

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER ORANGE HEALTHCARE & WELLNESS CENTRE, LLC		STREET ADDRESS, CITY, STATE, ZIP 920 WEST LA VETA STREET ORANGE, CA 92868	
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)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was provided care in a manner that promoted dignity and respect. The facility failed to ensure the staff responded to Resident 1's call light in a timely manner to meet the resident's care needs. As a result, Resident 1 remained in soiled clothing and linen for approximately an hour. This failure had the potential to diminish the resident's self-esteem and self-worth. Findings: On 5/21/2020 at 1500 hours, a telephone interview was conducted with Resident 1. Resident 1 stated her call light was not answered for about an hour on Friday, 5/15/2020. Resident 1 stated she pressed her call light around 1420 hours because she had soiled herself, but her call light was not answered until after the staffs' change of shift at around 1515 hours. Resident 1 stated she was left sitting in her feces for about an hour, and the feces had gotten all over her bed linen and onto the floor. Resident 1 stated this made her feel embarrassed and terrible about herself. Resident 1 stated she required assistance with toileting and personal hygiene. Resident 1 stated she would keep track of how long it took the staff to answer her call light by the clock in her room. Medical record review for Resident 1 was initiated on 5/21/2020. Resident 1 was admitted to the facility on [DATE]. Review of the history and physical examination [REDACTED]. Resident 1's [DIAGNOSES REDACTED]. Review of Resident 1's plan of care showed a care plan problem dated 10/12/19, to address Resident 1's impaired physical functioning requiring assistance with ADL care. The goal was for Resident 1 to be neat, clean, well-groomed, and odor-free at all possible times daily. The approaches included to keep Resident 1 clean and dry, maintain the call light within easy reach, and answer the call light promptly. On 5/21/2020 at 1139 hours, an interview was conducted with the DON. The DON stated the call lights should ideally be answered within 15 minutes. On 5/22/2020 at 1300 hours, a telephone interview was conducted with CNA 1. CNA 1 stated she worked on the 1500 to 2300 hours shifts. CNA 1 verified she worked on 5/15/2020, and stated Resident 1 was the first resident she checked on because Resident 1's call light was on. CNA 1 stated she checked on Resident 1 around 1510 or 1515 hours. CNA 1 was asked about Resident 1's condition. CNA 1 stated Resident 1 was found sitting in feces, which had also soiled her linen and gotten onto the floor.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.