

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 10/18/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49324</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to provide thorough investigation and reported the results of the investigations for the allegation of possible financial abuse from the resident's family member to the CDPH, L&C Program within five working days of the incident for one of two sampled residents (Resident 2). This posed the risk for potential abuse to remain unidentified and for Resident 2 to go unprotected.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Abuse - Reporting & Investigations revised 3/2018 showed in part, the facility promptly reports and thoroughly investigates all allegations of resident abuse, mistreatment, neglect, exploitation, abuse facilitated or enabled by the use of technology, misappropriation of resident property, or injuries of an unknown source, and suspicion of crimes.</p> <p>XII. Providing State Survey Agency and Other Agencies of the Results</p> <p>A. The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to CDPH Licensing and Certification and others that maybe required by state or local laws, within five (5) working days of the reported allegation.</p> <p>Review of the Report of Suspected Dependent Adult/Elder Abuse SOC 341 form, completed and signed by the facility's Social Services Director dated 10/10/24, showed the Court Investigator informed the facility that there was an open investigation for possible financial abuse from Resident 2's family member.</p> <p>Medical record review for Resident 2 was initiated on 10/18/24. Resident 2 was admitted to the facility on [DATE].</p> <p>Record review of Resident 2's H&P examination dated 6/4/24, showed Resident 2 had no capacity to understand and make decisions.</p> <p>Record review of Resident 2's MDS Section C - Cognitive Patterns dated 9/4/24, showed the resident's BIMS score of 1(indicated severe cognitive impairment).</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/18/24 at 1426 hours, a concurrent medical record review and interview was conducted with the DON. The DON was asked if the facility had submitted the results of their investigation to CDPH, L&C Program within five business days of the incident. The DON stated their investigation was still ongoing.</p> <p>On 10/18/24 at 1546 hours, during the exit conference with the DON in person and Regional Director on the phone, the concern regarding the result of the facility's investigation for possible financial abuse from Resident 2's family member was raised. The Regional Director asked the DON to open the Administrator's office to find the documentation of the results of investigation. The DON had only the SOC 341 which was already submitted via fax by the Administrator dated 10/10/24, to the CDPH, L&C Program. The DON called the Administrator to inquire again if she had the facility's investigation regarding Resident 2's Court Investigator's allegation on possible financial abuse from Resident 2's family member. The Administrator called back and verified their facility's internal investigation was still ongoing, more than five working days.</p>

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<p>F 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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** 49324</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to develop and implement a plan of care to reflect the individual care needs for one of two sampled residents (Resident 2).</p> <p>* The facility failed to ensure a care plan was developed to address Resident 2's Court Investigator's allegation of possible financial abuse from alleged Resident 2's family member. This failure posed the risk of not providing appropriate, consistent, and individualized care to the resident.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Comprehensive Person - Centered Care Planning revised 11/2018 showed in part, the facility should ensure that a comprehensive person-centered care plan is developed for each resident. It is the policy of this facility to provide person - centered, comprehensive, and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being.</p> <p>IV. Comprehensive Care Plan. Additional changes or updates to the resident's comprehensive care plan will be made based on the assessed needs of the resident.</p> <p>c. The comprehensive care plan will be periodically reviewed and revised by IDT after each assessment which means after each MDS assessment as required, except discharge assessments.</p> <p>In addition, the comprehensive care plan will also be reviewed and revised at the following times:</p> <ul style="list-style-type: none"> i. Onset of new problems ii. Change of condition iii. In preparation of discharge iv. To address changes in behavior and care, and v. Other times as appropriate or necessary. <p>Review of the Report of Suspected Dependent Adult/Elder Abuse SOC 341 form, completed and signed by the facility's Social Services Director dated 10/10/24, showed the Court Investigator informed the facility that there was an open investigation for possible financial abuse from Resident 2's family member.</p> <p>Medical record review for Resident 2 was initiated on 10/18/24. Resident 2 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 2's H&P examination dated 6/4/24, showed Resident 2 had no capacity to understand and make decisions.</p> <p>Record review of Resident 2's MDS Section C - Cognitive Patterns dated 9/4/24, showed the resident's BIMS score of 1 (indicated severe cognitive impairment).</p> <p>Review of Resident 2' plan of care did not show a care plan addressing Resident 2 was at risk for possible financial abuse from Resident 2's alleged family member.</p> <p>On 10/18/24 at 1422 hours, a concurrent record review and interview was conducted with the DON. The DON was asked if she could find a care plan for Resident 2 addressing alleged possible financial abuse from the resident's family member. The DON verified she could not find any care plan to address for the risk of financial abuse.</p> <p>On 10/18/24 at 1546 hours, during the exit conference with the DON in her office and a telephone interview with the Regional Consultant, the Regional Consultant asked the DON if she could not find a care plan addressing the alleged financial abuse. The DON verified again she could find any documentation on the plan of care addressing the possible financial abuse of Resident 2. The DON acknowledged the above findings.</p>		