

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Care Center of Fairfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1260 Travis Blvd Fairfield, CA 94533	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37797</p> <p>Based on interview and record review, the facility failed to develop and implement a care plan with interventions to support one of three residents (Resident 1) with pneumonia (an infection of the lungs that causes shortness of breath and respiratory distress) after Resident 1 had a change in condition indicating the onset of pneumonia. This failure placed Resident 1 at risk of respiratory discomfort and exacerbation of pneumonia.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated he was admitted to the facility on [DATE] with diagnoses of heart failure (inability of the heart to pump enough blood through the body) and pressure ulcers (injuries to the skin and tissue below the skin due to prolonged pressure on the skin).</p> <p>A review of Resident 1 ' s clinical record indicated he had a change in condition on 6/1/24 when he experienced respiratory distress.</p> <p>A review of document titled SBAR Communication Form dated 6/1/24, at 9:34 p.m., indicated the following: SITUATION .The change in condition, symptoms, or signs observed and evaluated are: Shortness of Breath. This started on 6/1/24. Things that make the condition or symptom better are: head of bed elevated, position changing, and [supplemental] oxygen at 2L [liters per minute]. Resident 1 ' s SBAR Communication Form further indicated Resident 1 ' s Nurse Practitioner (NP) was informed of the change of condition and ordered a chest x-ray for Resident 1.</p> <p>A review of Resident 1 ' s record indicated a chest x-ray was completed for Resident 1 on the date of the change in condition. A review of record titled RADIOLOGY REPORT for Resident 1, dated 6/1/24, indicated: XRAY CHEST 1 VIEW . There is mild airspace disease [when the space in the lungs that should be filled with air are filled with fluids or other materials - indicative of pneumonia] in the right lower lung.</p> <p>A review of Resident 1 ' s physician orders indicated an order dated 6/2/24 for Amoxicillin (an antibiotic medication) 500 milligrams two times a day for pneumonia.</p> <p>(continued on next page)</p>

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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s progress note dated 6/5/24, at 3:52 p.m., indicated on 6/5/24, in the morning, Resident 1 had respiratory distress and was lethargic (decrease in consciousness). The progress note indicated Resident 1 was taken to the hospital for treatment and evaluation. Resident 1 did not return to the facility.</p> <p>During an interview and record review on 7/2/24, at 1:45 p.m., Resident 1 ' s NP stated Resident 1 ' s chest x-ray, dated 6/1/24, indicated Resident 1 had infiltrate (fluid, blood, dead cells, or other foreign materials in the lung) on his right lower lung while his left lung was clear. The NP stated the presence of fluids or foreign materials in the right lower lobe was an indication of aspiration pneumonia (pneumonia that is caused when food and fluids accidentally enter the lungs via the respiratory tract causing inflammation and degrading the lung ' s ability to function). The NP stated Resident 1 was at risk for food and fluid aspiration. The NP stated she ordered antibiotics for Resident 1 and an evaluation by the facility ' s speech language therapist for aspiration.</p> <p>During an interview and record review on 7/2/24, at 3:45 p.m., the Director of Nursing (DON) confirmed that Resident 1 had a change in condition on 6/1/24 when he experienced shortness of breath. The DON stated the following interventions were appropriate for Resident 1 because of his change in condition: administering supplemental oxygen at a rate two liters per minute, keeping the head of his bed elevated to facilitate lung expansion and breathing, and encouraging coughing and deep breathing to clear his lungs. The DON stated Resident 1 ate all his meals in bed, so it was also important to ensure the head of his bed was kept high during and after meals to prevent aspiration of food and fluids, and monitor the resident for choking during and after meals. The DON was asked if the facility created a care plan (a document indicating the care and services to be provided to the resident) for Resident 1 with these interventions for nursing staff to implement. A concurrent review of Resident 1 ' s care plan indicated a care plan to monitor Resident 1 for side effects of antibiotics for pneumonia but no care plan to support Resident 1 during the onset of pneumonia which included the above interventions.</p> <p>A review of Resident 1 ' s Medication Administration Record (MAR) and Treatment Administration Record (TAR) for June 2024 indicated no evidence the above-mentioned pneumonia prevention and management interventions were consistently for Resident 1 after his change in condition on 6/1/24 and before his transfer to the hospital on 6/5/24.</p> <p>A review of facility policy and procedure titled Pneumonia, Bronchitis and Lower Respiratory Infections, Revised 12/2014, indicated: The physician will order, and the licensed nurse will provide, interventions to support the individual with pneumonia (for example, administer oxygen to treat hypoxia, encourage coughing and deep breathing . etc).</p> <p>A review of facility policy and procedure titled The Resident Care Plan (Multidisciplinary), Revised 12/2014, indicated The facility strives to develop an individualized plan of care for each resident utilizing the information gathered during each evaluation . The Multidisciplinary Team reviews each plan of care at least quarterly and updates the individual care plans as necessary.</p>		