

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 07/03/2024
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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49780</p> <p>Based on interview, medical record review, and the facility's P & P, the facility failed to ensure the comprehensive care plan for one of four sampled residents (Resident 3) was revised to reflect the current resident assessments.</p> <p>These failures placed the residents at risk for the specific care issues not being addressed for medical and physical needs.</p> <p>Findings:</p> <p>Review of the facility's P & P titled Change of Condition Notification- Policy No. NP - 23 revised 4/1/2015 showed the licensed nurse will assess the change of condition and determine what nursing interventions are appropriate. The licensed nurse will also document and update the care plan to reflect the resident's current status.</p> <p>Review of the facility's P & P titled Fall Management Program - Policy No. FA - 01 revised on 3/13/2021 showed following every resident fall, the licensed nurse will perform a post-fall evaluation and update, initiate or revise the resident's care plan as necessary.</p> <p>Medical record review for Resident 3 was initiated on 7/2/2024. Resident 3 was readmitted to the facility on [DATE] with several diagnoses including dementia, Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus (DM), abnormal of gait and mobility, Chronic congestive heart failure.</p> <p>Review of Resident 3's Minimum Data Set (MDS) -section C dated on 3/21/24 showed Resident 3 has a BIMS score of 8 which indicated moderate cognitive impairment.</p> <p>Review of Resident 3's Change of condition (COC) showed Resident 3 had an unwitnessed fall on 5/26/24 with discoloration to right side of head and complaint of pain.</p> <p>Review of Resident 3's Interdisciplinary Team (IDT) meeting dated 5/28/24 showed the IDT recommended to continue with neuro-checks per protocol, pain management as needed, to position resident's bedside table on the opposite side to minimize tripping hazards and adding every two hours toileting schedule.</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
---	-------	-----------

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 07/03/2024
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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 3's care plan revised on 5/28/24 showed a focus problem of fall incident on 5/26/24, and there was no revision of the goal and the interventions which were recommended from the IDT meeting.</p> <p>On 7/2/24 at 1423 hours, an observation and concurrent interview with Resident 3 was conducted in her room. Resident 3 was observed sitting on the wheelchair. Resident stated she could not speak English. CNA 1 helped translate to English. Resident 3 was alert and oriented x two to three. Asked about the fall, Resident 3 stated she had a fall recently, but did not remember exactly what date. She also stated she tried to go to the restroom, but she fell . She went back to bed by herself, and it was around 2 or 3 AM.</p> <p>On 7/2/24 at 1137 hours, an interview and concurrent medical record review with the DON was conducted. The DON stated when resident has an unwitnessed fall, the nurses need to initiate 72 hours neuro-check, a care plan, do a pain assessment, fall risk assessment, post fall assessment, notify dr. and family and do an IDT meeting. The DON verified there was a care plan with a focus problem of fall incident revised on 5/28/24, but the goal and interventions were not updated for the fall. The DON also states the nurses supposed to update the care plan for the fall, but they did not do it.</p>

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 07/03/2024
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49780</p> <p>Based on interview and medical record review, the facility failed to ensure the medical records for two of four sampled residents (Resident 1 and Resident 3) were accurate.</p> <p>* Resident 1's Elopement evaluation was inaccurate</p> <p>* Resident 3's Fall risk evaluation was inaccurate</p> <p>These failures had the potential for the incidents to be reoccurred.</p> <p>Findings:</p> <p>1. Review of the facility's P & P titled Wandering & Elopement revised 7/2017 showed the resident's risk for elopement and preventative interventions will be documented in the resident's medical record, and will be reviewed and re-evaluated upon admission, readmission, quarterly, and upon change in condition.</p> <p>Medical record review for Resident 1 was initiated on 7/2/2024. Resident 1 was readmitted to the facility on [DATE] with several diagnoses including abrasion of other part of head, Atrial fibrillation, toxic effect of unspecified alcohol, nicotine dependence, alcohol abuse with intoxication and dehydration.</p> <p>On 7/3/24 at 0950 hours, an interview with LVN 1 was conducted. Asked about Resident 1, LVN 1 stated he did not know exactly what time Resident 1 left the facility, but it was around noon time, the resident ate breakfast but not lunch. He always walked around, he was able to walk out to his car in the parking lot because his car always parked in the parking lot. He usually walked in and out of the building all the time. LVN 1 also stated Resident 1 had a history of elopement before and he left the facility many times before without telling anyone.</p> <p>On 7/3/24 at 1500 hours, an interview and concurrent medical record review with the DON was conducted. The DON verified Resident 1's Elopement evaluations below:</p> <ul style="list-style-type: none"> - 7/9/23: score of 6 - at risk of elopement. - 12/12/23: score of 1 - at risk of elopement - 1/22/23: score of 2 - at risk of elopement - 4/28/24: score of 1 - at risk of elopement - 6/17/24: score of 0 - no risk of elopement <p>(continued on next page)</p>		

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 07/03/2024
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident's 1 Elopement evaluations dated 7/9/23, 12/12/23, 1/22/23, 4/28/23 showed resident had a history of elopement, while the Resident 1's Elopement evaluation on 6/17/24 indicated no history of elopement. Asked about the Elopement evaluation on 6/17/24 upon admission and the answer No to history of Elopement, the DON verified it was incorrect. The DON stated the resident did have an elopement in the past when he was at the facility. The DON also stated the nurse should have checked the medical record before answer the question.</p> <p>2. Review of the facility's P & P titled Fall Management Program - Policy No. FA - 01 revised on 3/13/2021 showed a licensed nurse will conduct a new fall risk evaluation quarterly, annually, upon identification of a significant change of condition, post fall and as needed.</p> <p>Medical record review for Resident 3 was initiated on 7/2/2024. Resident 3 was admitted to the facility on [DATE], and Resident 3 had an unwitnessed fall on 5/28/24.</p> <p>Review of Resident 3's medical history dated 6/25/24 by Dr. Farukhi, [NAME] showed resident has had several diagnoses including Chronic Congestive Heart Failure, Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Diabetes Mellitus (DM), Atrial Fibrillation, Pain, Dementia, other abnormalities of gait and mobility. It also stated: Resident has also fall risk as she had major fall in May 2024 resulting in facial bruising and arm laceration.</p> <p>On 7/3/24 at 1500 hours, an interview and concurrent medical record review with the DON was conducted. The DON verified Resident 3's Fall assessments showed below:</p> <ul style="list-style-type: none"> - On 1/4/24 : Fall risk score of 19 - On 3/21/24 : Fall risk score of 9 - On 5/26/24 : Fall risk score of 10 - On 6/21/24 : Fall risk score of 4. <p>Asked about why the fall risk evaluation dated 6/21/24 has a score of 4, DON states that the nurse answered the item 8 in History and disposing condition incorrectly, it should be 3-4 (disposing diseases), and item 2 in medications it should be 3-4 these medications. The DON also stated the nurse supposed to answer all questions with accurate information.</p>		