

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2024
NAME OF PROVIDER OR SUPPLIER Greenfield Care Center of Fillmore, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46000</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan (document that provides the resident's condition, diagnosis and the nursing team's goals) for one of three residents (Resident 1), when Resident 1 had a new onset of right leg redness and swelling and required medical treatment.</p> <p>This failure had the potential for Resident 1's care needs to go unmet.</p> <p>Findings:</p> <p>During a review of Resident 1's medical record titled face sheet (a document that gives a resident's information at a quick glance) indicated, Resident 1 was with admitted to the facility on [DATE] with diagnoses of end stage Huntington ' s disease (a progressive breakdown of nerve cells in the brain) severe depression, dementia, and muscle wasting.</p> <p>During a record review of Resident 1 ' s Nursing Progress Notes (NPN- accurate descriptions of nursing assessments and changes in patient conditions) dated 4/3/24, the NPN indicated, upon assessment redness and swelling was noted on right leg, and warm to the touch, cause unknown.</p> <p>During an interview with the director of nursing (DON) and concurrent review of Resident 1's medical record on 4/16/24 at 1:00 p.m., the DON acknowledged Resident 1 had a new onset of redness and swelling to right leg. DON stated, There should be a care plan. DON confirmed the facility did not develop or implement a care plan that included the instructions needed to provide effective and person-centered care for Resident 1's redness and swelling to right leg.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Care Planning dated June 2012, the P&P indicated, POLICY - It is the policy of the facility to provide the needed care and services of residents to maximum level . In order to attain and to meet this standard set forth by the facility a plan of care for each admitted individual resident will be formulated. Plan of care will be based on comprehensive assessment of resident within 7 days upon admission, quarterly, annually and often as needed.</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
---	-------	-----------