

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555709	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Chapman Global Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 East 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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the RNA services were provided as ordered to one of three sampled residents (Resident 3) to prevent a decline in the ROM functions.</p> <p>* The facility failed to follow a physician's order for the RNA to apply the bilateral hand splints, bilateral PRAFOs the to lower extremities, and provide the ROM exercises daily to Resident 3. This failure had the potential for Resident 3 to sustain a decline in the ROM functions, which could lead to the worsening of contractures and muscle atrophy.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Restorative Nursing Program (RNA) reviewed August 2023 showed the RNA program is provided seven days a week based on the resident's individual needs and delivered per the physician's order.</p> <p>On 9/25/24 at 1500 hours, a concurrent observation and interview was conducted with Resident 3. Resident 3 was observed lying in bed with both hands contracted and hand rolls in place. Resident 3 expressed the concerns of not having the RNA daily to do the ROM exercises and application of the splints and PRAFOs. Resident 3 further stated this could worsen his ROM functions and contractures.</p> <p>Medical record review for Resident 3 was initiated on 9/25/24. Resident 3 was admitted to the facility on [DATE], with a history of contractures of the unspecified joint, muscle wasting, and atrophy.</p> <p>Review of Resident 3's Physician's Order Summary for 9/1/24 to 9/30/24, showed to apply the bilateral hand splints daily for 3.5 hours, bilateral PRAFOs for both lower extremities daily after the ROM exercises for six hours, and provide the active/passive ROM exercises for the bilateral upper and lower extremities as tolerated daily.</p> <p>Review of Resident 3's care plan addressing the problem of the resident's contractures dated 7/22/21, showed the resident would have the ROM exercises daily with the RNA and application of the splints and PRAFOs as ordered.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 3's RNA Flowsheet for September 2024 showed Resident 3 only had the RNA services on 9/5, 9/6, 9/9, 9/11, 9/12, 9/16, 9/19, and 9/20/24.</p> <p>On 9/26/24 at 1100 hours, an interview was conducted with LVN 5. LVN 5 confirmed Resident 3 had a physician's order for the RNA to provide the ROM exercises and application of the splints and PRAFOs daily. LVN 5 further stated there had been days that the RNA was not scheduled to work, which could affect Resident 3's ROM status and increase the stiffness to both upper and lower extremities.</p> <p>On 9/26/24 at 1245 hours, an interview was conducted with RNA 1. RNA 1 verbalized she was able to perform her role as an RNA today; however, the facility had scheduled her and two other RNAs to work as CNAs due to challenges with the CNAs' coverage on the unit in the past weeks. The RNA further stated she would prefer to work as an RNA to assist the residents with their ROM exercises.</p> <p>On 9/26/24 at 1630 hours, an interview was conducted with the DON. The DON acknowledged the concerns of not having an RNA scheduled daily. He further stated the residents' hygiene and ADL assistance were the priority; however, he was working on recruiting the staff for the RNA position as the job had been posted last month. The DON also verbalized understanding of this issue could impact the resident's health and ROM status.</p>		