STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555859	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kindred Hospital Brea D/P Snf	875 N Brea Blvd Brea, CA 92821

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary GT care and services for one of four sampled residents (Resident 1). * The facility failed to ensure Resident 1 was positioned safely at 30 to 45 degrees during the GT feeding administration. This failure placed Resident 1 at risk for complications related to the GT feeding, including aspiration.Findings: Review of the facility's P&P titled Procedure Administration of Enteral Nutrition dated 1/2026 showed to position the resident with head of the bed (HOB) elevated at least 30 degrees or upright in a chair to prevent aspiration. Medical record review for Resident 1 was initiated on 5/29/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Care Plan Report dated 5/29/26, showed a care plan problem (undated) addressing the resident's enteral nutrition orders. The interventions included elevating the HOB 30-45 degrees during the feeding and maintaining this elevation for 30-40 minutes after feeding stopped. Review of Resident 1's Care Plan Report 5/29/26, showed a care plan problem (undated) for gastrointestinal bleeding, and gastrointestinal reflux (GERD). The interventions included positioning Resident 1upright position while the tube feeding was running and maintaining upright position for 30-45 minutes afterward. On 5/29/26 at 0929 hours, Resident 1 was observed lying in bed with the HOB positioned at 20 degrees. On 5/29/26 at 1025 hours, Resident 1 was observed lying in bed with the HOB positioned at 20 degrees. On 5/29/26 at 1306 hours, an observation and concurrent interview was conducted with LVN 1. When asked what the HOB setting should be for Resident 1, LVN 1 stated the HOB should be at 45 degrees because Resident 1 was receiving GT feeding. When asked what the current HOB setting was, LVN 1 verified the HOB was at 20 degrees and also verified Resident 1's GT feeding was actively infusing. On 5/29/26 at 1700 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the above findings.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555859	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kindred Hospital Brea D/P Snf	875 N Brea Blvd Brea, CA 92821

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **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 comply with State law requirements for one of four sampled residents (Resident 4). * Resident 4's discontinued respiratory orders were not signed by the physician. This failure had the potential to prevent the resident from receiving necessary care and services to meet the resident's assessed needs.Findings: According to the California Code of Regulations Title 22 S72547, the orders of a licensed health care practitioner acting within the scope of his or her professional licensure, including drugs, treatment and diet orders, progress notes, signed and dated on each visit. The orders of a healthcare practitioner acting within the scope of his or her professional licensure shall be correctly recapitulated. Review of the facility's P&P titled Readmission, Handwritten Orders, and Written Transfer Orders dated 10/2022 showed to enter orders into the electronic medical record (EMR). The physician electronically signs the order in the EMR. Medical record review for Resident 4 was initiated on 5/29/26. Resident 4 was admitted to the facility on [DATE]. Review of Resident 4's Clinical Note Summary Dated 3/10/26, showed a new physician's order to discontinue the vent and downsize the trach (tracheostomy) to uncuffed Portex 6 (size of the tracheostomy tube, without the presence of an inflatable balloon). However, further review of Resident 4's Clinical Note Summary failed to show the discontinued order was signed and dated by the physician. Review of Resident 4's document (untitled) dated 3/20/26, showed a verbal physician's order to titrate oxygen to maintain oxygen saturation. However, further review of the document failed to show the physician signed the order. On 5/29/26 at 1555 hours, an interview was conducted with the Administrator and DON. The Administrator stated the facility did not have a system for physicians to sign discontinued orders. On 5/29/26 at 1700 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the above findings.