

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 07/28/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **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 ensure one of three sampled residents (Resident 1) received the necessary care and services to prevent accident hazards. * The facility failed to ensure Resident 1 was transported in the shower chair safely, resulting in the resident to sliding off the chair and falling. This failure placed the resident at risk for injury. Findings: Review of the facility's P&P titled Safe Resident Handling/Transfers dated 12/2022 showed it is the policy of this facility to ensure that the residents are handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employee safe in accordance with current standards and guidelines. Medical record review for Resident 1 was initiated on 7/24/26. Resident 1 was admitted to the facility on [DATE], and discharged on 7/19/26. Review of Resident 1's MDS assessment dated [DATE], showed the following:- sit to stand 03 (partial moderate assistance, helper does less than half the effort, helper lifts, holds, or supports trunk or limbs and provides more than half the effort.- tub/shower transfer 01 (dependent, helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of two or more helpers is required for the resident to complete the activity). Review of Resident 1's eInteract Change in Condition Evaluation dated 7/11/26, showed Resident 1 had a witnessed fall, and reported generalized pain with a seven out of 10 severity (0 no pain, and 10 severe/worst pain). The documentation further showed the resident fell while being pushed in a shower chair when the wheel of shower chair got stuck on a metal frame on floor. 911 was called. Review of Resident 1's Acute Care documents dated 7/11/26, showed the resident was trying to take a shower today at the care facility and while the caregivers were trying to seat the resident into the shower chair, the resident fell onto her buttocks. The resident was currently experiencing buttock pain, bilateral knee pain, and pain to her left shoulder. Resident 1 denied hitting her head, or losing of consciousness. Resident 1 was currently taking Eliquis (blood thinning medication). On 7/24/26 at 1220 hours, an interview was conducted with CNA 1. CNA 1 stated on 7/11/26, she was assisting Resident 1 with a shower, and because the shower near the resident's room was not functioning, she asked LVN 1 if she could transport Resident 1 to the another shower room, using the shower chair. CNA 1 stated while transporting Resident 1 forward to through the emergency doors, the shower chair wheel became stuck on the metal plate, causing Resident 1 to slide forward and fell to the floor. On 7/28/26 at 0845 hours, an interview was conducted with LVN 1. LVN 1 stated she was in the same hallway when she heard yelling and saw Resident 1 on the floor with CNA 1. LVN 1 observed the shower chair wheel stuck on the metal plate and stated CNA 1 informed her the wheel got stuck while pushing the resident forward. On 7/28/26 at 1017 hours, an observation was conducted with the DSD and CNA 2. The DSD had CNA 2 demonstrate (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
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	proper transport technique over the emergency door metal plate. CNA 2 was observed approaching the metal plate, then turning around and pulling the shower chair backward over the metal plate. The DSD stated pulling the shower chair backward was the best practice. On 7/28/26 at 1139 hours, a follow up telephone interview was conducted with CNA 1. CNA 1 verified she transported Resident 1 by pushing the shower chair forward over the metal frame. On 7/28/26 at 1434 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the above findings.		