

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 02/14/2025
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>37886</p> <p>Based on record review and interview, the facility failed to document its response and resolution on the recurring complaints of call lights not being answered in a timely manner raised by residents at its Resident Council Meetings for two consecutive months.</p> <p>This failure put the residents at risk of receiving poor and unmonitored care, with the possibility of the issues continuing.</p> <p>Findings:</p> <p>During a review of the resident council minutes for 12/2024 and 01/2025, recurring complaints were identified. On 12/2024, the resident council attendees expressed concerns about a long wait time for call lights to be answered, taking an hour to answer call lights, and lights being turned off; the resident reported that this occurred during the night shift. On 1/2025, the complaints were call lights not being answered in a timely manner; one patient stated that when the call lights were turned on, the staff that came in the room attended to a resident who does not use the call light; another resident stated that she had to hold her bladder longer, and that staff did not help much.</p> <p>During a concurrent interview and document review on 3/3/25 at 12:19 p.m. with the assistant director of nursing (ADON), the resident council meeting minutes dated 12/2024 and 1/2025 were reviewed. The minutes indicated, there was no documentation the resident council issues were addressed, resolved and if anyone was informed of the outcome. The ADON concurred the resident council meeting minutes that were reviewed did not indicate which issues were addressed, resolved and which residents were notified.</p> <p>During a review of the facility policy and procedure (P&P) titled, Resident Council, revised 11/2023, the P&P indicated, .A Resident Council Response Form will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern .</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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