

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 01/09/2025
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 0684</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844</p> <p>Based on observation, interview, and medical record review, the facility failed to provide oral care every shift for one of four sampled residents (Resident 2). This failure had the potential to negatively impact Resident 2's well-being.</p> <p>Findings:</p> <p>Medical record review for Resident 2 was initiated on 1/8/25. Resident 2 was admitted to the facility on [DATE], with diagnoses including dysphagia.</p> <p>Review of Resident 2's Order Summary Report showed an order dated 10/17/24, for every shift to provide the oral care and use the swab/suction as appropriate.</p> <p>Review of Resident 2's Intervention/Task for Oral Hygiene for January 2025 showed the oral hygiene was provided to Resident 2 during the day shifts (7 AM -3 PM) and evening shifts (3 PM -11 PM) only on the following dates/times but not every shift every day as ordered:</p> <ul style="list-style-type: none"> - On 1/1/25 at 1127 and 1651 hours. - On 1/2/25 at 1323 and 2219 hours. - On 1/3/25 at 1427 and 1640 hours. - On 1/4/25 at 1058 and 2259 hours. - On 1/5/25 at 1134 and 1816 hours. - On 1/6/25 at 1013 and 2132 hours. - On 1/7/25 at 1039 and 1702 hours. - On 1/8/25 at 1302 and 1749 hours. <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 0684</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 1/8/25 at 1138 hours, a concurrent observation and interview was conducted with LVN 1. LVN 1 stated the oral care should be provided every shift to Resident 2. LVN 1 confirmed Resident 2's mouth was dirty, and the lips were dry with white patches. LVN 1 further stated Resident 2 had not had oral care yet.</p> <p>On 1/9/25 at 0925 hours, a concurrent interview and medical record review for Resident 2 was conducted with RN 1. RN 1 confirmed the oral care was not provided to Resident 2 every shift. RN 1 stated the oral care was important to prevent the resident's mouth infection and sores.</p> <p>On 1/9/25 at 1004 hours, a concurrent interview and medical record review was conducted with the DON. The DON stated the facility had three shifts: day, evening, and night shifts. The DON confirmed the oral care was not provided every shift to Resident 2.</p>