for safety reasons. Family Member 1 contacted the facility, and they sent an ambulance to transport Resident 1 back to the facility. Family Member 1 stated Resident 1 was in extreme pain throughout the appointment, and a family member had to retrieve pain medicine from Resident 1's home. On 7/14/26 at 1345 hours, an interview was conducted with the DON. The DON verified the Case Manager should have consulted with therapy to confirm the appropriate mode of transport for Resident 1 and have already started working on corrective measures.		