

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Chapman Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12232 Chapman Ave Garden Grove, CA 92840	

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 0800</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37726</b></p> <p>Based on observation, interview, facility document review, medical record review, and facility P&amp;P review, the facility failed to ensure one of five final sampled residents (Resident 1) received the correct diet as ordered by the physician.</p> <p>* Resident 1 had a physician's order for a regular diet with no added salt. However, Resident 1 did not receive his meal with no added salt. Resident 1's dietary card, diet order form, Kardex (form used to document resident information), and food cart log failed to show the correct dietary information in accordance with the physician's order for Resident 1's diet. This failure posed the risk for the resident not receiving food to meet his nutritional needs, which had the potential to lead to nutritional related health complications.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Dietary Menus, Food and Drink revised 10/2017 showed it is the policy of the facility to meet the nutritional needs of residents in accordance with established national guidelines. Each resident will receive food in the appropriate form and/or the appropriate nutritive content as prescribed by their physician.</p> <p>Medical record review for Resident 1 was initiated on 5/13/24. Resident 1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's Order Summary Report showed a physician's order dated 5/9/24, for a regular texture, no added salt, thin liquid consistency diet.</p> <p>Review of Resident 1's H&amp;P examination dated 5/9/24, showed Resident 1 had a diagnosis of hypertension.</p> <p>Review of Resident 1's care plan titled Nutritional Status dated 5/11/24, showed Resident 1 required a therapeutic diet secondary to a diagnosis of hypertension. The care plan interventions included to provide Resident 1 with his diet as ordered by the physician.</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:  055816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Chapman Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12232 Chapman Ave Garden Grove, CA 92840	
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 0800</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 5/13/24 at 1236 hours, an observation and concurrent interview was conducted with Resident 1. Resident 1 was observed eating lunch in his room. Resident 1's lunch tray was observed with a salt packet lying on the tray adjacent to Resident 1's food. Resident 1 was asked if he requested the salt packet, to which he replied, he had not. Resident 1's meal tray was not observed with a dietary card (showing his prescribed diet).</p> <p>On 5/13/24 at 1248 hours a concurrent observation, interview, facility document review, and medical record review was conducted with LVN 1. LVN 1 was asked to describe the facility's process to ensure the residents received their prescribed diets. LVN 1 stated before a staff passed out the resident meal trays, she would verify to ensure the resident meal trays were consistent with their physician's orders. LVN 1 stated the process for verifying the resident meals included conducting a review of the physician's diet order, a review of the residents' food cart log (log attached to the food cart which showed residents' name and prescribed diet type), a review of the residents' dietary card (card attached to the residents' meal tray showing information specific to the residents' name and prescribed diet), and observing the food on the resident's meal tray to ensure the food served to the residents was consistent with the physician's orders, cart logs, and dietary cards.</p> <p>After LVN 1 explained the facility's process for resident meal distribution, an observation was conducted of Resident 1 who was eating lunch in his room. LVN 1 verified Resident 1's lunch tray contained a packet of salt. LVN 1 verified Resident 1's lunch tray also did not contain a dietary card. LVN 1 was then able to locate Resident 1's dietary card which was found inside of the food cart. Resident 1's dietary card showed Resident 1 was to receive a regular diet. LVN 1 then reviewed the food cart log which showed Resident 1 was to receive a regular diet. LVN 1 was asked if she reviewed Resident 1's physician's order for his diet. LVN 1 stated she had already returned (to the kitchen) the list of physician's orders specific to the resident diets and had already verified Resident 1's lunch was consistent with the physician's order. LVN 1 was asked if she could retrieve the list of physician's orders for the resident diets to verify Resident 1 received his prescribed diet. LVN 1 then retrieved the list which showed Resident 1's physician had ordered a regular diet with no added salt on 5/9/24. LVN 1 verified Resident 1 had not received his lunch with no added salt in accordance with Resident 1's physician's order. LVN 1 also verified the food cart log and dietary card failed to show the correct diet (no added salt) for Resident 1. LVN 1 stated there was an oversight on her part and Resident 1 had not received his prescribed diet. LVN 1 was asked who was responsible for the oversight of resident meal preparation and who wrote the dietary information on the resident dietary cards, to which LVN 1 replied, the DSS.</p> <p>On 5/13/24 at 1318 hours an interview, and concurrent medical record review, and facility document review was conducted with the DSS. The DSS was asked her process when preparing meals for the residents. The DSS stated the facility nurses would submit a diet order form to the kitchen, which showed the physician's order for the resident diets. The DSS stated she would then transcribe the residents' dietary order onto a Kardex. The DSS stated she would also write the residents' dietary order onto the residents' dietary card. The DSS stated when preparing the resident meals, the cook would review the residents' dietary card which showed the physician's prescribed diet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Chapman Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  12232 Chapman Ave Garden Grove, CA 92840	

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 0800</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The DSS reviewed Resident 1's Diet Order Form dated 5/9/24, the Kardex, food cart log, and Resident 1's dietary lunch card. The DSS verified Resident 1's Diet Order Form dated 5/9/24, the Kardex, food cart log, and Resident 1's dietary lunch card all showed Resident 1 had an order for a regular diet. The DSS then reviewed Resident 1's physician's orders. The DSS verified Resident 1 had a physician's order dated 5/9/24, for a regular textured diet with no added salt. The DSS verified Resident 1's diet order form dated 5/9/24, the Kardex, the food cart log, and Resident 1's dietary lunch card contained the incorrect diet order for Resident 1 (failing to show no added salt). The DSS was asked how often she reviewed the physicians' orders for all resident diets. The DSS stated there was no set interval for which she reviewed the physician's orders for the resident diets.</p>