

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Anaheim Crest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3067 W Orange Avenue Anaheim, CA 92804	

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 0686</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872</p> <p>Based on interview and medical record review, the facility failed to ensure the necessary care and services were provided to prevent the development of pressure injuries for one of two sampled residents (Resident 1).</p> <p>* The facility failed to ensure the wound consult was done in a timely manner. This failure had the potential for Resident 1 to not receive the appropriate care and services to promote healing of the wounds.</p> <p>Findings:</p> <p>Closed medical record review for Resident 1 was initiated on 3/14/24. Resident 1 was admitted to the facility on [DATE].</p> <p>Review of Resident 1's H&P examination dated 1/5/24, showed Resident 1 was admitted to the facility from the acute care hospital following a hip surgery for a right hip fracture and Stage 4 pressure injury. Resident 1 did not have the capacity to understand and make decisions.</p> <p>Review of Resident 1's physician's order dated 1/4/24, showed an order for wound consult for wound management.</p> <p>Review of the Advantage Surgical & Wound Care progress note dated 1/18/24, showed an initial visit from the wound physician, which was two weeks after it was ordered.</p> <p>On 4/8/24 at 1233 hours, an interview and concurrent closed medical record review was conducted with LVN 1. LVN 1 stated she was the treatment nurse. LVN 1 stated the wound physician came to the facility every Thursday for the residents with pressure injuries. LVN 1 stated Resident 1 should have been seen on 1/11/24. LVN 1 stated she did not know how she missed that.</p> <p>On 4/8/24 at 1528 hours, an interview and concurrent closed medical record review was conducted with RN 1. RN 1 stated LVN 1 should have arranged the wound consult sooner because the wound physician was in the facility weekly. RN 1 verified the staff failed to consult the wound physician in a timely manner.</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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