Printed: 07/02/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055585	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER  Capistrano Beach Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35410 Del Rey Dana Point, CA 92624	
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 0568  Level of Harm - Potential for minimal harm  Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44175  Based on observation, interview, medical record review, facility document review, and facility P&P review, the facility failed to provide the quarterly trust fund statements to one of two residents reviewed for personal funds (Resident 5). This failure had the potential for loss and misuse of Resident 5's personal funds.  Findings:  Review of the facility's P&P titled Management of Residents' Personal Funds revised 3/2021 showed should the facility be appointed the resident's representative payee, and directly receive monthly benefits to which the resident is entitled, such funds are managed in accordance with established policies and federal/state requirements.  On 1/2/25 at 0833 hours, an interview was conducted with Resident 5. Resident 5 stated she did not remember receiving her quarterly trust fund statement from the BOM. Resident 5 stated she had not received any statements from the facility or the BOM in years. Resident 5 stated she probably received her statement when she got admitted in the facility and started her trust account.  Medical record review for Resident 5 was initiated on 1/2/25. The Resident 5 was admitted to the facility on [DATE].  Review of Resident 5's H&P examination dated 9/11/24, showed Resident 5 had the capacity to make medical decisions.  Review of Resident 5's Trust Statement for September 2024 showed the amount of money debited and credited from Resident 5's money with a closing balance.  On 1/2/25 at 0904 hours, a telephone interview and concurrent facility document review was conducted with the Account Receivable Consultant stated she worked offsite and managed the resident's trust account. The Account Receivable Consultant stated the quarterly statement for Resident 5 was printed on 10/3/124; however, she was not able to verify if it was handed to the resident.		
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 055585

If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building	(X3) DATE SURVEY COMPLETED
	055585	B. Wing	01/16/2025
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F 0568  Level of Harm - Potential for minimal harm  Residents Affected - Some	On 1/2/25 at 0935 hours, a telephohad a trust fund (funds that belong personal funds) handled by the fact statements for Resident 5's trust fure in November 2024. The BOM state November 2024; however, she did Resident 5 was provided with the quarter that received the November 2024; however, she did Resident 5 was provided with the quarter that received the November 2024; however, she did Resident 5 was provided with the quarter that received the November 2024; however, she did Resident for the Resident in November 2024; however, she did Resident for hove the quarterly statement in November 4 however the quarterly statement in November 5. This failure had funds (Resident 5). This failure had funds (Resident 5). This failure had received the resident the resident the resident the resident for the facility be appointed the resident requirements.  On 1/2/25 at 0833 hours, an interviremember receiving her quarterly to receive any statements from the form th	ne interview was conducted with the B to the resident, such as social security lility. The BOM stated she was respons nd. The BOM stated Resident 5's last of she personally handed the copies of not keep the copy of the statement propagate unarterly statement. The BOM verified to mber 2024 quarterly statement.  We and a concurrent facility's documer as unable to show documented evidencer 2024. The Administrator acknowledge redical record review, facility document terly trust fund statements to one of two the potential for loss and misuse of Refust fund statement from the BOM. Resident 5 representative payee, and directly are managed in accordance with establication of the BOM in years. Resident 5 resust fund statement from the BOM. Residentity or the BOM in years. Resident 5 to admitted in the facility and started he satisfied on 1/2/25. The Residential DATE, showed Resident 5 was cogniment for September 2024 showed the satisfied on Septembe	OM. The BOM verified Resident 5 checks, pension checks or ible for providing the quarterly quarterly trust fund statement was the statement to Resident 5 on ovided and did not document when here was no documented evidence at review was conducted with the ce if Resident 5 was provided with god the above findings.  The review, and facility P&P review, or residents reviewed for personal resident 5's personal funds.  The review of the r
	1	4; however, she was not able to verify i	. ,

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F 0568  Level of Harm - Potential for minimal harm  Residents Affected - Some	On 1/2/25 at 0935 hours, a telepho had a trust fund (funds that belong personal funds) handled by the fac statements for Resident 5's trust fu in November 2024. The BOM state November 2024; however, she did Resident 5 was provided with the quality the resident had received the November 1/3/25 at 1102 hours, an interviolation.	one interview was conducted with the B to the resident, such as social security ility. The BOM stated she was respons nd. The BOM stated Resident 5's last or described the copies of not keep the copy of the statement propuraterly statement. The BOM verified to	OM. The BOM verified Resident 5 checks, pension checks or ible for providing the quarterly quarterly trust fund statement was the statement to Resident 5 on wided and did not document when here was no documented evidence at review was conducted with the ce if Resident 5 was provided with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CDS6865  (X2) MULTIPLE CONSTRUCTION A. Building B. Wing  STREET ADDRESS, CITY, STATE, ZIP CODE 35410 Del Rey Dana Point, CA 92624  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)  Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 51362  Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to develop and/or implement their P&P for ensuring the reporting of a reasonable suspicion of a crim in accordance with section 1150 of the Act when the facility failed to report an abuse allegation in a timely manner for one of two residents sampled for abuse (Residents).  * The facility failed to ensure an allegation of physical abuse was reported timely when Resident 1 stated the pillows were put on her face by Resident 2. This failure had the potential for the abuse allegation going unreported and uninvestigated.  Findings:  Review of the facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation revised 9/2022 showed all the allegations of abuse (including injuries of unknown original properties of the facility in the resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to othe officials according to state law.  2. The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:  a. The state licensing agency responsible for surveying/licensing the facility;  b. The resident's attending onlysician; and				NO. 0930-0391
Capistrano Beach Care Center  35410 Del Rey Dana Point, CA 92624  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 0609  Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 51352  Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to develop and/or implement their P&P for ensuring the reporting of a reasonable suspicion of a crim in a coordance with section 11508 of the Act when the facility failed to report an abuse allegation in a timely manner for one of two residents sampled for abuse (Resident1).  *The facility failed to ensure an allegation of physical abuse was reported timely when Resident 1 stated the pillows were put on her face by Resident 2. This failure had the potential for the abuse allegation going unreported and uninvestigated.  Findings:  Review of the facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation revised 9/2022 showed all the allegations of abuse (including injuries of unknown origin, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and feeding agencies (as required by current regulations) and thoroughly investigated register manners are documented and reported. The section for Reporting Allegations to the Administrator and Authorities showed the following:  1. For the resident abuse, neglect, exploitation, misappropriation of the resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to othe officials according to state law.  2. The Administrator or the Individual making the allegation immediately rep		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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Fo609	For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
authorities.  **NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51352  Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to develop and/or implement their P&P for ensuring the reporting of a reasonable suspicion of a crim in accordance with section 1150B of the Act when the facility failed to report an abuse allegation in a timely manner for one of two residents sampled for abuse (Resident1).  * The facility failed to ensure an allegation of physical abuse was reported timely when Resident 1 stated the pillows were put on her face by Resident 2. This failure had the potential for the abuse allegation going unreported and uninvestigated.  Findings:  Review of the facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation revised 9/2022 showed all the allegations of abuse (including injuries of unknown origin, neglect, exploitation, or thet/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. The findings of all the investigations are documented and reported. The section for Reporting Allegations to the Administrator and Authorities showed the following:  1. For the resident abuse, neglect, exploitation, misappropriation of the resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to othe officials according to state law.  2. The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:  a. The state licensing agency responsible for surveying/licensing the facility;  b. The local/state ombudsman;  c. The resident's representative;  d. Adult protective services  e. Law enforcement officials;	(X4) ID PREFIX TAG			ion)
g. The facility medical director.  3. Immediately is defined as:  a. within two hours of an allegation involving abuse or result in serious bodily injury; or  (continued on next page)	Level of Harm - Minimal harm or potential for actual harm	Timely report suspected abuse, ne authorities.  **NOTE- TERMS IN BRACKETS I-Based on interview, medical record failed to develop and/or implement in accordance with section 1150B of manner for one of two residents sates at the facility failed to ensure an allepillows were put on her face by Resunreported and uninvestigated.  Findings:  Review of the facility's P&P titled A Investigation revised 9/2022 showed neglect, exploitation, or theft/misap agencies (as required by current refindings of all the investigations are Administrator and Authorities show 1. For the resident abuse, neglect, unknown source is suspected, the officials according to state law.  2. The Administrator or the individual following persons or agencies:  a. The state licensing agency responses.  b. The local/state ombudsman;  c. The resident's representative;  d. Adult protective services  e. Law enforcement officials;  f. The resident's attending physicials.  g. The facility medical director.  3. Immediately is defined as:  a. within two hours of an allegation.	glect, or theft and report the results of IAVE BEEN EDITED TO PROTECT Coloreview, facility document review, and their P&P for ensuring the reporting of of the Act when the facility failed to reported for abuse (Resident1).  Begation of physical abuse was reported sident 2. This failure had the potential sident 2. This failure had the potential sident 2. This failure had the potential sident all the allegations of abuse (includin propriation of resident property are regulations) and thoroughly investigated a documented and reported. The sectice the following:  Exploitation, misappropriation of the resuspicion must be reported immediated and making the allegation immediately repossible for surveying/licensing the facility, and	the investigation to proper  ONFIDENTIALITY** 51352  facility P&P review, the facility of a reasonable suspicion of a crime ort an abuse allegation in a timely of timely when Resident 1 stated the for the abuse allegation going  opriation - Reporting and g injuries of unknown origin, ported to local, state, and federal by facility management. The on for Reporting Allegations to the resident property or injury of ly to the administrator and to other eports his or her suspicion to the lity;

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NAME OF DROVIDED OR SURRUER		STREET ADDRESS, CITY, STATE, ZI	P CODE
NAME OF PROVIDER OR SUPPLIER  Capistrano Beach Care Center		35410 Del Rey	PCODE
Capistratio Beach Care Center		Dana Point, CA 92624	
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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 0609	b. within 24 hours of an allegation t	that does not involve abuse or result in	serious bodily injury.
Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of the facility Letter to CDPH, L&C dated 12/20/24, showed a facility notification to the CDPH, L&C for an allegation of abuse involving Residents 1 and 2 which occurred on 12/13/24. The letter further showed LVN 1 heard someone calling for help and immediately went to Room A and saw Resident 1 with two pillows on her face. LVN removed the pillows from Resident 1's face. When asked who put the pillows on her face, Resident 1 stated the pillows were put on her face by Resident 2 and Resident 2 told her to be quiet.		
	a. Medical record review for Reside [DATE] and readmitted on [DATE].	ent 1 was initiated on 12/27/24. Reside	nt 1 was admitted to the facility on
	Review of Resident 1's H&P examination dated 9/16/24, showed Resident 1 had the capacity to make and understand decisions.		
	b. Medical record review for Resident 2 was initiated on 12/27/24. Resident 2 was admitted to the facility on [DATE].  Review of Resident 2's H&P examination dated 7/17/24, showed Resident 2 had the capacity to make and understand decisions.  Review of the facility's investigative summary dated 12/17/24, showed the alleged abuse involving Resident 1 and 2 took place on 12/13/24 at approximately 1900 hours. RN 1 contacted the Administrator on 12/13/24 at 1930 hours, regarding the allegations of abuse reported by Resident 1. The summary of the investigation further showed the law enforcement agency and ombudsman office were notified. However, the investigation summary failed to show documented evidence the facility had contacted the CDPH, L&C Program on 12/13/24, regarding the abuse allegations.  On 1/2/25 at 1151 hours, an interview was conducted with RN 1. RN 1 verified she contacted the Administrator, law enforcement agency, and ombudsman office on 12/13/24, to report the abuse allegations made by Resident 1. RN 1 verified she did not contact the CDPH, L&C Program regarding the alleged abuse. RN 1 acknowledged the facility should have contacted the CDPH, L&C Program of any abuse allegation.		
	with RN 2. RN 2 verified Resident Administrator, law enforcement age allegation made by Resident 1. How	ew and concurrent medical record revi- 1's Progress Note dated 12/13/24, show ency, Resident 1's physician, and ombu- wever, Resident 1's medical record show &C Program on 12/13/24, regarding the e findings.	wed the facility contacted the udsman office regarding the abuse owed no documented evidence the
	was no documentation the facility h	ew was conducted with the Administrated and contacted the CDPH, L&C Program The Administrator verified the facility has se on 12/20/24, seven days later.	regarding the abuse allegation
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION	055585	A. Building B. Wing	01/16/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Capistrano Beach Care Center		35410 Del Rey Dana Point, CA 92624		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
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F 0609  Level of Harm - Minimal harm or potential for actual harm	Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to develop and/or implement their P&P for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act when the facility failed to report an abuse allegation in a timely manner for one of two residents sampled for abuse (Resident1).			
Residents Affected - Few	* The facility failed to ensure an allegation of physical abuse was reported timely when Resident 1 stated the pillows were put on her face by Resident 2. This failure had the potential for the abuse allegation going unreported and uninvestigated.			
	Findings:			
	Review of the facility's P&P titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation revised 9/2022 showed all the allegations of abuse (including injuries of unknown origin, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. The findings of all the investigations are documented and reported. The section for Reporting Allegations to the Administrator and Authorities showed the following:			
	For the resident abuse, neglect, exploitation, misappropriation of the resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.			
	The Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:			
	a. The state licensing agency responsible for surveying/licensing the facility;			
	b. The local/state ombudsman;			
	c. The resident's representative;			
	d. Adult protective services			
	e. Law enforcement officials;  f. The resident's attending physician; and			
	g. The facility medical director.			
	3. Immediately is defined as:			
	a. within two hours of an allegation	involving abuse or result in serious boo	dily injury; or	
	b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.			
	(continued on next page)			
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F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	an allegation ofabuse involving Res LVN 1 heard someone calling for hon her face. LVN removed the pillo Resident 1 stated the pillows were  a. Medical record review for Reside [DATE] and readmitted on [DATE].  Review of Resident 1's H&P exami understand decisions.  b. Medical record review for Reside [DATE].  Review of Resident 2's H&P exami understand decisions.  Review of Resident 2's H&P exami understand decisions.  Review of the facility's investigative 1 and 2 took place on 12/13/24 at a at 1930 hours, regarding the allega further showed the law enforcemer summary failed to show documente 12/13/24, regarding the abuse alleg On 1/2/25 at 1151 hours, an intervi Administrator, law enforcement age made by Resident 1. RN 1 verified abuse. RN 1 acknowledged the fac allegation.  On 1/3/25 at 0920 hours, an intervi with RN 2. RN 2 verified Resident 1. Hor facility had contacted the CDPH, La Resident 1. RN 2 verified the above On 1/3/25 at 1102 hours, an intervi was no documentation the facility h	ew was conducted with RN 1. RN 1 verency, and ombudsman office on 12/13/she did not contact the CDPH, L&C Prillity should have contacted the CDPH, ew and concurrent medical record revious Progress Note dated 12/13/24, shown ency, Resident 1's physician, and ombusever, Resident 1's medical record shown errors are not 12/13/24, regarding the findings.  ew was conducted with the Administratical contacted the CDPH, L&C Program The Administrator verified the facility has	13/24. The letter further showed and saw Resident 1 with two pillows d who put the pillows on her face, sident 2 told her to be quiet.  Int 1 was admitted to the facility on the 1 had the capacity to make and the 2 was admitted to the facility on the 2 was admitted to the facility on the 2 had the capacity to make and the 2 had the 3 had the 2 had the 3