

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  11/25/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46000</b></p> <p>Based on record review and interview, the facility failed to ensure that a total dependent resident (Resident 1) received necessary treatment and services, to promote healing, and prevent new pressure ulcers (deep tissue injury) from developing.</p> <p>This facility failure resulted in Resident 1 acquiring a new stage 3 pressure ulcer (full thickness tissue loss) to the right buttock.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated, resident was admitted to the facility on [DATE] with diagnoses that included history of respiratory failure (a condition that makes it difficult to breathe on your own), Tracheostomy (opening in the windpipe to help with breathing), Quadriplegia (paralysis (loss of the ability to move and sometimes feel of all four limbs), Epilepsy (is a chronic brain disorder that causes repeated seizures, which are episodes of abnormal electrical activity in the brain), Diabetes (high sugar in the blood).</p> <p>Review of Resident 1 ' s admission Minimum Data Set (MDS (a standardized assessment tool that measures health status in nursing home residents)) dated 8/8/24 indicated, Resident 1 was totally dependent on staff for all activities of daily living including repositioning.</p> <p>During a review of Resident 1's admission nursing assessment dated [DATE], the assessment indicated, resident was with a stage 3 (full thickness tissue loss) pressure ulcer to the sacrococcyx (is the fused sacrum and coccyx bones in the human body). And no other pressure ulcers were documented for Resident 1 on admission nursing assessment.</p> <p>Review of Resident 1's medical record dated 9/29/24 indicated, Resident 1 was noted to have stage 2 pressure ulcer (partial thickness loss of skin) to right hip (buttocks) measuring 3 cm (centimeter) X 3 cm X 0.1 cm.</p> <p>During a review of Resident 1's Wound Consultation (WC) notes dated 10/7/24 indicated, right buttocks pressure ulcer, Stage 3, deteriorating.</p> <p>During a review of Resident 1's care plan (CP (a document that summarizes care needs and treatment plans) dated 8/2/24, the CP indicated, Resident 1 was at risk for skin breakdown. And further indicated that Resident 1, be turned and repositioned every 2 hours.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Wound Care Nurse (WCN), on 11/18/24 at 1:59 p.m., WCN stated that a resident with pressure ulcers should be turned every two hours minimal.</p> <p>Review of records showed no evidence that Resident 1 was repositioned every two hours or more frequently as needed throughout the month of August 2024 and some missing documentation for the month of September, and October 2024.</p> <p>During an interview on 10//31/24 at 12:52 p.m. with registered nurse (RN), RN confirmed that Resident 1 acquired a right buttock stage 3 pressure ulcer while in the facility.</p> <p>During an interview on 11/18/24 at 2:25 p.m. with WCN, WCN confirmed Resident 1 was not consistently turned and repositioned every two hours during the months of August, September, and October 2024.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Prevention of Pressure Ulcers, last revised 12/2014 indicated, change position at least every two hours or more frequently if needed.</p>		