

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	

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 0573</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**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 fulfill a medical record request in a timely manner for one of nine sampled residents (Resident 3). This failure had the potential to violate the resident's rights.</p> <p>Findings:</p> <p>Review the facility's P&P titled Resident/Resident Representative Access to Protected Health Information dated 11/2017 showed the following:</p> <ol style="list-style-type: none"> 1. The facility shall allow an adult resident or resident representative to inspect or receive copies of his/her protected health information (PHI) in a designated record set with an oral or written request. 2. The requested PHI shall be provided timely, when appropriate as follows: Note: Facility may withhold photocopies if resident or resident representative fails to pay charges that are due after giving due notice. <ol style="list-style-type: none"> a. discharged resident: Providing copies: within 15 calendar days after receipt of written request. <p>Closed medical record review for Resident 3 was initiated on 6/19/25. Resident 3 was admitted to the facility on [DATE], and discharged from the facility on 4/9/25.</p> <p>Review of the facility's document titled General Record Release Log dated May 2025 showed the following:</p> <ul style="list-style-type: none"> - dated 5/6/25, Resident 1's legal services requested for the resident's medical records - dated 6/11/25, date approved by Administrator - dated 6/11/25, medical records reviewed by DNS (Director of Nursing Services) prior to copy - dated 6/19/24, date provided or mailed <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0573</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 6/19/25 at 1350 hours, an interview and concurrent facility document review was conducted with the Medical Records Supervisor. The Medical Records Supervisor stated the timeline for processing the requests for the medical records for a resident would be 48 business hours and 15 business days if the request was from a responsible party. The Medical Records Supervisor verified the medical records request for Resident 3 were provided late (45 calendar days, and 32 business days).</p> <p>On 6/23/25 at 1631 hours, an interview was conducted with the Administrator. The Administrator acknowledged the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medial record review, and facility P&P review, the facility failed to ensure one of nine sampled residents (Resident 5) was provided an environment free from the physical restraints.</p> <p>* Resident 5 was observed multiple times with a soft mitten restraint to his right hand. There was no active physician's order, updated informed consent, and updated care plan for the soft mitten on Resident 5's right hand.</p> <p>* There was no appropriate assessment completed prior to placing a soft mitten restraint on Resident 5.</p> <p>* Resident 5 was not monitored for the use of the restraints.</p> <p>These failures had the potential to negatively affect Resident 5's physical mobility and psychosocial well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Use of Restraints revised 4/2017 showed restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives been tried. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. When the use of restraints is indicated, the least restrictive alternative will be used for the lease amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.</p> <p>On 6/19/25 at 1259 hours, an observation was conducted of Resident 5 in his room. Resident 5 was lying in his bed with a soft mitten restraint to his right hand.</p> <p>Medical record review for Resident 5 was initiated on 6/19/25. Resident 5 was admitted to the facility on [DATE]. Resident 5 had diagnoses including CVA and left-sided hemiparesis.</p> <p>Review of Resident 5's Physician's Order dated 3/24/17, showed an order to apply the right hand mitten as needed related to pulling out medical devices and release every two hours to check for CMS (circulatory, motor, sensory).</p> <p>Review of Resident 5's H&P examination dated 2/23/25, showed Resident 5 had no capacity to understand and make decisions.</p> <p>Review of Resident 5's Care Plan Report dated 3/14/25, showed for the right hand mitten as needed related to pulling our medical devices and to release every two hours to check for CMS was resolved on 5/31/17.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 5's Informed Consent Verification (undated) showed the physical restraint for the right-hand mitten was discontinued on 5/31/17.</p> <p>Review of Resident 5's MAR for June 2025 did not show Resident 5 was currently being monitored for the use of the soft mitten restraint.</p> <p>On 6/19/25 at 1425 hours, a concurrent observation, interview, medical record review was conducted with LVN 1. When asked why Resident 5 had a soft mitten present on his right hand, LVN 1 stated I think its because he pulls and grabs things. When asked what the policy was for a soft mitten restraint, LVN 1 stated the policy would be to obtain a physician's order, consent from the family, and to check for circulation and discoloration. When asked how long Resident 5 was wearing the soft mitten restraint, LVN 1 stated they were not sure, and only saw a care plan from two years ago, and consents and discontinued orders were from 2017. LVN 1 verified Resident 5 had no active physician's order, an active informed consent, and updated care plan for the use of the soft mitten restraints. LVN 1 further verified there was currently no monitoring conducted for Resident 5's use of the restraints.</p> <p>On 6/20/25 at 1511 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 stated the soft mittens were considered restraints, and the policy for the use the restraints included requiring for a physician's order, consent from the resident's family, care plan, and monitoring the limb by removing the restraint every two hours to assess for circulation, skin discoloration, and mobility. RN 1 verified the findings.</p> <p>On 6/23/25 at hours, an interview was conducted with the Administrator. The Administrator acknowledged the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**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 reporting of a reasonable suspicion of a crime was completed in a timely manner for one of nine sampled residents (Resident 2).</p> <p>* The facility failed to ensure Resident 2's allegation of neglect against RT 1 was reported timely to the CDPH L&C Program and local law enforcement agency. This failure had the potential for abuse and injury to go unreported and uninvestigated timely.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Abuse Investigation and Reporting dated 1/1/24, showed the following:</p> <ul style="list-style-type: none"> - All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: <ol style="list-style-type: none"> a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's Attending Physician; and g. The facility Medical Director. <p>The P&P further showed alleged abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported within two hours if the alleged events have resulted in serious bodily injury .if events that cause the allegation do not involve abuse or not resulted in serious bodily injury, the report must be made within twenty-four hours.</p> <p>Review of the facility's SOC 341 form dated 6/9/25, showed there was an allegation of neglect when RT 1 allegedly did not provide Resident 2 a breathing treatment and disconnected the oxygen concentrator.</p> <p>Medical record review for Resident 2 was initiated on 6/20/25. Resident 2 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/20/25 at 1418 hours, a telephone interview was conducted with the RT Supervisor. The RT Supervisor stated RT 2 notified her about the neglect allegation against RT 1 via text on 6/3/25. The RT Supervisor confirmed the incident reported regarding RT 2 was negligence and abuse. The RT Supervisor stated the abuse allegation should have been reported immediately and the timeframe for reporting was as soon as possible, but no later than 24 hours. The RT Supervisor also confirmed reporting six days after the incident occurred was considered late reporting.</p> <p>On 6/20/25 at 1511 hours, an interview was conducted with RN 1. RN 1 confirmed leaving a respirator disconnected when a resident (Resident 2) needed it was considered a neglect. RN 1 stated the Administrator needed to be notified regarding the neglect abuse allegation immediately. RN 1 confirmed the neglect allegation was reported late.</p> <p>On 6/23/25 at 1000 hours, an interview was conducted with the ADON. The ADON verified any abuse or neglect allegation needed to be reported right away.</p> <p>On 6/23/25 at 1043 hours, an interview was conducted with the Administrator. The Administrator stated he was informed of the neglect allegation on 6/9/25. The Administrator verified the neglect allegation was reported late.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Newport Subacute Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2570 Newport Blvd Costa Mesa, CA 92627	
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 0695</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**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 the respiratory services were provided as ordered for one of nine sampled residents (Resident 2). This failure had the potential to result in negative health outcomes for the resident.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Oxygen Administration with revision date of October 2010 showed to adjust the oxygen delivery device on the resident (i.e., mask, nasal cannula and/or catheter). Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered. Lastly, to observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated.</p> <p>Medical record review for Resident 2 was initiated on 6/20/25. Resident 2 was admitted to the facility on [DATE], with diagnoses including acute respiratory distress syndrome and chronic respiratory failure with hypoxia (lack of oxygen).</p> <p>Review of Resident 2's Order Summary Report dated 6/16/25, showed an order for Ipratropium-Albuterol (breathing treatment medication) Inhalation Solution 0.5-2.5 3 mg/3 ml, one vial inhale orally via nebulizer every four hours for acute respiratory distress syndrome.</p> <p>Review of Resident 2's MAR for June 2025 showed the Ipratropium-Albuterol Inhalation Solution 0.5-2.5 3 mg/3 ml was not administered to Resident 2 on 6/9/25 at 1300 hours as ordered.</p> <p>On 6/20/25 at 1418 hours, a telephone interview and concurrent medical record review was conducted with the RT Supervisor. The RT Supervisor verified Resident 2 did not receive the Ipratropium-Albuterol breathing treatment on 6/9/25 at 1300 hours and verified the MAR had a blank entry.</p> <p>On 6/20/25 at 1511 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified Resident 2 was not given his breathing treatment per the MAR on 6/9/25 at 1300 hours.</p> <p>On 6/23/25 at 1002 hours, an interview and concurrent medical record review was conducted with the ADON. The ADON verified Resident 2 was not given his breathing treatment per the MAR on 6/9/25 at 1300 hours</p> <p>On 6/23/25 at 1043 hours, an interview was conducted with the Administrator. The Administrator verified the findings.</p>		