STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555751	A. Building B. Wing	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newport Subacute Healthcare Center	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)
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, and medical record review, the facility to ensure the safe practices were followed for Resident 1 when the facility failed to provide the required two-person assistance as required during a resident transfer for Resident 1. As a result, Resident 1 sustained an assisted fall and an abrasion to the left upper back. This failure placed Resident 1 at risk for serious injuries. Findings: Medical record review for Resident 1 was initiated on 7/31/25. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 2/11/25, showed Resident 1 had no capacity to make decisions. Review of Resident 1's Quarterly MDS assessment dated [DATE], showed Resident 1 had severely impaired cognition and was dependent on the facility staff for ADLs care. The MDS assessment further showed Resident 1 required the assistance of two or more facility staff during chair/bed to chair transfer (ability to transfer to and from a bed to a chair) and tub/shower transfer (ability to get in and out of a tub/shower). Review of Resident 1's progress notes dated 7/24/25, showed the CNA was observed on top of the bed, holding Resident 1's left upper arm to prevent the resident from falling completely to the floor. Resident 1's head was protected with cushion to prevent any injury and the was slowly and safely assisted to a laying position on the floor. The progress notes further showed there was an abrasion to the resident's left upper back. On 7/31/25 at 1022 hours, a telephone interview was conducted with CNA 1. CNA 1 was asked about Resident 1's fall incident. CNA 1 stated Resident 1 required total assistance from staff with ADLs care, including the transfers. CNA 1 stated Resident 1 was on the shower bed when she brought the resident back to his room after his shower. CNA 1 stated she asked the other facility staff for help to get the resident transferred back to the bed for almost 30 minutes wait time. CNA 1 stated she then transferred Resident 1 back to the bed by herself by trying to slide the resident from the shower bed to his bed. CNA 1 stated she was aware Resident 1 required the Hoyer lift with two-person assistance for transfers. On 7/31/25 at 1245 hours, an interview and concurrent medical record review for Resident 1 was conducted with the DSD. The DSD stated she observed CNA 1 with Resident 1 on the shower bed, inside the resident's room. The DSD stated she instructed another facility staff to bring the Hoyer lift to Resident 1's room to assist CNA 1 with the transfer. The DSD stated she did not understand why CNA 1 was unable to wait for the staff assistance before attempting to transfer Resident 1 alone. On 8/4/25 at 0955 hours, an interview was conducted with the DON. The DON acknowledged Resident 1 sustained a fall during a transfer from the shower bed to his bed with CNA 1. The DON verified CNA 1 should have waited for a second facility staff to assistance with the transfer as required.

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