STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056151	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Care Center of Fullerton, LLC	330 W. Bastanchury Road Fullerton, CA 92835

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to provide the necessary treatment and services to maintain the highest practicable well-being for three of three sampled residents (Residents 1, 2, and 3). * The facility failed to ensure Resident 1, 2, and 3's change of conditions was monitored every shift for at least 72 hours. These failures had the potential to negatively affect the residents' health and well-being and risk of not providing the residents with appropriate and individualized care.Findings: Review of the facility's P&P titled Change of Condition dated 4/2025 showed the following:- Licensed nurses will contact the primary physician (alternate physician or Medical Director) of resident status as soon as possible when there is a significant change of condition.- Licensed nurses will inform family members of change of condition and document notification.- All nursing actions, physician order/instructions, and resident assessment information will be documented in the nursing progress notes.- The licensed nurse responsible for the resident will continue assessment and documentation every shift for seventy-two (72) hours or until condition has stable. 1. Closed medical record review for Resident 1 was initiated on 3/27/26. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's H&P examination dated 7/21/25, showed Resident 1 had no capacity to understand and make medical decisions. Review of Resident 1's SBAR Communication Form dated 11/6/25 at 1046 hours, showed Resident 1 had various small areas of skin breakdown; superficial on the left and right buttocks. However, further review of Resident 1's medical record failed to show the resident's change in condition was monitored for at least 72 hours after the resident's initial change in condition was observed and documented. 2. Medical record review for Resident 2 was initiated on 3/27/26. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's H&P examination dated 10/13/25, showed Resident 2 had no capacity to understand and make medical decisions. Review of Resident 2's SBAR Communication Form dated 3/16/26 at 1348 hours, showed Resident 2 had MASD to sacrococcyx area. However, further review of Resident 2's medical record failed to show the resident's change in condition was monitored for at least 72 hours after the resident's initial change in condition was observed and documented. 3. Medical record review for Resident 3 was initiated on 4/2/26. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 3's H&P examination dated 7/13/25, showed Resident 3 had no capacity to understand and make medical decisions. Review of Resident 3's SBAR Communication Form dated 3/21/26 at 1354 hours, showed Resident 3 had a small area of skin breakdown on the right perianal fold. However, further review of Resident 3's medical record failed to show the resident's change in condition was monitored for at least 72 hours after the resident's initial change in condition was observed and documented. On 4/1/26 at 1358 hours, an interview and concurrent medical record review was conducted with the Treatment Nurse. The Treatment Nurse stated the SBAR/Change of Condition Report was created whenever a new skin issue was identified. The Treatment Nurse further stated she was only required to document weekly progress notes of the residents existing skin conditions undergoing treatments, unless the condition worsened or deteriorated. The Treatment Nurse further stated there was no requirement for licensed nurses to (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	monitor and document every shift for 72 hours after a change of condition report was initiated related to skin issues. On 4/2/26 at 1115 hours, an interview and concurrent medical record review was conducted with RN 2. RN 2 acknowledged the facility's P&P to monitor the residents for at least 72 hours after a change of condition was observed. RN 2 verified Residents 1, 2, and 3 had change of condition reports related to skin issues as listed above. RN 2 stated the licensed nurses were not expected to complete a monitoring progress note every shift for 72 hours after the change of condition was initiated related to skin issues because to treatment nurses were responsible for providing the treatment and monitoring as ordered. On 4/2/26 at 1245 hours, an interview was conducted with the Administrator. The Administrator was informed and acknowledged the above findings.