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	08/06/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to establish and maintain the infection control program and practices designed to help prevent the development and transmission of diseases and infections for one of three sampled residents (Resident 3). * The facility failed to ensure the EBP was implemented for Resident 3. This failure had the potential risk for transmission of communicable diseases or organisms to residents in the facility.Findings: Review of the facility's P&P titled Infection Prevention and Control Program: Standard and Transmission Based Precautions dated 3/2024 showed EBP are used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves in during high contact resident care that provide opportunities for indirectly transfer of the MDROs to staff hands and clothing then indirectly transferred to the resident to resident; resident with wounds and indwelling medical devices re at especially high risk of both acquisition of and colonization with MDROs. Medical record review for Resident 3 was initiated on 8/5/25. Resident 3 was admitted to the facility on [DATE], and readmitted to the facility on [DATE]. Review of Resident 3's H&P examination dated 6/4/25, showed Resident 3 had the capacity to make needs known and the capacity to make medical decisions. Resident 3 had a cranioplasty done on 5/4/24. Resident 3's surgical wound was healing slowly and dehisced on 5/2025. Review of Resident 3's Order Summary Report dated 8/6/25, showed the following physician orders: - dated 7/30/25, to cleanse the scalp surgical wound with normal saline, pat dry, apply xeroform (a non-adhesive, petrolatum-impregnated gauze dressing that maintains a moist wound environment and prevents adherence to the wound bed, promoting healing) and cover with ABD pad, secure with kerlix wrap every day shift x 30 days- dated 7/30/25, to cleanse the left temple surgical wound with normal saline, pat dry, apply collagen powder (treatment essential for wound healing and tissue regeneration) and cover with ABD pad, secure with kerlix wrap every day shift for 30 days Further review of Resident 3's Order Summary Report failed to show a physician's order for EBP was in place. On 8/5/25 at 1500 hours, an observation was conducted of Resident 3. Resident 3 was observed in bed with kerlix wrapped around his head. There was no PPE set-up or EBP sign outside the door. On 8/5/25 at 1505 hours, an observation of Resident 3 and concurrent interview was conducted with LVN 1 and the IP. LVN 1 stated Resident 3 was not on EBP. LVN 1 further stated Resident 3 should have been on EBP because he had a wound on his head. The IP stated Resident 3 should be on EBP because of his surgical wound. The IP verified there was no physician's order for EBP, no PPE set-up, and EBP was not implemented. On 8/6/25 at 1455 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 3 has surgical wound on the head and there was no physician's order for EBP or PPE set- up and EBP was not implemented. On 8/6/25 at 1535 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and verified the above findings.

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