

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER The Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 12332 Garden Grove Blvd. Garden Grove, CA 92843	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 50003</p> <p>Based on interview and medical record review, the facility failed to ensure the necessary care and services were provided to meet the needs for one of two final sampled residents (Resident 1).</p> <p>* The facility failed to ensure Resident 1's levothyroxine medication was continued upon his discharge from the acute care hospital. This failure had the potential to affect Resident 1's health and wellbeing.</p> <p>Findings:</p> <p>Closed medical record review for Resident 1 was initiated on 11/19/24. Resident 1 was admitted to the facility on [DATE], from the acute care hospital and discharged on [DATE].</p> <p>Review of Resident 1's acute care hospital H&P examination dated 10/22/24, showed Resident 1 [NAME] history of hypothyroidism.</p> <p>Review of Resident 1's ED Patient Education and Visit Summary from the acute care hospital dated 10/22/24, the section for Final Active Medication List showed an order for levothyroxine (a medicine used to treat an underactive thyroid gland) 100 mcg orally one tablet daily before breakfast on an empty stomach.</p> <p>Further review of the closed medical record showed no documented evidence levothyroxine was ordered for the resident upon admission to the facility. There was no documented evidence as to why the levothyroxine medication was not continued when it was included in the active medications list from the acute care hospital.</p> <p>Review of Resident 1's Order Summary Report showed a physician's order dated 10/31/24, to administer levothyroxine 100 mcg by mouth in the morning for hypothyroidism, starting on 11/1/24, six days after Resident 1 had been admitted to the facility.</p> <p>On 11/19/24 at 1615 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the ADON. The ADON acknowledged the findings. The ADON further stated the admitting nurse failed to reconcile the discharge medications thoroughly on 10/25/24 (admitted). Resident 1 should have continued his levothyroxine medication as directed in the acute care hospital's discharge medication list for the treatment of hypothyroidism. The ADON verified Resident 1 was not provided with the levothyroxine medication until 11/1/24.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555021
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER The Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 12332 Garden Grove Blvd. Garden Grove, CA 92843	
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 0689</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary care and services to prevent the accidents for one of two sampled residents (Resident 1).</p> <p>* The facility failed to conduct the initial fall risk assessment for Resident 1. This failure had the potential for the resident to sustain additional falls and possible injuries.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Fall Prevention Program revised 12/28/23, showed upon admission, the nurse will complete the fall risk assessment along with the admission assessment to determine the resident's level of fall risk.</p> <p>Closed medical record review for Resident 1 was initiated on 11/19/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 1's acute care hospital H&P examination dated 10/22/24, showed Resident 1 was brought in by the ambulance from home after the mechanical trip and fall. The examination further showed Resident 1 had a left hip intertrochanteric fracture (a break in the upper part of the thigh bone).</p> <p>Review of Resident 1's Fall Risk form dated 10/25/24, showed the LVN signed the form. However, all sections of the fall risk assessment were left blank.</p> <p>On 11/19/24 at 1615 hours, an interview and concurrent closed medical record review was conducted with the ADON. The ADON verified the findings. The ADON further stated Resident 1 should have a fall risk assessment completed upon admission as necessary to identify the risks and formulate the appropriate interventions to reduce or prevent the risk of falls.</p>		