


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2023
NAME OF PROVIDER OR SUPPLIER ST EDNA SUBACUTE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1929 N. FAIRVIEW STREET SANTA ANA, CA 92706		
(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
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT No. CA00836059. Inspection was limited to the specific complaint investigated and did not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor 36872, HFEN. FOR COMPLAINT No. CA00836059: THE DEPARTMENT WAS ABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F580 FOR RESIDENT 1. GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITION:	F 000	This Plan of Correction constitutes the Facility's credible allegation of compliance. St. Edna Subacute and Rehab., hereinafter referred to as STESR, makes its best effort to operate in full compliance with both Federal and State laws. Nothing, included in this Plan of Correction is an admission otherwise. STESR has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein.		5
F 580 SS=D	DON - Director of Nursing P&P - policy and procedure Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial	F 580	Please note that STESR may contest the merits and/or form of any of the deficiency findings alleged below.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

DON

(X6) DATE

5/17/2023

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. 5/18/23 at 1055 hours, spoke to DON, POC accepted by HFEN 36872.

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F 580	Continued From page 1 status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview, medical record review, and	F 580	Corrective Action for Residents Identified to have been affected by this deficiency: Resident 1 was identified to have been affected by this deficiency No immediate corrective action can be taken as Resident 1 was discharged from the facility on 4/9/2023. Identification of other Residents having the potential to be affected by this deficiency: On 5/1/2023, a facility LVN reviewed all 23 falls in the previous 60 days for timely documented notification to Resident's Responsible party representative of the fall incident. There were no additional deficient findings.		

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FORM CMS-2567(02-09) Previous Versions Obsolete

Event ID: WAQC11

Facility ID: CA060000145

If continuation sheet Page 3 of 4

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F 580	Continued From page 3 concurrent closed medical record review was conducted with the DON. The DON stated it was important to notify the resident's family if there was a change in condition. The DON acknowledged the family was not informed.	F 580	The DON and/or his or her designee will review and audit all Resident's fall incident reports within 24 hours to ensure timely notification and documentation of notification to the Resident's responsible party/representative of the fall incident and document findings on the Quality Improvement Audit Tool x 2 months. The documented results will be forwarded to the QA&A Committee monthly x 2 month for further review and action planning as indicated or until QA&A Committee determines compliance	5/12/23	