

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  New Orange Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43156</p> <p>Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to ensure the staff followed the infection control practices during the wound care dressing change for one of two sampled residents (Resident 3).</p> <p>* The licensed nurse did not change gloves and perform hand hygiene in between the wound care dressing change for Resident 3. This failure had the potential for spread of infections in the facility.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Hand Hygiene revised 10/2022 showed all personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents, and visitors. The P&amp;P also showed to wash hands with soap and water for the following situations:</p> <ul style="list-style-type: none"> <li>- When hands are visibly soiled (e.g., blood, body fluids)</li> <li>- After caring for a resident with known or suspected Clostridioides Difficile or Norovirus infection during an outbreak, or if infection rates of C. Difficile Infection (CDI) are high use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</li> <li>- Before handling clean or soiled dressings, gauze pads, etc.</li> <li>- Before moving from a contaminated body site to a clean body site during resident care;</li> <li>- After handling used dressings, contaminated equipment, etc.</li> <li>- After removing gloves</li> </ul> <p>Medical Record review for Resident 3 was initiated on 7/30/24. Resident 3 was admitted on [DATE].</p> <p>Review of Resident 3's skin assessment dated [DATE], showed Resident 3 had a Stage 4 sacral coccyx wound (an open wound from the break of the skin that appears along the lower back near the bottom of the spine above the coccyx), measuring 1.1 cm (length) x 1.9 cm (width) x 1.9 cm (depth).</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 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 7/31/24 at 1432 hours, a wound care observation for Resident 3 and concurrent interview was conducted with LVN 8. LVN 8 donned new gloves and entered Resident 3's room to greet Resident 3 and CNA 7. CNA 7 repositioned Resident 3 to her left side. LVN 8 cleaned Resident 3's stool with a gauze dressing. LVN 8 had stool on his gloves. LVN 8 then pulled back the sacral coccyx wound dressing. LVN 8 did not change his gloves and perform hand hygiene prior to removing the sacral coccyx wound dressing from Resident 3. After removing the wound dressing, LVN 8 removed his gloves, did not perform hand hygiene, and left the room to get supplies from the treatment cart in the hallway outside Resident 3's door. LVN 8 put on new gloves and placed clean supplies on the bedside table without sanitizing the table. LVN 8 cleaned the resident's sacral coccyx wound with a clean gauze with saline. LVN 8 proceeded to cover the sacral coccyx wound with a new dressing.</p> <p>When LVN 8 was asked about the process for changing gloves and performing hand hygiene during wound care, LVN 8 verified he should have changed his gloves and performed hand hygiene during the wound dressing change.</p> <p>On 7/31/24 at 1530 hours, an interview was conducted with the DON. The DON stated LVN 8 did not follow infection control practices by changing gloves and performing hand hygiene in between steps for changing a wound dressing.</p>		