STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555763	A. Building B. Wing	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Juan Hills Healthcare Center	31741 Rancho Viejo Road San Juan Capistrano, CA 92675

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **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 information regarding the administration of psychotherapeutic medications was provided for one of eight sampled residents (Resident 1). * Resident 1's psychotherapeutic drug informed consent form for Depakote (anticonvulsant) was incomplete and inaccurate. * Resident 1's psychotherapeutic drug informed consent form for mirtazapine (antidepressant) was incomplete. * Resident 1's psychotherapeutic drug informed consent form for seroquel (antipsychotic) was incomplete * Resident 1's psychotherapeutic drug informed consent form for olanzapine (Zyprexa Zydis, antipsychotic) was incomplete These failures posed the risk of Resident 1's Responsible Party to not understand the risks, benefits, and purpose of the medications she was consenting for the facility to administer to Resident 1.Findings: Review of the facility's P&P titled Antipsychotic Medication Use dated 2016 showed PRN orders for psychotropic medications should have a duration of 14 days and a practitioner must reevaluate the resident for appropriateness of that medication if extending the PRN medication beyond 14 days. Review of the facility's P&P titled Psychotherapeutic Drug Informed Consent Form Instruction Sheet dated 2/2026 showed the informed consent is the voluntary agreement of a resident or a resident's representative to accept a treatment or procedure after receiving information. Additionally, the P&P showed the following required information be entered:- Drug category;- Dosage prescribed;- Frequency of use;- Duration of use; and- Possible side effects and any significant risks associated with the use of the medication. Review of the Psychotherapeutic Drug Informed Consent Form (undated) showed the probable side effects and significant risks associated with the use of a particular type of psychotherapeutic drug was categorized according to the drug classification including anti-psychotic, anti-anxiety, anti-depressant, anti-convulsant/mood stabilizer, and sedative/hypnotic. Medical record review for Resident 1 was initiated on 4/7/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Order Summary Report showed the following physician's orders:- dated 3/18/26, for Depakote Sprinkles oral capsule delayed release sprinkle 125 mg (divalproex sodium), give two capsules by mouth two times a day for psychosis manifested by angry outburst;- dated 3/18/26, for mirtazapine oral tablet 7.5 mg (mirtazapine), give one tablet by mouth two times a day for depression manifested by poor oral intake;- dated 3/18/26, for Seroquel oral tablet 100 mg (quetiapine fumarate), give one tablet by mouth in the evening for psychosis manifested by striking out; and - Zyprexa Zydis oral tablet 2.5 mg disintegrating (olanzapine), give 2.5 mg by mouth every four hours as needed for psychosis manifested by agitation. Review of Resident 1's Psychotherapeutic Drug Informed Consent form for Depakote dated 3/18/26, showed it was signed by Resident 1's Responsible Party. The consent further showed the following:- The drug category was left blank;- The drug duration was left blank;- The off-label use caution and warning summary indicated it was not an off-label use of the drug; and- The probable side effects and significant risks associated with the use of Depakote was indicated in the anti-psychotic category not the anti-convulsant category. Review of Resident 1's Psychotherapeutic Drug Informed Consent form for Mirtazapine dated 3/18/26, showed it was signed by Resident 1's Responsible Party. The consent further showed the drug category and duration was left blank. Review of Resident 1's (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Psychotherapeutic Drug Informed Consent form for Seroquel dated 3/18/26, showed it was signed by Resident 1's Responsible Party. The consent further showed the drug category and duration was left blank. Review of Resident 1's Psychotherapeutic Drug Informed Consent form for Olanzapine dated 3/18/26, showed it was signed by Resident 1's Responsible Party. The consent further showed the drug category and duration was left blank. Review of Resident 1's H&P examination dated 3/20/26, showed Resident 1 had no capacity to understand and make medical decisions. Resident 1 had diagnoses including dementia with agitation, urinary tract infection, and encephalopathy. Review of Resident 1's MDS assessment dated [DATE], showed the resident had severe cognitive impairment. On 4/14/26 at 1533 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 3. RN 3 stated the Depakote medication was an anticonvulsant. RN 3 stated the Depakote medication was being used as an antipsychotic which was an off-label use of the drug. RN 3 stated the probable side effects and risks associated with the use of the Depakote medication were designated on the form under the anti-psychotic section but should have been indicated under the classification of anticonvulsant/ mood stabilizer. RN 3 stated the side effects for an anticonvulsant and antipsychotic were different. RN 3 confirmed the off-label use was selected as no but should have been yes. RN 3 stated the sections on drug category, duration, and reason for use of psychotherapeutic drug should have been completed. On 4/14/26 at 1624 hours an interview and concurrent medical record review for Resident 1 was conducted with the DON. The DON stated the Psychotherapeutic Drug Informed consent forms were to be completed prior to the resident or the resident's responsible party signing the form. The DON stated the Psychotherapeutic Drug Informed Consent form for the mirtazapine medication was missing the drug category and duration. The DON stated the Psychotherapeutic Drug Informed Consent form for the olanzapine medication was missing the drug category and duration information. The DON stated the olanzapine medication was ordered as needed therefore the duration should have been 14 days, because it required a physician reevaluation within 14 days. The DON stated the Psychotherapeutic Drug Informed Consent form for the Seroquel medication were missing the drug category and duration information. The DON stated the expectation was the Psychotherapeutic Drug Informed Consent form was to be completed in full and the information accurate so the resident or the resident's responsible party was aware of the risks and benefits of the medication the resident was taking so an informed decision could be made. The DON stated if the complete and accurate information was not provided, then it was not informed consent. On 4/20/26 at 1450 hours an interview was conducted with RPh 2 and the DON. RPh 2 stated the side effects for anticonvulsants and antipsychotics were different. The RPh 2 stated Depakote was an anticonvulsant, and the side effects included weight gain, lethargy, sleepiness, and liver abnormalities. RPh2 stated the side effects for an antipsychotic was neurological symptoms, elevated blood pressure, and elevated cholesterol. The DON confirmed the above findings.