

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 10/02/2024
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 0584</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>Based on observation, interview, and facility P&P review, the facility failed to maintain a homelike environment for one of three sampled residents (Resident 3) and one nonsampled resident (Resident B).</p> <p>* Residents 3 and B's rooms had peeled paint above the headboards of the residents' beds. This failure had the potential to negatively affect the residents' well-being.</p> <p>Findings:</p> <p>1. Review of the facility's P&P titled Resident Rights Personal Property revised 1/2012 showed to ensure the quality of life of all residents by allowing to create a home-like environment.</p> <p>Medical record review for Resident 3 was initiated on 10/2/24. Resident 3 was admitted to the facility on [DATE].</p> <p>On 10/2/24 at 1102 hours, an observation of Resident 3's room was conducted and found to have chipped paint on the wall above the resident's headboard.</p> <p>On 10/2/24 at 1438 hours, an interview and concurrent observation was made with LVN 2. LVN 2 verified Resident 3's wall above the headboard had chipped paint.</p> <p>2. Medical record review for Resident B was initiated on 10/2/24. Resident B was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>On 10/2/24 at 1431 hours, a concurrent observation of Resident B's room and interview was conducted with CNA 2. CNA 2 verified Resident B's wall above the headboard had peeling paint.</p> <p>On 10/2/24 at 1435 hours, a concurrent observation of Resident B's room and interview with LVN 3. LVN 3 verified Resident B's wall above the headboard had peeling paint.</p> <p>On 10/2/24 at 1602 hours, an interview was conducted with the DON. The DON was informed and acknowledged the above findings. When asked if peeling paint on the walls of resident's room considered a homelike environment, the DON stated no. The DON stated the process would be to notify the maintenance faculty so it could be fixed.</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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