

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055984	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2020
NAME OF PROVIDER OF SUPPLIER ANAHEIM HEALTHCARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 501 SOUTH BEACH BLVD. ANAHEIM, CA 92804	
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 0584 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview, the facility failed to provide a clean, sanitary, homelike environment for the residents. The facility failed to ensure the hallway outside Rooms A and B did not smell of urine. This failure had the potential to negatively impact the residents' well-being. Findings: Review of a complaint dated 1/13/2020, showed the facility had a bad smell of urine and feces in the hallways throughout the facility. On 2/5/2020 at 0745 hours, during a tour of the facility, a strong smell of urine was observed at the hallway outside Rooms A and B. On 2/5/2020 at 1015 hours, a tour of the facility was conducted with the Maintenance Director. A strong smell of urine was observed at the hallway outside Rooms A and B. There were three laundry hampers observed at the hallway. The Maintenance Director acknowledged the strong smell of urine and stated the laundry hampers should not be there.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.