

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2025  
FORM APPROVED  
OMB NO. 0938-0391

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 08/06/2025
NAME OF PROVIDER OR SUPPLIER NEW ORANGE HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 5017 E. CHAPMAN AVENUE , ORANGE, California, 92669		
(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><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: 2570193.</p> <p>The survey team entered the facility on 8/5/25 at 0835 hours.</p> <p>The facility identified the census as 134.</p> <p>The sample size was 3.</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: 2570193, NO DEFICIENCIES WERE IDENTIFIED.</p> <p>HOWEVER, DURING THE ABBREVIATED SURVEY, AN ADDITIONAL DEFICIENCY WAS IDENTIFIED AND CITED AT F880.</p> <p><b>GLOSSARY AND DEFINITIONS</b></p> <p>ABD pad - Abdominal pad (highly absorbent dressings - used to protect and manage heavily draining wounds)</p> <p>Cranioplasty - a surgical procedure to repair defects or deformities in the skull</p> <p>Dehiscence wound - a complication of a surgical wound refers to a separation of a surgical incision or wound edges instead of healing together.</p> <p>DON - Director of Nursing</p> <p>EBP - Enhanced Barrier Precaution (an Infection control Intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes)</p>	F0000	<p><b><u>F880 - Infection Prevention &amp; Control</u></b></p> <p><b>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident 3 was assessed for any signs and symptoms of infection by IP on 8/6/2025, with no current indications observed.</p> <p>Wound Care Specialist assessed resident on 8/6/2025 with no systemic s/sx of infection noted.</p> <p>LVN 1 was provided a 1:1 in-service by DON on 8/5/25 focusing on the identification and implementation of EBP practices for residents requiring and initiating orders.</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 USE ONLY OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	8/26/2025

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F0000	Continued from page 1  H&P – History and Physical  IP - Infection Preventionist  Kerlix wrap - medical bandage used primarily used for wound care  LVN – Licensed Vocational Nurse  MDRO - Multi Drug Resistant Organism (organism that resist treatment with more than one antibiotic)  P&P – Policy and Procedure(s)  PPE - Personal Protective Equipment (acting as a barrier to prevent the spread of infectious agents. It includes items like gloves, gowns, masks, respirators, and eye protectors; all designed to protect healthcare workers and residents)	F0000	<b>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.</b>  All residents with foley catheters, enteral feeding, and wounds have potential to be affected by this deficient practice.  An audit was conducted by Infection Preventionist/Designee(s) on 8/5/2025 - 8/6/2025 of all residents with special devices/wounds requiring EBP isolation to ensure that all had PPE available, signage, orders and care plans were in place.	
F0880 SS = D	Infection Prevention & Control  CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control  The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program.  The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F0880	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.  Infection Preventionist/Designee conducted an in-service from 8/5/25 - 8/12/25 to licensed nurses regarding EBP practices and the criteria that would require implementation.  Infection Preventionist will make daily rounds and audit new admissions and current residents on EBP, Monday – Friday x 3 months to ensure proper implementation of EBP on the floor that includes signage, orders and care plans are in place.	

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F0880 SS = D	<p>Continued from page 2</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to establish and maintain the infection control program and practices designed to help prevent the development</p>	F0880	<p>DON/Designee will conduct audit for at least 3-5 residents a week x 4 weeks x 3 months to ensure Enhance Barrier Precautions have been implemented and care planned</p> <p><b>How the facility plans to monitor its performance to make sure that solutions are sustained.</b></p> <p>The Infection Preventionist/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: 8/13/2025</p>	

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F0880 SS = D	<p>Continued from page 3 and transmission of diseases and infections for one of three sampled residents (Resident 3).</p> <p>* The facility failed to ensure the EBP was implemented for Resident 3. This failure had the potential risk for transmission of communicable diseases or organisms to residents in the facility.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Infection Prevention and Control Program: Standard and Transmission Based Precautions dated 3/2024 showed EBP are used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves in during high contact resident care that provide opportunities for indirectly transfer of the MDROs to staff hands and clothing then indirectly transferred to the resident to resident; resident with wounds and indwelling medical devices re at especially high risk of both acquisition of and colonization with MDROs.</p> <p>Medical record review for Resident 3 was initiated on 8/5/25. Resident 3 was admitted to the facility on 9/9/22, and readmitted to the facility on 6/3/25.</p> <p>Review of Resident 3's H&amp;P examination dated 6/4/25, showed Resident 3 had the capacity to make needs known and the capacity to make medical decisions. Resident 3 had a cranioplasty done on 5/4/24. Resident 3's surgical wound was healing slowly and dehiscd on 5/2025.</p> <p>Review of Resident 3's Order Summary Report dated 8/6/25, showed the following physician orders:</p> <ul style="list-style-type: none"> <li>- dated 7/30/25, to cleanse the scalp surgical wound with normal saline, pat dry, apply xeroform (a non-adhesive, petrolatum-impregnated gauze dressing that maintains a moist wound environment and prevents adherence to the wound bed, promoting healing) and cover with ABD pad, secure with kerlix wrap every day shift x 30 days</li> <li>- dated 7/30/25, to cleanse the left temple surgical wound with normal saline, pat dry, apply collagen powder (treatment essential for wound healing and tissue regeneration) and cover with ABD pad, secure</li> </ul>			F0880			

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F0880 SS = D	<p>Continued from page 4 with kerlix wrap every day shift for 30 days</p> <p>Further review of Resident 3's Order Summary Report failed to show a physician's order for EBP was in place.</p> <p>On 8/5/25 at 1500 hours, an observation was conducted of Resident 3. Resident 3 was observed in bed with kerlix wrapped around his head. There was no PPE set-up or EBP sign outside the door.</p> <p>On 8/5/25 at 1505 hours, an observation of Resident 3 and concurrent interview was conducted with LVN 1 and the IP. LVN 1 stated Resident 3 was not on EBP. LVN 1 further stated Resident 3 should have been on EBP because he had a wound on his head. The IP stated Resident 3 should be on EBP because of his surgical wound. The IP verified there was no physician's order for EBP, no PPE set-up, and EBP was not implemented.</p> <p>On 8/6/25 at 1455 hours, an interview and concurrent medical record review was conducted with the DON. The DON verified Resident 3 has surgical wound on the head and there was no physician's order for EBP or PPE set-up and EBP was not implemented.</p> <p>On 8/6/25 at 1535 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and verified the above findings.</p>	F0880					