

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555921	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Rancho Bellagio Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 26940 E Hospital Road Moreno Valley, CA 92555	
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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was informed and allowed to exercise the right to choose and attending physician for four of four residents reviewed for physician choice (Residents 1, 2, 3, and 4). This failure resulted in Residents 1, 2, 3, and 4 not being afforded the opportunity to retain a personal physician or select an attending physician of their choice upon admission. Findings: A review of Resident 1's admission record indicated, Resident 1 was admitted to the facility on [DATE], with diagnosis which included chronic osteomyelitis, left thigh (long term bone infection in the left upper leg) and osteonecrosis, left femur (part of the large bone in the left upper leg had died because it does not get enough blood). Resident 1's History and Physical, dated [DATE], indicated, .Alert, oriented, x3. On [DATE], at 10:20 a.m., an interview was conducted with Resident 1 inside her room. Resident 1 stated that upon admission she was assigned to a facility physician and was not asked whether she wished to retain her own physician or select a physician of her choice. A review of Resident 2's admission records indicated Resident 2 was admitted to the facility on [DATE], with diagnosis which included encounter for orthopedic aftercare (follow-up care with bone and joint specialist) following surgical amputation (part of the limb has been surgically removed). Resident 2's History and Physical dated [DATE], indicated, .Alert, oriented, able to follow commands, good safety awareness . On [DATE], at 2:35 p.m., an interview was conducted with Resident 2. Resident 2 stated her physician was assigned to her by a facility staff, and she did not have a choice which physician would see her. A review of Resident 3's admission records indicated that Resident 3 was admitted to the facility on [DATE], with diagnosis which included fracture of unspecified part of neck of right femur (a break in the upper part of the right thigh bone, close to the hip joint). Resident 3's History and Physical dated [DATE], indicated, .has the capacity to understand and make decisions . On [DATE], at 2:00 p.m., an interview was conducted with Resident 3. Resident 3 stated that she did not have a choice regarding who her attending physician would be and that a physician was assigned to her upon admission by a facility staff. A review of Resident 4's admission records indicated Resident 4 was admitted to the facility on [DATE], with diagnosis which included difficulty in walking and major depressive disorder (a serious form of depression that affects mood, sleep, appetite, energy, and interest in activities). Resident 4's History and Physical, dated [DATE], indicated, .Cognitive status within normal limits .Alert, oriented, x4. On [DATE], at 2:30 p.m., an interview was conducted with Resident 4. Resident 4 stated the facility did not ask her if she wanted to choose her own physician or if she had any preference for an attending physician. On [DATE], at 10:12 a.m., an interview was conducted with the Admissions Marketer (AM). The AM stated that attending physicians were assigned to residents from a panel of approved physicians and assignments were rotated among the physicians on the list. The AM stated residents were not asked whether they had preferred physician or wished to retain their personal physician upon admission. The AM further stated that during his five years working in admissions, residents had always been assigned to a physician upon admission and could request a different physician from the facility's approved physician panel after admission. On [DATE], at 5:05 p.m., an interview was conducted with the Admissions Director (AD). The AD stated she reviewed the admission packet, resident rights, (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555921	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Rancho Bellagio Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 26940 E Hospital Road Moreno Valley, CA 92555	
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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	consents, and facility policies with residents during the admission process. The AD stated the attending physician's name was already listed in the admission packet before admission and residents were admitted with the assigned physician. the AD stated residents were not offered a choice of attending physician upon admission and were not asked whether they wished to retain their personal physician. The AD further stated that if a resident was dissatisfied with the assigned physician after admission, the resident could request a different physician from the facility's approved physician list. On [DATE], at 5:18 p.m., an interview was conducted with the Director of Nursing, (DON). The DON stated that upon admission, residents were already assigned an attending physician and staff informed residents who their assigned physician would be. The DON stated residents were not asked whether they had a preferred physician because the facility assigned physicians from a list of physicians affiliated with the facility. The DON stated that if a resident later requested a different physician, the resident could select another physician from the facility's approved physician list. The DON acknowledged that Residents 1 and the other three residents were not asked whether they preferred a particular physician prior to assignment. The facility's policy titled, Resident Rights, dated February 2021, indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the rights to.choose an attending physician and participate in decision-making regarding his or her care.		