

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Mainplace Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 West LA Veta Avenue Orange, CA 92868	

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 - Potential for minimal 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** 46787</p> <p>Based on interview and medical record review, the facility failed to develop a plan of care to reflect the individual care needs for two of two sampled residents (Resident 2 and 3).</p> <p>* The facility failed to develop a care plan problem to address Resident 2's breast cancer and use of Femara (hormone based chemotherapy medication to treat breast cancer) medication. In addition, the facility failed to ensure a care plan problem addressing Resident 2's limited physical mobility included a measurable timeframe for the goal.</p> <p>* The facility failed to ensure a care plan problem addressing Resident 3's limited physical mobility included a measurable timeframe for the goal.</p> <p>These failures posed the risk of not providing appropriate, consistent, and individualized care to Residents 2 and 3.</p> <p>Findings:</p> <p>1. Medical record review for Resident 2 was initiated on 8/7/24. Resident 2 was admitted to the facility on [DATE].</p> <p>Review of Resident 2's H&P examination dated 6/14/24, showed Resident 2 had the capacity to understand and make decisions and had breast cancer (a disease in which abnormal breast cells grow out of control) and functional decline.</p> <p>a. Review of Resident 2's Order Summary Report dated 8/7/24, showed a physician's order dated 8/3/24, to administer Femara 2.5 mg one tablet by mouth one time a day for breast cancer.</p> <p>Further review of Resident 2's medical record failed to show a care plan problem was developed to address Resident 2's breast cancer and use of the Femara medication.</p> <p>On 8/7/24 at 1230 hours, an interview was conducted with Resident 2. Resident 2 stated she was receiving the Femara medication for her breast cancer since she was not having chemotherapy (treatment to kill fast-growing cells in the body) anymore.</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 - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>b. Review of Resident 2's Order Summary Report dated 8/7/24, showed a physician's order dated 6/15/24, for physical therapy five times per week for four weeks.</p> <p>Review of Resident 2's care plan problem dated 6/15/24, addressing Resident 2's limited physical mobility showed a goal for the resident to require minimal assist with mobility tasks. However, the care plan failed to show documented evidence of a target date for the goal.</p> <p>2. Medical record review for Resident 3 was initiated on 8/7/24. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 3's MDS dated [DATE], showed Resident 3 was cognitively intact. The MDS also showed Resident 3 required partial/moderate assistance (helper does more than half the effort) with rolling left and right in bed, sitting to lying, lying to sitting on the side of the bed, sitting to standing, transferring from chair/bed to chair, transferring on and off the toilet, walking 10 feet and walking 50 feet with two turns.</p> <p>Review of Resident 3's Order Summary Report dated 8/7/24, showed a physician's order dated 7/29/24, for physical therapy five times per week for four weeks.</p> <p>Review of Resident 3's care plan problem dated 7/1/24, addressing Resident 3's limited physical mobility showed a goal for the resident to require minimal assist with mobility tasks. However, the care plan failed to show documented evidence of a target date for the goal.</p> <p>On 8/8/24 at 1050 hours, an interview and concurrent medical record review was conducted with the DON for Residents 2 and 3. The DON verified the above findings and stated the residents' medications should be included in the care plan.</p>