

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Orange Healthcare & Wellness Centre, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 920 West LA Veta Street Orange, CA 92868	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49324</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the visual privacy was provided for one of two non-sampled Residents (Resident 6) during care. This failure posed the risk of negatively affecting the resident's dignity.</p> <p>Findings:</p> <p>Review of the facility's P&P title Resident Rights revised 1/1/12, showed the employees are to treat all residents with kindness, respect and dignity and honor the exercise of resident's rights. State and federal laws guarantee certain basic rights to all residents of the Facility. These rights include, but are not limited to, a resident's right to: Privacy and confidentiality.</p> <p>Medical record review was initiated on 6/11/24. Resident 6 was initially admitted to the facility on [DATE] and readmitted [DATE].</p> <p>Review of Resident 6's MDS dated [DATE], showed Resident 6 had a BIMS Summary Score of 15, indicating cognitively intact.</p> <p>On 6/11/24 at 1108 hours, an observation was conducted along the hallway a few feet away from Resident 6's room. Resident 6's door was observed halfway open, and there was no curtain pulled for privacy. CNA 6 was observed pulling Resident 6's diaper up. Resident 6 was standing, and his left buttock was exposed.</p> <p>On 6/11/24 at 1124 hours, an interview was conducted with Infection Preventionist. The Infection Preventionist acknowledged and verified CNA 6 should have pulled the curtain to provide privacy for Resident 6.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49324</p> <p>Based on observation, interview, facility document review, and facility P&P review, the facility failed to ensure the infection control practices were maintained.</p> <p>* The staff failed to perform hand hygiene during care for one of seven sampled residents (Resident 6) and one of two nonsampled residents (Resident 9).</p> <p>* The facility failed to label the basin found on top of a common dresser table found in room [ROOM NUMBER].</p> <p>These failures had the potential to result in the spread of infection to the residents.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Hand Hygiene Policy revised 9/1/20, showed the facility considers hand hygiene as the primary means to prevent the spread of infections. Hand hygiene means cleaning your hands by handwashing (washing hands with soap and water), antiseptic hand wash or antiseptic hand rub (i.e. alcohol based hand rub including foam or gel. Facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, volunteers and visitors. Facility staff, healthcare personnel, residents, visitors and volunteers must perform hand hygiene to prevent transmission of healthcare associated infections. The following situations require appropriate hand hygiene: before and after food preparation, before and after assisting a resident with dining if direct contact with food is anticipated or occurs, after contact with blood, other body fluids, secretions, excretions, mucous membranes, non-intact skin, wound drainage, and soiled dressing.</p> <p>Review of facility's P&P titled Infection Control revised 1/1/12 showed the facility's infection control P&Ps are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of disease and infections. The facility's infection control policies and procedures apply equally to all Facility Staff, consultants, contractors, residents, visitors, volunteer workers and the general public alike regardless of race, color, creed, national origin, religion, age, sex, handicap, marital or veteran status or payor source. Infection control objectives are to prevent, detect, investigate, and control infections in the Facility. Maintain a safe, sanitary, and comfortable environment from personnel, residents, visitors, and the general public. establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard Precautions.</p> <p>1.a. On 6/11/24 at 0752 hours, an observation and concurrent interview was conducted with CNA 4. CNA 4 was assisting Resident 9 with her breakfast meal tray. CNA 4 did not perform hand hygiene when she left Resident 9's room. CNA 4 proceeded to get a clean towel from a mobile clean towel shelf, then entered Resident 9's room without performing hand hygiene. CNA 4 stated she did not need to perform hand hygiene because she did not touch Resident 9. CNA 4 was asked if she touched the breakfast food tray of Resident 9 and if she assisted her in preparing her meals. CNA 4 stated she did.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. On 6/11/24 at 1108 hours, CNA 6 was observed assisting Resident 6 in pulling up his diaper. After assisting Resident 6, CNA 6 did not perform hand hygiene. CNA 6 proceeded to walk to the soiled linen bin without performing hand hygiene and moved the mobile soiled linen bin along the hallway near laundry.</p> <p>On 6/11/24 at 1120 hours, an interview was conducted with Infection Preventionist. The Infection Preventionist acknowledged CNA 4 should have performed hand hygiene after assisting Resident 9 with her breakfast meal tray, before leaving the room and getting a clean towel from the mobile clean towel shelf. The Infection Preventionist also stated CNA 6 should have performed hand hygiene after assisting Resident 6.</p> <p>2. On 6/11/24 at 0801 hours, an observation was conducted in room [ROOM NUMBER]. An unlabeled basin was observed placed on top of a common table dresser. The unlabeled basin contained an opened box of tissue and kidney basin.</p> <p>On 6/11/24 at 1108 hours, follow up observation was conducted in room [ROOM NUMBER]. The unlabeled basin containing an opened tissue box, towel and kidney basin was still observed placed on top of the common dresser table.</p> <p>On 6/11/24 at 1120 hours, an interview was conducted with Infection Preventionist. The Infection Preventionist acknowledged and verified the basin contained an open tissue box, kidney basin and towel should have been labeled to avoid transmission of infection.</p>		