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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055252	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Orange Healthcare & Wellness Centre, LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003 Based on observation, interview, medical record review, and facility P&P review, the facility failed to maintain the infection control program and practices to help prevent the development and transmission of diseases and infections. * Treatment Nurse 1 failed to perform hand hygiene before providing the wound care treatment to Resident 2. * Treatment Nurse 2 failed to perform hand hygiene before providing the wound care treatment to Resident 1. * CNA 1 failed to perform hand hygiene and change her gloves in between tasks and before accessing the clean linen cart. These failures had the potential for transmission of disease-causing pathogens and infections. Findings: Review of the facility's P&P titled Hand Hygiene (undated) showed the facility staff are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections and facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, volunteers and visitors. 1. On 2/27/25 at 0835 hours, a wound care observation was conducted with Treatment Nurse 1 for Resident 2. Treatment Nurse 1 was observed initiating the wound care treatment to Resident 2's left shin wound site without performing hand hygiene. Treatment Nurse 1 then donned on gloves, cleaned the wound site with normal saline (sterile, clear solution containing sodium chloride and water), removed the soiled gloves, then donned on a new set pair of gloves. Treatment Nurse 1 was not observed performing hand hygiene after removing the soiled gloves and before donning on the clean gloves. Treatment Nurse 1 was then observed continuing the wound care treatment to Resident 2's left shin wound as ordered by the physician. On 2/27/25 at 0850 hours, an interview was conducted with Treatment Nurse 1. When asked if he performed hand hygiene prior to providing the wound care treatment to Resident 2, Treatment Nurse 1 stated he should have washed his hands before providing the wound care treatment to the resident to prevent the spread of infection. (continued on next page)

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 02/27/2025

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Medical record review for Resident 2 was initiated on 2/27/25. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE].

Review of Resident 2's Order Summary Report dated 2/27/25, showed a physician's order dated 2/26/25, to apply Santyl (topical enzyme medication used to remove damaged or burned skin, aiding in wound care and the growth of healthy skin) external ointment 250 unit/gm to the left shin topically every day shift for wound care.

2. On 2/27/25 at 1030 hours, a wound observation was conducted with Treatment Nurse 2 and CNA 1 for Resident 1. After verifying the physician's order and gathering the wound care supplies, Treatment Nurse 2 was observed walking towards Resident 1's bed. CNA 1 was observed cleaning Resident 1's buttock area with soap and water. CNA 1 then alertedTreatment Nurse 2 to apply the barrier cream to the resident's buttock area. Treatment Nurse 2 was observed donning on gloves and applying the barrier cream to Resident 1's buttock area using a tongue depressor, without performing hand hygiene. CNA 1 was also observed changing Resident 1's bed linens and attempting to grab linen from the clean linen cart with the soiled gloves used to clean Resident's buttock area. CNA 1 was stopped from removing linen from the clean linen cart and asked if she needed to change her soiled gloves and perform hand hygiene before accessing the clean linen cart. CNA 1 then removed her soiled gloves, performed hand hygiene and donned on set pair of gloves.

Medical record review for Resident 1 was initiated on 2/27/25. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE].

Review Resident 1's Order Summary Report dated 2/27/25,showed a physician's order dated 2/27/25, to apply skin barrier cream to the sacrococcyx extending to left and right buttocks every day shift for skin maintenance.

On 2/27/25 at 1045 hours, an interview was conducted with CNA 1. CNA 1 verified she did not perform hand hygiene and donned clean gloves after providing care to Resident 1 and before attempting to grab supplies from the clean linen cart. CNA 1 stated she should have performed hand hygiene and changed her gloves in between tasks to prevent contamination.

On 2/27/25 at 1050 hours, an interview was conducted with Treatment Nurse 2. When asked if he performed hand hygiene prior to providing wound care treatment to Resident 1, Treatment Nurse 2 stated that he should have washed his hands before providing the wound care treatment to the resident for safety and to prevent the spread of infection.

On 2/27/25 at 1415 hours, an interview was conducted with the IP. The IP stated the facility staff should perform hand hygiene before providing the wound care treatment to the residents. In addition, the gloves should be changed, and hand hygiene should be performed in between the tasks to prevent transmission of diseases and infections.

On 2/27/25 at 1545 hours, an interview was conducted with the DON. The DON acknowledged the above findings.