


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER SANTA FE HEIGHTS HEALTHCARE CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N SANTA FE AVE , COMPTON, California, 90222	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for five Facility Reported Incidents. Facility Reported Incident Numbers: 2984997, 2984877, 2984850, 2984200, and 2976448. The inspection was limited to the specific Facility Reported Incidents investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued for Facility Reported Incident: 2984997, refer to F600, and F609. No deficiencies were issued for the Facility Reported Incidents: 2984877, 2984850, 2984200, and 2976448.	F0000		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure residents were free from sexual abuse for one of four sampled residents (Resident	F0600		

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 reverse for further 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 Administrator	(X6) DATE 5/8/2026
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F0600 SS = D	<p>Continued from page 1 2), when Resident 4 and Resident 2 were found in bed unclothed.</p> <p>This deficient practice resulted in Resident 2 being sexually abused by Resident 4 and had the potential for Resident 2 to experience physical harm, emotional trauma, fear, humiliation, and psychological distress.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was originally admitted to the facility on 7/29/2024 and re admitted on 10/6/2025. Resident 2's diagnoses included dementia (a progressive state of decline in mental abilities), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 2's History and Physical (H&P), dated 10/8/2025, the H&P indicated Resident 2 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] -- a resident assessment tool), dated 11/25/2025, the MDS indicated Resident 2's cognition (the ability to think and process information) was moderately impaired. The MDS indicated Resident 2 required moderate (helper does less than half the effort) assistance from staff for activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an interview on 4/15/2026 at 10:15 a.m., at Resident 2's bedside, with Resident 2, Resident 2 stated she did not want to engage in sexual activity and did not consent to sexual contact with Resident 4.</p> <p>b. During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on 1/3/2025 and readmitted on 7/11/2025. Resident 4's diagnoses included dementia, schizoaffective disorder, and major depressive disorder.</p>	F0600		

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F0600 SS = D	<p>Continued from page 2</p> <p>During a review of Resident 4's MDS, dated 7/15/2025, the MDS indicated Resident 4's cognition was moderately impaired. The MDS indicated Resident 4 required moderate (helper does less than half the effort) assistance from staff for ADLs.</p> <p>During an interview on 4/15/2026 at 11:40 p.m., at Resident 4's bedside, with Resident 4, Resident 4 stated he liked women and liked to socialize with women. Resident 4 could not recall whether or not he engaged in sexual activity with Resident 2.</p> <p>During a concurrent interview and record review on 4/15/2026 at 12:00 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 2's progress note, authored by LVN 1, dated 11/16/2025 and timed at 11:02 a.m., was reviewed. The progress note indicated Resident 2 was observed unclothed in her bed with Resident 4. LVN 1 stated she observed both residents unclothed in Resident 2's bed. LVN 1 stated at the time of the incident, both residents verbally consented to sexual activity. LVN 1 stated she was not aware if an assessment was performed to determine either resident's capacity to consent to sexual activity.</p> <p>During an interview on 4/15/2026 at 12:30 p.m., with the Director of Nursing (DON), the DON stated the incident involving Resident 2 and Resident 4 was considered sexual abuse. The DON stated it was not the facility's practice to allow residents to engage in sexual activity without appropriate assessment. The DON stated that, if residents expressed a desire to engage in sexual activity, the facility was required to assess the residents' capacity to consent and, if appropriate, provide privacy. The DON stated the facility failed to ensure Resident 2 was protected from sexual abuse.</p> <p>During a review of the facility's policy and procedure (P&P) titled "Abuse, Neglect, Exploitation and Misappropriation Prevention Program", revised 4/2024, the P&P indicated all residents have the right to be free from any form of abuse including sexual abuse. The P&P indicated the facility was committed to ensuring that residents were protected from sexual abuse.</p>	F0600		

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F0609 SS = D	<p>Reporting of Alleged Violations</p> <p>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to report a sexual abuse allegation to the State Agency (California Department of Public Health [CDPH]), the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), and local law enforcement for two of four sampled residents (Residents 2 and 4), after Resident 4 was observed unclothed in Resident 2's bed, who was also unclothed.</p> <p>This deficient practice resulted in a delay of an onsite investigation by CDPH and had the potential to place all residents at risk for abuse.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2</p>	F0609		

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F0609 SS = D	<p>Continued from page 4</p> <p>was originally admitted to the facility on 7/29/2024 and re admitted on 10/6/2025. Resident 2's diagnoses included dementia (a progressive state of decline in mental abilities), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 2's History and Physical (H&P), dated 10/8/2025, the H&P indicated Resident 2 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] – a resident assessment tool), dated 11/25/2025, the MDS indicated Resident 2's cognition (the ability to think and process information) was moderately impaired. The MDS indicated Resident 2 required moderate (helper does less than half the effort) assistance from staff for activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an interview on 4/15/2026 at 10:15 a.m., at Resident 2's bedside, with Resident 2, Resident 2 stated she did not consent to sexual contact with Resident 4.</p> <p>b. During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on 1/3/2025 and readmitted on 7/11/2025. Resident 4's diagnoses included dementia, schizoaffective disorder, and major depressive disorder.</p> <p>During a review of Resident 4's MDS, dated 7/15/2025, the MDS indicated Resident 4's cognition was moderately impaired. The MDS indicated Resident 4 required moderate (helper does less than half the effort) assistance from staff for ADLs.</p> <p>During an interview on 4/15/2026 at 11:40 p.m., with Resident 4, Resident 4 stated he did not recall engaging in sexual activity with any residents.</p> <p>During a concurrent interview and record review on</p>	F0609		

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F0609 SS = D	<p>Continued from page 5 4/15/2026 at 12:00 p.m., with Licensed Vocational Nurse (LVN) 1, Resident 2's progress note, authored by LVN 1, dated 11/16/2025 and timed at 11:02 a.m., was reviewed. The progress note indicated on 11/16/2025, Resident 2 and Resident 4 were observed unclothed in Resident 2's bed. LVN 1 stated she observed Residents 2 and 4 unclothed in Resident 2's bed. LVN 1 stated such an incident was considered sexual abuse. LVN 1 stated the incident should have been reported immediately to the abuse coordinator and the appropriate state and federal agencies, including CDPH. LVN 1 stated she did not report the incident.</p> <p>During an interview on 4/15/2026 at 12:55 p.m., with the Administrator (ADM), the ADM stated she was the abuse coordinator and was responsible for reporting all abuse allegations to the CDPH, law enforcement, and Ombudsman. The ADM stated the staff had the ability to report to the three reporting agencies. The ADM stated staff were responsible for notifying her immediately of sexual abuse allegations so the allegation could be reported and investigated. The ADM stated immediate reporting was necessary to ensure a thorough investigation was conducted by both the facility and CDPH.</p> <p>During a review of the facility's policy and procedure (P&P) titled "Abuse Reporting and Investigation", dated 5/2025, the P&P indicated all facility staff are required to report all allegations of abuse to the appropriate agencies within two (2) hours of becoming aware of the abuse. The P&P indicated that all staff were considered a mandated reporter and were responsible to notify appropriated authorities within 2 hours and to notify the facility Abuse Prevention Coordinator (APC) and their supervisor immediately.</p>	F0609		