STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056458	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Care Center of South Gate	8455 State Street South Gate, CA 90280

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 - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36504 Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) who required substantial/maximal assistance (staff does more than half the effort. Staff lifts or holds trunk or limbs and provides more than half the effort) with ADLs was provided water every two hours, according to physician order and care plan. This failure had the potential to cause dehydration and urinary tract infection ([UTI] an infection in the bladder/urinary tract) for Resident 1. Findings: During a review of the Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident 1's diagnoses included diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), hypothyroidism (a condition that occur when the thyroid gland does not produce enough thyroid hormone) and legally blindness. During a review of Resident 1's History and Physical (H&P) dated 1/18/2024, the H&P indicated Resident 1 did not have capacity to understand and make decisions. During a review of Resident 1's physician's order dated 10/1/2024, the order indicated to provide Resident 1 with 4-6 ounces (oz) of water every two hours. During a review of Resident's 1's Minimum Data Set ([MDS], a resident assessment tool) dated 10/30/2024, the MDS indicated Resident 1 was able to understand and make self-understood by others. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort. Staff lifts or holds trunk or limbs and provides more than half the effort) with ADLs such as eating (the ability to use suitable utensils to bring food and/or liquid once the meal is placed before the resident), oral hygiene, upper body dressing and personal hygiene. During a review of Resident 1's medical records dated 10/2024 and 11/2024, the records did not indicate Resident 1 received 4-6 oz of water every two hours. During a review of Resident 1 Care Plan dated 11/13/2024, the Care Plan indicated Resident 1 was at risk for recurrent UTI. The Care Plan indicated, nursing interventions included to encourage and offer adequate fluid intake as tolerated. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Few	During an interview on 11/13/2024 at 1:10 p.m., with Certified Nurse Assistant (CNA 1), CNA1 stated Resident 1 needed assistance with eating meals and drinking fluids. CNA 1 stated Resident 1 did not drink water because the resident refused. During an interview on 11/20 2024 at 2: 46 p.m., with Resident 1's Representative (RRP), RRP stated Resident 1 had been treated for UTI three times since she was admitted into the facility. RRP stated that facility staff kept telling her Resident 1 did not like to drink water, but each time she visited, Resident 1 would ask her for a drink of water. During a review of statement from the Director of Nursing (DON) dated 11/26/204, the statement Resident 1 had a physician's order to offer 4-6 oz of water every two hours to Resident 1. The statement indicated there was no supporting documentation to indicate Resident 1 was offered 4-6 ounces of water. During a review of the facility's Policy and Procedure (P&P) titled, Hydration Policy and Procedure dated 3/2012, the P&P indicated it was the policy of the facility to encourage fluid intake to maintain the resident's hydration and was done during meal and in between meals. During a review of the facility's P&P titled, Activities of Daily Living (ADL), Supporting dated 1/20/2024. The P&P indicated that Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care.