

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Trabuco Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25652 Old Trabuco Road Lake Forest, CA 92630	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>Based on 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 one of two sampled residents (Resident 1).</p> <p>* Resident 1 had the OT recommendations for the built-up utensils from January 2024 through April 2024. However, this recommendation was not addressed throughout the resident's therapy sessions. This failure had the potential to negatively affect the resident's health condition and well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Notification of Changes revised 12/19/22, showed the facility must inform the resident, consult with the resident's physician and/or notify the resident's family or legal representative when there is a change requiring such notification. Circumstances requiring notification include circumstances that require a need to alter treatment.</p> <p>Review of the facility's P&P titled Activities of Daily Living (ADL) revised 12/19/22, showed the facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL cares do not deteriorate unless deterioration is unavoidable. Care and services may consist of the following activities of daily living:</p> <ul style="list-style-type: none"> - Bathing, dressing, grooming and oral care; - Transfer and ambulation; - Toileting; - Eating to include meals and snacks; and - Using speech, language, or other functional communication systems. <p>Closed medical record review for Resident 1 was initiated on 6/12/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Admission MDS dated [DATE], showed Resident 1 had moderate cognitive impairment and impairment on one side of his upper extremity. The MDS also showed Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity; assistance may be provided throughout the activity or intermittently) with eating (the ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident).</p> <p>Review of Resident 1's plan of care showed a care plan problem (undated) addressing the resident's risk of malnutrition related to inadequate PO intake. The interventions included for the OT to screen and provide the adaptive equipment for feeding as needed.</p> <p>Review of Resident 1's OT Evaluation & Plan of Treatment from 1/13/24 through 2/11/24, showed the following:</p> <ul style="list-style-type: none"> - STG #5.0 - New Goal for the resident to safely perform self-feeding tasks with CGA with the use of built-up utensils for use of compensatory strategies in order to increase ability to eat in environment with minimal to no supervision or assistance needs. - LTG #5.0 - New Goal for the resident to safely perform self-feeding tasks with the set-up assistance with the use of built-up utensils for use of compensatory strategies in order to increase ability to eat in environment with minimal to no supervision or assistance needs. <p>Review of Resident 1's Occupational Therapy OT Recert, Progress Report & Updated Therapy Plan dated 2/12/24 through 3/12/24, showed the following:</p> <ul style="list-style-type: none"> - STG #5.0- Goal Met-Upgraded: for the resident to safely perform self-feeding tasks with CGA with the use of built-up utensils for use of compensatory strategies in order to increase ability to eat in environment with minimal to no supervision or assistance needs. - LTG #5.0- Goal Met-Upgraded: for the resident to safely perform self-feeding tasks with the set-up assistance with the use of built-up utensils for use of compensatory strategies in order to increase ability to eat in environment with minimal to no supervision or assistance needs. <p>Review of Resident 1's Order Summary Report with active orders as of 4/1/24, did not show a physician's order for the built-up utensils for self-feeding.</p> <p>Review of Resident 1's Occupational Therapy OT Discharge Summary dated 4/15/24, showed the resident's discharge status for self-feeding was assessed as modified independence.</p> <p>On 6/11/24 at 1503 hours, a telephone interview was conducted with Resident 1. Resident 1 stated he could not cut the chicken because I couldn't hold it.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/20/24 at 0804 hours, an interview was conducted with the OTR for Resident 1. The OTR stated Resident 1 was assessed as modified independence with self-feeding upon discharge from the facility on 4/15/24. When asked what modified independence was, the OTR stated the resident was not fully dependent and needed the adaptive equipment which was utilized for the residents with decreased hand grip or weakness. The OTR stated it was the OT's responsibility to notify the physician and request the orders for the built-up utensils. The OTR verified Resident 1 had the recommendations from the OTR from January 2024 through April 2024 to use the built-up utensils for self-feeding. The OTR verified there was no documentation to show Resident 1 was provided or trialed for the use of built-up utensils throughout his therapy sessions.</p> <p>On 6/20/24 at 1052 hours, an interview was conducted with the RD for Resident 1. The RD stated she had no knowledge that Resident 1 had the OT recommendations for the built-up utensils and verified there was no physicians' order for the built-up utensils.</p> <p>On 6/20/24 at 1510 hours, an interview was conducted with the DON and DSD. The DON and DSD were informed and acknowledged the above findings.</p>		