

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: 555763	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2026
NAME OF PROVIDER OR SUPPLIER San Juan Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, closed medical record review, and facility P&P review, the facility failed to to provide reasonable accommodations to meet the needs for one of four sampled residents (Resident 1). * The facility failed to ensure the facility's staff assisted Resident 1 to the bathroom on the day she was admitted to the facility. This failure had the potential to negatively impact the resident's psychosocial well-being or result in a delay of care. Findings: Review of the facility's P&P titled Quality of Life - Accommodation of Needs revised 8/2009 showed our facility's environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving independent functioning, dignity and well-being. Under the Policy Interpretation and Implementation section, the resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered. The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis. Closed medical record review for Resident 1 was initiated on 7/24/26. Resident 1 was admitted to the facility on [DATE], and discharged on 7/23/26. Review of Resident 1's Physical Therapy Treatment Note from the acute care hospital dated 7/10/26, showed continued with ambulation 100 feet twice. In addition, the Transfers section showed for bed to chair, Resident 1's level of independence was contact guard assist. Review of Resident 1's MDS assessment dated [DATE], showed the resident was cognitively intact. On 7/24/26 at 0957 hours, a telephone interview was conducted with Resident 1. Resident 1 stated she was admitted to the facility on Friday 7/10/26, and had to go to the bathroom herself because the staff refused to help her. Resident 1 stated the staff told her it was a government regulation and they could not help her to go to the bathroom. Resident 1 further stated it was late in the afternoon and the physical therapy was not there. Resident 1 stated physical therapy evaluated her on Saturday at 0930 hours. On 7/24/26 at 1513 hours, an interview was conducted with CNA 1. CNA 1 denied he refused to provide assistance to Resident 1 to go to the bathroom. CNA 1 stated he told Resident 1 he could offer her a bed pan or a brief. CNA 1 further stated he explained to Resident 1 regarding the facility's policy that the staff were not allowed to ambulate the residents without a physical therapy evaluation. CNA 1 stated Resident 1 got really mad at him. On 7/24/26 at 1618 hours, an interview was conducted with RN 2. When RN 2 was asked about the process of helping a newly admitted resident to the bathroom, RN 2 stated she would explain to a newly admitted resident the staff could not get them out of bed until they were seen by the physical therapist. RN 2 stated the staff could only offer a diaper or a bed pan. On 7/29/26 at 1047 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the Director of Rehabilitation Services. The Director of Rehabilitation Services reviewed the Physical Therapy Treatment Note when Resident 1 was transferred from Hospital 1 to the facility on 7/10/26. When the Director of (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555763	If continuation sheet Page 1 of 2

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Rehabilitation Services was asked (based on Resident 1's Physical Therapy Treatment Note from the Acute Care Hospital) what would she recommend to the staff if the newly admitted resident asked to use the restroom, the Director of Rehabilitation Services stated Resident 1 could get up using a walker with assistance from the staff and she could walk to the bathroom. The Director of Rehabilitation Services stated for bed to chair transfer Resident 1 was contact guard assist, which meant a hand on the person for safety and to steady the resident if they needed it. The Director of Rehabilitation Services stated the facility had no policy that the staff were not allowed to ambulate the residents without a physical therapy evaluation. The Director of Rehabilitation Services stated nurses should look at the residents' physical therapy notes, diagnosis, discharge summary, and the discharge order to check the weight bearing, check if there was any precautions so they could see what the residents were doing with their mobility in the acute care hospital. On 7/29/26 at 1155 hours, an interview was conducted with the AIT and DON. The AIT and DON were informed and acknowledged the above findings.		