STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555286	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Orange Hills	5017 E. Chapman Avenue Orange, CA 92869

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)
F 0558 Level of Harm - Potential for minimal harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49258 Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the reasonable accommodations to meet the care needs for one of three final sampled residents (Resident 1). * The facility failed to ensure the call light for Resident 1 was within the resident's reach. This failure had the potential for the resident to not be able to call for assistance when needed. Findings: Review of the facility's P&P titled Call Light/Bell revised May 2007 showed to place the call device within the residents' reach before leaving the room. On 5/24/24 at 1520 hours, an observation and concurrent interview was conducted with Resident 1. Resident 1 was observed awake and lying in her bed on her left side. The call light cord was observed wrapped around the elevated right bedrail with the call light button hanging down halfway to the floor and not within Resident 1's reach. Resident 1 stated she would use the call light when she needed assistance from the staff. Resident 1 further stated she did not know where her call light was at this time. Medical record review for Resident 1 was initiated on 5/24/24. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's H&P examination dated 1/7/24, showed Resident 1 had impaired speech but was able to verbalize needs and answer simple questions. On 5/24/24 at 1607 hours, an observation and concurrent interview was conducted with CNA 1. CNA 1 verified Resident 1's call light was not within reach. CNA 1 stated Resident 1's call light should have been within the resident's reach. On 5/30/24 at 1200 hours, a follow-up observation and concurrent interview was conducted with Resident 1. Resident 1 was observed in her bed eating her lunch meal and crying. When Resident 1 was asked why she was crying, Resident 1 stated she wanted to be changed because she felt she was wet. Resident 1's call light was observed wrapped around the elevated right bedrail with the call light button hanging down halfway to the floor and not within Resident 1's reach. Resident 1 stated she could not reach the call light when she was informed where it was. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555286	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Orange Hills	5017 E. Chapman Avenue Orange, CA 92869

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Potential for minimal harm Residents Affected - Some	On 5/30/24 at 1215 hours, an observation and concurrent interview was conducted with CNA 2. CNA 2 verified the call light was not within Resident 1's reach. CNA 2 stated the call light should not be hanging down the bed and it should be clipped within Resident 1's reach. On 5/30/24 at 1220 hours, an interview was conducted with the ADON. The ADON stated the call device should always be within the resident's reach. The ADON was informed and acknowledged the above findings.