

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 05/22/2024
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 - Some</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** 43019</p> <p>Based on observation, interview, and record review, the facility failed to implement comprehensive person-centered care plans (CP) with regard to the Restorative Nursing Assistant (RNA- provides support and assistance to patients in their recovery and maintenance of physical function) program for fourteen sampled residents (Resident 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16).</p> <p>These failures increased the potential for Residents 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 to not receive treatment and care according to their needs.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was admitted on [DATE] with diagnoses including, Acute Chronic Respiratory Failure with Hypoxia (a condition where you don't have enough oxygen in the tissues in your body), Amyotrophic Lateral Sclerosis (ALS; a disease that weakens muscles and impacts physical function), Chronic Obstructive Pulmonary Disease (COPD; a group of lung diseases that block airflow and make it difficult to breathe), among others.</p> <p>During a review of Resident 1's CP initiated on 02/13/2024, the CP indicated, Resident 1 is on a RNA program for Assisted Active Range of Motion (AAROM) bilateral upper extremities/lower extremities (BUE/LE) to maintain Range of Motion (ROM), and muscle strength. Interventions included, medications in the form of Baclofen (a muscle relaxant), back and forth (sic) ambulation with wheelchair in the hallway for one week, provide RNA as ordered three times a week for AAROM BUE/LE to residence tolerance to maintain ROM and muscle strength, monitor resident's comfort and progress, monitor tolerance, and RNA weekly summary.</p> <p>During an interview on 05/22/2024 at 10:43 a.m. with Resident 1, Resident 1 stated RNA exercises have not been provided since the RNA went on vacation.</p> <p>During a review of Resident 1's Attending Physician (AMD orders), dated 02/09/2024 and 04/10/2024 the AMD order indicated in part, RNA order 3 times a week for AAROM BUE/LE to residence tolerance to maintain ROM and muscle strength, and RNA Program every day 3 times a week for AAROM BUE/LE and propel self in wheelchair as tolerated to maintain ROM and muscle strength.</p> <p>(continued on next page)</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024.</p> <p>2. During a review of Resident 4's AMD orders dated 03/21/2024, the AMD orders indicated in part RNA program for ambulation with hemi walker (a walker that allows the user to lean on just one side for support) on right side with minimal assist times one person to resident tolerance daily three times a week to maintain current level of function and strength.</p> <p>During a review of Resident 4's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>3. During a review of Resident 5's AMD orders dated 05/07/2024, the AMD orders indicated in part, RNA program for AAROM to BUE/BLE daily three times per patient tolerance to maintain available ROM and to protect joint/skin integrity.</p> <p>During a review of Resident 4's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024.</p> <p>4. During a review of Resident 6's AMD orders dated 05/14/2024, the AMD orders indicated in part, RNA program for BUE/BLE Passive Range of Motion (PROM) daily three times a week to resident tolerance and to donn (to put on) wrist braces to reduce risk for contractures (a permanent tightening of the muscles, skin, and nearby tissues that causes the joints to shorten and become very stiff), protect joint, skin integrity and maintain available ROM.</p> <p>During a review of Resident 6's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>5. During a review of Resident 7's AMD orders dated 04/17/2023, the AMD orders indicated in part, RNA for PROM program daily three times a week to left upper extremity (LUE) and left lower extremity (LLE) to maintain available ROM to resident tolerance.</p> <p>During a review of Resident 7's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>6. During a review of Resident 8's AMD orders dated 05/02/2024, the AMD orders indicated in part, RNA program for BUE/BLE gentle PROM and application of devices to protect skin integrity with application of bilateral hand rolls, bilateral foot protectors to be work daily three times per week to resident's tolerance.</p> <p>During a review of Resident 8's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>7. During a review of Resident 9's AMD orders dated 05/02/2024, the AMD orders indicated in part, RNA program daily three times a week PROM to resident tolerance to BUE/BLE to reduce risk for or further contractures and maintain available ROM.</p> <p>During a review of Resident 9's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. During a review of Resident 10's AMD orders dated 01/16/2024, the AMD orders indicated in part, RNA program for ambulation with front wheel walker (FWW) times sixty feet times one-person minimal assist daily three times a week to resident tolerance to maintain muscle strength and functional mobility.</p> <p>During a review of Resident 10's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/08/2024 to 05/21/2024.</p> <p>9. During a review of Resident 11's AMD orders dated 05/12/2023 and 03/13/2024, the AMD orders indicated in part, RNA program daily three times a week to resident tolerance for LUE/LLE PROM and hand splint application to left hand to tolerance, left multiboot applied to left foot to tolerance after PROM to reduce further contracture and RNA transfer exercises for resident bed to up in wheelchair with maximal times two person assist daily three times per week to resident tolerance to increase access to his environment and increase out of bed (OOB) sitting in wheelchair tolerance.</p> <p>During a review of Resident 11's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024</p> <p>10. During a review of Resident 12's AMD orders dated 07/11/2023, the AMD orders indicated in part, RNA program AAROM to BUE daily three times a week to maintain available ROM to resident tolerance.</p> <p>During a review of Resident 12's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/07/2024 to 05/21/2024.</p> <p>11. During a review of Resident 13's AMD orders dated 04/25/2024, the AMD orders indicated in part, RNA program for PROM BLE to reduce contractures and improve functional mobility daily three times a week to resident tolerance.</p> <p>During a review of Resident 13's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024.</p> <p>12. During a review of Resident 14's AMD orders dated 07/27/2023, the AMD orders indicated in part, RNA program for AAROM to BLE daily three times a week to patient tolerance to maintain available ROM and muscle strength.</p> <p>During a review of Resident 14's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024.</p> <p>13. During a review of Resident 15's AMD orders dated 03/13/2024, the AMD orders indicated in part, RNA program for AAROM for sit to stand with hand rails in hallway moderate assist and PROM exercises to LUE/LLE and donning of left hand splint and left ankle-foot orthoses (AFO; a device designed to improve function, encourage proper joint alignment or to protect an existing limb) to resident tolerance daily and three times a week to maintain available ROM and reduce risk for contracture.</p> <p>During a review of Resident 15's RNA Flow Sheet, the RNA Flow Sheet indicated, there was no evidence of documentation that RNA was provided for the dates of 05/09/2024 to 05/21/2024.</p> <p>(continued on next page)</p>

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