

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  09/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and medical record review, the facility failed to ensure the necessary care and services were provided when monitoring the blood pressure for one of six sampled residents (Resident 2). * The facility failed to ensure Resident 2's blood pressure was monitored as per the physician's order. In addition, the facility failed to ensure the staff had used an approved device to monitor Resident 2's blood pressure. This failure posed the risk for the resident to have inaccurate blood pressure readings. Findings: On 9/18/25 at 1430 hours, an interview was conducted with Resident 2. Resident 2 verbalized his concern about the facility nurses using a wrist blood pressure machine to obtain his blood pressure readings. Resident 2 stated he did not want his blood pressure obtained with a wrist blood pressure machine because it was inaccurate and often gave a systolic blood pressure (SBP) reading of 99 mmHg. Resident 2 stated the nurses would have to retake his blood pressure five times before getting an accurate blood pressure reading. Resident 2 further stated the nurses were obtaining his blood pressure from his dialysis access site on the left arm, which was not supposed to happen. Medical record review for Resident 2 was initiated on 9/18/25. Resident 2 was readmitted to the facility on [DATE]. Review of Resident 2's H&amp;P examination dated 11/14/24, showed Resident 2 had the capacity to understand and make decisions. Resident 2's diagnoses included End Stage Renal Disease (ESRD) on hemodialysis, high blood pressure, and history of diabetes. Review of Resident 2's Order Summary Report showed the following physician's orders:- dated 11/9/24, for amlodipine (blood pressure medication) 10 mg daily for hypertension, with instructions to hold if Resident 2's systolic blood pressure was less than 110 mmHg; and- dated 2/1/25, no blood pressure readings to be obtained from Resident 2's hemodialysis access site on the left arm. Review of Resident 2's Physician Progress Note dated 9/9/25, showed Resident 2's plan of treatment included the monitoring of Resident's 2 blood pressure for his high blood pressure diagnosis. On 9/18/25 at 1530 hours, concurrent interview and medical record review was conducted with LVN 1 and the DON. When asked what machine was used to obtain Resident 2's blood pressure readings, LVN 1 stated she used a wrist blood pressure machine. When asked which arm LVN 1 used to obtain the blood pressure readings, LVN 1 stated Resident 2 would offer the arm where he wanted to have his blood pressure readings done. The DON stated the nurses were to use the facility's blood pressure machines, not a wrist blood pressure machine. The DON also stated the nurses should check the orders to ensure the blood pressures were obtained as ordered by the physician. The DON and LVN 1 verified Resident 2 had an order to not have his blood pressure obtained from Resident 2's left arm hemodialysis access site.</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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