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	01/07/2025

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 0684 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348 Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary care and services to maintain the highest practicable well-being for two of eight sampled residents (Residents 3 and 5). * The facility failed to follow the physician's order to administer the GT feedings at the scheduled times for Residents 3 and 5. This failure had the potential to negatively affect the residents' health conditions and well-being. Findings: Review of the facility's P&P titled Physicians Orders revised 11/2019 showed all orders must be specific and complete with all necessary details to carry out the prescribed order without any question. a. Medical record review for Resident 3 was initiated on 12/18/24. Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident 3's Order Summary Report showed an order dated 9/6/24, to start the enteral feeding at 1500 hours every day to provide 1100 cc of Jevity 1.5 formula at 55 cc/hr for 20 hrs to provide 1650 kcal via PEG tube until the total volume was delivered. On 12/20/24 at 1330 hours, a concurrent observation and interview was conducted with Resident 3's RP. Resident 3's RP stated Resident 3's GT feeding was not supposed to start until 1500 hours and was already infusing. Upon observation, 39 ml of Jevity 1.5 cal had already been infused. b. Medical record review for Resident 5 was initiated on 12/18/24. Resident 5 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 5's Order Summary Report showed an order dated 10/4/24, to start the enteral feeding at 1500 hours every day to provide 1200 cc water at 60 cc/hr for 20 hrs via PEG tube until the total volume was delivered. (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	01/07/2025

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 0684 Level of Harm - Potential for minimal harm Residents Affected - Some	On 12/20/24 at 1538 hours, an interview was conducted with LVNs 1 and 3. When asked what time the feedings for Residents 3 and 5 were started, LVN 3 stated he started the GT feedings around 1300 hours. LVN 1 stated the feedings were ordered to be started at 1500 hours and the nurses had one hour before and one hour after the scheduled times to administer the feedings. LVNs 1 and 3 verified the feedings for Residents 3 and 5 were started at 1300 hours instead of the scheduled ordered time at 1500 hours (two hours earlier than ordered). On 1/3/25 at 1423 hours, a concurrent interview and medical record review was conducted with the DON. The DON verified Residents 3 and 5's GT feedings were ordered to start at 1500 hours. The DON stated the licensed nurses should have followed the physician's orders. On 1/7/25 at 1423 hours, the Administrator and DON acknowledged the above findings.