

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869		
(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
F0000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: CA00966887.</p> <p>The survey team entered the facility on 6/24/25 at 0730 hours.</p> <p>The facility identified the census as 135.</p> <p>The survey sample size was 5.</p> <p>Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility.</p> <p>* FOR COMPLAINT NUMBER: CA00966887, DECIFIENCIES WERE IDENTIFIED AND CITED AT F726.</p> <p>GLOSSARY AND DEFINITIONS:</p> <p>% - percent sign</p> <p>anemia - low levels of healthy red blood cells to carry oxygen throughout your body</p> <p>BIMS – Brief Interview for Mental Status (a test to determine a resident’s cognitive understanding; a score of 13-15 indicates cognitively intact, 8-12 indicates moderately impaired, and 0-7 indicates severe impairment)</p> <p>BMP – Basic Metabolic Panel (a group of blood tests that provides information about the body’s fluid balance, electrolyte levels, and how well the kidneys are working)</p> <p>CBC – Complete Blood Count (a common blood test that provides information about the different types of cells in the blood, including red blood cells, white blood</p>	F0000	<p><u>F726 – Competent Nursing Staff</u></p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident 1 has been discharged from the facility since 5/21/25.</p> <p>LVN 1 was provided a 1:1 in-service by DON on 7/2/25 focusing on the identification and reporting of critical lab values to physicians and corresponding clinical symptoms.</p> <p>How the facility will identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>An audit was conducted by DON/Designee(s) on 7/3/25 of recent lab reports in the last 7 days, with previously identified abnormal results to ensure that all were correctly communicated and addressed.</p> <p>No other residents were found to be affected by this deficient practice.</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 reverse for further 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 Administrator	(X6) DATE 7-25-2025
--	-------------------------------	-------------------------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869	
(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
F0000	Continued from page 1 cells, and platelets) cc: cubic centimeter(s) DSD - Director of Staff Development DON - Director of Nursing g/dl - grams per deciliter H&P – History and Physical Hct – Hematocrit (a blood test that measures the percentage of red blood cells in blood. Low hematocrit levels can indicate anemia, a condition where the body lacks enough healthy red blood cells to carry adequate oxygen) Hgb – Hemoglobin (a protein in red blood cells that carries oxygen from the lungs to the rest of the body and returns carbon dioxide to the lungs for exhalation) LVN - Licensed Vocational Nurse MDS - Minimum Data Sheet (a standardized assessment tool that measures health status in nursing home residents) mmHg – millimeter(s) of mercury P&P - policy and procedure RN – Registered Nurse WBC – White Blood Count (a blood test that measures the number of white blood cells in a sample of blood; white blood cells are crucial for the immune system, helping the body fight off infections and diseases) thous/mcl - thousand per microliter Tracheostomy - a surgically created hole, also called a stoma, in your windpipe, also known as your trachea Ventilator - a machine that helps a person breathe or breathes for the person	F0000	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. DON/Designee conducted an in-service from 7/3/25 - 7/18/25 regarding recognition and reporting critical lab values, including hemoglobin, hematocrit, and white blood cell count, and documentation process for changes in residents' condition and physician communication. Medical Director provided an in-service to licensed nurses on 7/29/25 regarding critical lab values and communication to physicians for proper treatment. DON/designee will perform skills and competency in-service licensed nurses on reporting abnormal labs during orientation for new hires, quarterly for 2 quarters and annually thereafter as needed. DON/Designee will conduct audit lab results for at least 3-5 residents a week x 4 weeks then monthly thereafter x 3 months to ensure abnormal lab results are reported timely to the physicians and residents assessed for any changes in condition.	
F0726 SS = D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(d) §483.35 Nursing Services	F0726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869		
(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
F0726 SS = D	<p>Continued from page 2</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(d) Proficiency of nurse aides.</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the licensed nurses had competencies and skill sets needed to care for one of five sampled resident (Resident 1).</p> <p>* LVN 1 reported the abnormal laboratory values to Resident 1's physician without clarifying the physician's orders, which only addressed the resident's fluid status but not the severely low Hgb and Hct, and elevated WBC count. This failure created the potential risk of not providing qualified staff for the resident's care.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Diagnostic Test Results Notification revised 1/2022 showed the results</p>	F0726	<p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The DON/Designee will track, trend, and report findings to the QAA/QAPI Committee monthly for 3 months or until substantial compliance is achieved.</p> <p>Completed Date: 7/30/25</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869	
(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
F0726 SS = D	<p>Continued from page 3 of the laboratory, radiological, and diagnostic tests outside the clinical reference ranges shall be reported to the resident's attending physician promptly or as specified in the order.</p> <p>1. Closed medical record review for Resident 1 was initiated on 6/24/25. Resident 1 was admitted to the facility on 5/19/25, and discharged on 5/21/25.</p> <p>Review of Resident 1's H&P examination dated 5/20/25, showed Resident 1 had fluctuating capacity. Resident 1 had diagnoses of chronic respiratory failure, tracheostomy, ventilator dependence, and anemia of chronic disease.</p> <p>Review of Resident 1's Order Summary Report showed a physician's order dated 5/20/25, for laboratory blood levels on the morning of 5/21/25, CBC and BMP.</p> <p>Review of Resident 1's laboratory results report dated 5/21/25 at 0929 hours, showed the following values and normal reference ranges:</p> <p>WBC – 17.7 High (normal range: 4.0 – 10.5 thous/mcl)</p> <p>HGB – 7.5 Low (normal range: 13.5 – 16.9 g/dl)</p> <p>HCT – 23.4 Low (normal range: 39.5 – 50 %)</p> <p>Review of the communication exchange between Resident 1's physician and LVN 1 showed on 5/21/25 at 1154 hours, a picture of Resident 1's CBC and BMP report was sent via text on the facility's cell phone. The following message was included with the laboratory results: "Here are Resident 1's lab results" and Resident 1's room number was provided.</p> <p>On 5/21/25 at 1157 hours, Resident 1's physician responded back with the question, "what water flushes is she getting?"</p> <p>On 5/21/25 at 1200 hours, LVN 1 responded back that Resident 1 was the male resident, repeated Resident 1's room number, and Resident 1 was receiving water flushes at 40 cc per hour.</p> <p>On 5/21/25 at 1203 hours, Resident 1's physician texted</p>	F0726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869	
(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
F0726 SS = D	<p>Continued from page 4 an order for the water flushes to be increased to 50 cc per hour.</p> <p>Review of the communication exchange between Resident 1's physician and LVN 6 showed on 5/21/25 at 2142 hours, LVN 6 notified Resident 1's physician that Resident 1's blood pressure was 78/48 mmHg and after elevating Resident 1's legs for 15 minutes the blood pressure was up to 90/50 mmHg. Resident 1's physician responded with a request for Resident 1's laboratory values which he had ordered. LVN 6 responded it was the male resident, the "labs" were sent earlier, the BUN was 58, and the WBC was 17.1. Resident 1's physician responded nobody had sent those "labs" to him and he needed to see them. LVN 6 then sent the lab values to Resident 1's physician. The physician ordered blood cultures, a urine test, chest x-ray, an antibiotic every eight hours, and one liter of normal saline. Resident 1's physician wrote back having two residents with the same last name was confusing.</p> <p>Review of Resident 1's progress note dated 5/21/25 at 2230, showed Resident 1's blood pressure was 90/56 mmHg, pulse was 95, and SpO2 was 85%. Resident 1's physician was notified and the physician ordered Resident 1 to be transferred to the acute care hospital via 911.</p> <p>On 7/1/25 at 1328 hours, an interview and concurrent closed medical record review was conducted with LVN 1. LVN 1 stated she worked primarily as the desk nurse and one of the responsibilities of the desk nurse was to inform the physician of the laboratory results and to receive any new orders. The abnormal laboratory results the LVN had sent to Resident 1's physician on 5/21/25 were reviewed. When LVN 1 was asked if she had any concerns about the low Hgb and Hct levels, and the high WBC count, LVN stated, I just followed the orders.</p> <p>On 7/9/25 at 1350 hours, an interview and concurrent closed medical record review was conducted with LVN 4. LVN 4 stated when abnormal laboratory values were received, the first action was to assess the resident and communicate with the charge nurse taking care of the resident. LVN 4 stated she would then personally assess the resident. LVN 4 stated she would write the prior laboratory results on the report and highlight any significant laboratory results, before sending them to the physician. LVN 4 stated she would also communicate any significant information about the</p>	F0726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555286	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92869	
(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
F0726 SS = D	<p>Continued from page 5 resident to the physician. During the review of Resident 1's laboratory results, LVN 4 stated she would talk with the RN supervisor about it. LVN 4 stated she would have assessed the resident for bleeding. LVN 4 stated she would have contacted the resident's physician and made sure he saw the low Hgb and Hct levels and asked if the resident could be sent out.</p> <p>On 7/9/25 at 1315 hours, an interview was conducted with the Administrator. The Administrator stated the nurses should have a basic understanding of the laboratory values.</p> <p>On 7/10/25 at 1045 hours, an interview was conducted with the DON. The DON stated she expected the nurses to question orders that did not make sense. The DON stated when LVN 1 communicated Resident 1's laboratory values to the resident's physician, the LVN did not clarify with the physician if there was no order to address the abnormal WBC count or the low Hgb and Hct.</p> <p>On 7/10/25 at 1334 hours an interview was conducted with the DSD. The DSD stated the nurses had three days of orientation with a brief review about laboratory values but nothing specific to verify competency.</p>	F0726		