STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555066	A. Building B. Wing	03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Care Center of Fillmore, LLC	118 B St Fillmore, CA 93015

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 46884 Based on observation, interview and record review, the facility failed to implement interventions of a smoking care plan and ensure adequate supervision and assistance were provided as assessed for one of three sampled residents (Resident 1). This failure resulted in Resident 1 smoking by himself off the facility premises and falling from the wheelchair to the ground sustaining an acute fracture of the left humerus (partial or complete break in the bone, upper arm between shoulder and elbow). Findings: During a concurrent observation and interview, on 2/12/24 at 10:03 a.m., inside Resident 1's room, the resident was awake and on bed with the left forearm resting on a pillow. Resident 1 stated, Out in the front of facility .having a cigarette and finished and headed back into the facility .I was trying to step up on the curb and slid and fell forward on my left shoulder .Left shoulder hurt after the fall. Resident 3 saw the fall and staff took fifteen minutes to come help. During a concurrent observation and interview, on 2/12/24 at 11:44 a.m., with the Assistant Director of Nursing (ADON), the location where Resident 1 fell was observed. The fall area was beside the facility's parking lot away from the facility's front/entrance door to a separate medical clinic's parking lot. The ADON pointed to an area in the medical clinic's parking lot, and indicated, the location where the resident fell . The ADON stated, I was in the office and noticed that staff were going outside, and I was told someone fell outside. I went outside and saw staff assisting him. He was face down with a soft helmet (a protective head covering) on, and the wheelchair was off to the side. During a review of the clinical record for Resident 1, the : Face sheet (document with resident's information) with printed date of 2/12/24, listed diagnoses, including, history of traumatic brain injury (head injury), generalized muscle weakness, flaccid (not firm) hemiplegia (loss of ability to move one side of the body). The Minimum Data Set (MDS -assessment) dated 12/22/23, indicated Resident 1 was with a BIMS (brief interview for mental status) score of 14 (cognition intact). The resident uses a wheelchair as the mode for locomotion, walking 10 feet is not attempted due to medical condition. Resident 1 was assessed as independent in bed mobility, and sit to stand/transfers requires supervision. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555066	A. Building B. Wing	03/13/2024

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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 0689 Level of Harm - Actual harm Residents Affected - Few	The medication review report (MRR) dated 2/12/24 with an order dated 5/17/23, have an active status order of no smoking at all times. No stop date was noted on the MRR for the order dated 5/17/23 (meaning it is an ongoing/current order). The care plan for Resident 1 dated 2/23/23 for risk of falling indicated, risk for falling related to impaired balance, motor agitation, pain, poor coordination, unstable health condition, unsteady gait, use of psychotropic medications. Interventions included: provide frequent reminders to as for assistance as resident forgets his capabilities, give resident verbal reminders not to ambulate/transfer without assistance, observe frequently and place in supervised area when out of bed, place resident on fall prevention program, provide frequent staff monitoring, teach safety measures remind to call for assistance, staff to frequently monitor need for assistance and check safety. Another care plan for Resident 1 for risk for injury related to smoking dated 7/6/23, had multiple interventions including one dated 7/6/23 indicating staff member to stay with resident while he is smoking. No care plan was located in the resident's clinical record about the MRR dated 2/12/24 of no smoking at all times. The nurses' notes dated 2/6/24, indicated Resident 1 had a witnessed fall outside. Resident 1 was smoking with another resident and found on the ground face down. Resident 1 stated, He was trying to go up the curb and slid resulting to a fall. The nurses' notes further indicated upon assessment, Resident 1 complained of left shoulder pain. The MD (physician) and family were notified of the fall and pain. With orders for left shoulder X-ray. The radiology report dated 2/7/24 had documented findings of acute fracture of the proximal humerus. During an interview on 2/12/24 at 1:20 p.m., with the Director of Nursing (DON), the DON indicated, the resident should be supervised when he is smoking and was not. During a telephone interview with the DON on 3/6/24 at 9:18 a.m., the care plan for risk for injury related to impaired balance dated 02/23/2023 was reviewed with the facility's policy and procedure (P&P) titled, falls & fall risk managing, undated was reviewed. The P&P indicated, Fall risk factors 2 - Resident conditions that may contribute to the risk of falls include: cognitive impairment, pain, poor grip strength, medication side effects, functional impairments. 3 - Medical factors that contribute to the risk of falls include: d) neurological disorders, e) balance and gait disorders. Resident-Centered approaches to managing falls and fall risk 1 - The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls. Monitoring subsequent falls and fall risk 1 - The staff will monitor and document each resident ' s response to interventions intended to reduce falling or the risks of falling. Potential interventions for fall prevention - Mobility, place resident in view of staff when out of bed. The DON verbalized, Resident 1 was not in a supervised area when the resident fell , and the P&P falls and fall risk managing was not followed. The DON further verbalized Resident 1's care plan was not followed.