

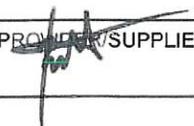
California State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060000052	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025
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NAME OF PROVIDER OR SUPPLIER ORANGE HEALTHCARE & WELLNESS CENTRE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 920 WEST LA VETA STREET , ORANGE, California, 92868
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C0000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during the Complaint investigation for Complaint Numbers: 2642825 and 2643566.</p> <p>The survey team entered the facility on 10/21/25 at 0930 hours.</p> <p>The facility identified the census as 88.</p> <p>The survey sample size was 5.</p> <p>Inspection was limited to the complaints investigated and did not represent the findings of a full inspection of the facility.</p> <p>* FOR COMPLAINT NUMBER: 2642825, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>HOWEVER, DURING THE COMPLAINT INVESTIGATION, DEFICIENCIES WERE IDENTIFIED AND CITED AT C0850.</p> <p>* FOR COMPLAINT NUMBER: 2643566, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>GLOSSARY AND DEFINITIONS:</p> <p>Debridement - the removal of damaged tissue from a wound</p> <p>DON – Director of Nursing</p> <p>DTI – Deep Tissue Injury (a type of pressure ulcer where damage begins in the underlying soft tissues from pressure and shear, but the skin may remain intact initially)</p>	C0000	<p style="text-align: right; color: blue; background-color: yellow;">11/25/25 POC Accepted</p>	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/14/25
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C0000	Continued from page 1 P&P – Policy and Procedure Pressure ulcer - a localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Stage 3 pressure ulcer - a full-thickness skin loss that extends into the subcutaneous tissue but does not involve muscle, tendon, or bone Stage 4 pressure ulcer - full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed	C0000		
C0850	Nursing Service--General CFR(s): T22 DIV5 CH3 ART3-72311(a)(3)(B) (a) Nursing service shall include, but not be limited to, the following: (3) Notifying the attending licensed healthcare practitioner acting within the scope of his or her professional licensure promptly of: (B) Any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a patient. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to notify the physician of a change in pressure ulcer staging for one of five sampled patients (Patient 1). * The physician was not notified when Patient 1's pressure ulcer went from a Stage 3 pressure ulcer to Stage 4 pressure ulcer. Findings: Review of the facility's P&P titled Change of Condition Notification effective 8/25/22, showed the facility will consult with the patient's physician for a significant change in condition. A physician must be notified of a change of condition when the patient's signs and symptoms are different than usual denote a new problem, complication or permanent change in status and require a medical assessment, coordination and consultation with the physician and a change in the treatment plan.	C0850		

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C0850	<p>Continued from page 2</p> <p>Health record review for Patient 1 was initiated on 10/21/25. Patient 1 was readmitted to the facility on 3/29/23.</p> <p>Review of Patient 1's N Adv – Skin Check note dated 9/30/25, showed the patient had a Stage 3 pressure ulcer on the right gluteus pressure ulcer.</p> <p>Review of Patient 1's N Adv – Skin Check note dated 10/7/25, showed the patient's wound declined and was now a Stage 4 pressure ulcer with muscle exposed.</p> <p>Review of Patient 1's Provider Pressure Injury Assessment and Orders dated 10/7/25, showed the patient's wound bed had DTI. The wound consultant performed debridement into the muscle, and the pressure ulcer was reclassified as a Stage 4 pressure ulcer.</p> <p>On 10/22/25 at 1156 hours, a concurrent interview and health record review was conducted with the DON. The DON stated the physician should be notified of all the skin changes, including when the pressure ulcers change from a Stage 3 to 4. The DON reviewed Patient 1's health record and verified it failed to show Patient 1's physician was noted when the patient's pressure ulcer was reassessed and classified at a Stage 4.</p>	C0850		

Orange Healthcare submits this response and plan of correction as part of the requirements under the state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, director, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance.

"Preparation, submission, and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law."

C0850 Nursing Service – General

A. The corrective action to be taken for everyone affected by the deficient practice, including any system changes that must be made

On 10/22/25, the treatment nurse notified the attending physician of the change in skin condition for Resident 1 from pressure injury stage three to stage 4.

On 10/22/25, the DON provided a 1:1 in-service to LVN Treatment Nurse 1 on the topic of "Change in Condition, with an emphasis on timeliness of attending physician notification."

By 11/21/25, the DON and/or DSD will in-service the Licensed Nurses on the topic of "Change in Condition, with an emphasis on timeliness of attending physician notification."

Effective immediately, the treatment nurse and/or charge nurse will report to the DON any change in resident's skin condition to ensure that MD will be notified of any changes in a timely manner.

Daily, Monday through Friday during the facility's clinical meeting, the DON will review the changes of condition reports that occurred within the last 24-72 hours for any new skin changes and follow up accordingly to ensure the attending physician was notified, with emphasis on resident's skin changes.

B. The position of the person who will monitor the corrective action and the frequency of monitoring

The DON will monitor resident's skin condition for any changes and verify with the treatment nurses/charge nurses to ensure MD was notified weekly x 4 weeks, then twice monthly x 3 months or until substantial compliance is achieved.

Completion/Compliance Date: 11/21/25



Submitted 11/14/25
Brenda Huante
Administrator