

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555768	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Bayshire Yorba Linda Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 17803 Imperial Highway Yorba Linda, CA 92886	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure the necessary care and services were provided to one of four sampled residents (Resident 4). * The facility failed to ensure Resident 4's orthostatic blood pressure was obtained per the physician's order. This failure had the potential to negatively impact the resident's health and safety. Findings: Medical record review for Resident 4 was initiated on 11/25/25. Resident 4 was admitted to the facility on [DATE]. Resident 4's diagnosis included orthostatic hypotension. Review of Resident 4's Order Listing Report showed a completed order status dated 11/18/25, to check the orthostatic blood pressure and pulse rate daily (lying, sitting and standing positions) for three days. Review of Resident's 4 MAR for November 2025 showed the following:- dated 11/18/25, blood pressure of 116/68 mmHg and pulse rate of 81 beats per minute;- dated 11/19/25, blood pressure of 112/72 mmHg and pulse rate of 80 beats per minute; and- dated 11/20/25, blood pressure of 128/82 mmHg and pulse rate of 76 beats per minute. Further review of Resident 4's medical record failed to show the orthostatic blood pressure were obtained on the lying, sitting, and standing positions as ordered from 11/18 to 11/20/25. On 11/25/25 at 1421 hours, an interview and concurrent medical record review was conducted with LVN 3. LVN 3 verified Resident 4 had an order to check the resident's orthostatic blood pressure (sitting, standing and lying positions) for three days from 11/18 to 11/20/25. LVN 3 also verified the MAR for November 2025 did not indicate Resident 4's blood pressure was checked in all three positions as ordered. LVN 3 further stated the failure to obtain the resident's orthostatic blood pressure as ordered could put the resident at risk for fall due to possible drop in blood pressure when changing position. On 11/25/25 at 1710 hours, an interview was conducted with the DON. The DON was made aware and acknowledged the above findings.</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
---	-------	-----------