

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 03/10/2020
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and medical record review, the facility failed to implement a care plan approach to reduce the risk for skin breakdown and ulcer formation for one of two sampled residents (Resident 2). This failure placed Resident 2 at an increased risk for skin breakdown. Findings: Medical record review for Resident 2 was initiated on [DATE]. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of the MDS dated [DATE], showed Resident 2 was totally dependent on staff with his ADLs and had limited mobility and impairment of both lower extremities. On [DATE] at 1045 hours, Resident 2 was observed sitting in the hallway in his wheelchair. The resident was sitting on a folded blanket. Resident 2 stated a few months ago he had abdominal surgery and was not been able to walk on his own. Resident 2 stated the wheelchair was provided to him by the facility and he was currently sitting on a blanket. Resident 2 stated a cushion would be more comfortable for him to sit on since he spends most of his time in the wheelchair. Review of Resident 2's Braden Scale (a skin breakdown risk assessment) for Predicting Pressure Sore Risk, showed an assessment dated [DATE], describing the resident's level of activity as chairfast. According to the assessment, chairfast was described as the ability to walk being severely limited or nonexistent and unable to bear own weight and/or must be assisted into a chair or wheelchair. Review of Resident 2's plan of care showed a care plan problem dated 11/20/2019, to address the risk for skin breakdown and ulcer formation related to impaired mobility, incontinence, decreased sensation of skin, poor nutrition, abnormal lab results, thin, fragile skin and compliance with treatment and positioning. The plan for Resident 2 included care and repositioning during rounds, encouraging independent turning, providing pressure redistributing devices and assessing for effectiveness, providing skin care frequently, cleaning the resident's skin after each episode of incontinence, elevating his legs to decrease stasis and [MEDICAL CONDITION], floating heels as tolerated, assessing for pain and monitoring for signs and symptoms of infection. Review of Resident 2's physician's orders [REDACTED]. RN 1 stated when a resident is admitted with a high risk for pressure ulcers then the licensed nurses are responsible for requesting devices from the resident's physician. RN 1 stated Resident 2 was at high risk for development of pressure ulcers. RN 1 verified Resident 2's care plan included an approach to provide pressure relieving devices to prevent skin breakdown. RN 1 acknowledged Resident 2 was not provided a pressure relieving wheelchair cushion to prevent skin breakdown. On [DATE] at 1603 hours, an interview and concurrent medical record review was conducted with LVN 1. LVN 1 verified Resident 2 did not have a physician's orders [REDACTED]. LVN 1 verified Resident 2's plan of care addressing his risk for skin breakdown included to provide pressure redistributing devices. LVN 1 stated pressure redistributing devices included pillows, wheelchair cushions, and a low air loss mattress (a special mattress which provides pressure relief). LVN 1 stated the recommendation for a wheelchair cushion is normally made only after the resident voices concerns of being uncomfortable in the wheelchair. LVN 1 stated she would then ask if Resident 2 wanted a wheelchair cushion and notify the doctor for an order. There was no documentation to show anyone asked Resident 2 about his comfort level in the wheelchair.		
F 0925 Level of harm - Potential for minimal harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and facility document review, and facility P&P review, the facility failed to maintain an effective pest control program. * There was a gap between the floor and bottom of the patio door. This has the potential to allow pests to enter the facility. * A door leading to the outside area of the facility was left propped open. These failures had the potential to permit pests into the facility which could create a health hazard to residents. Findings: Review of the facility's P&P titled Pest Control revised on 1/1/12, showed the facility maintains an ongoing pest control program to ensure the building and grounds are kept free of insects, rodents, and other pests. Review of Service Inspection Reports dated 12/4/19 and 1/9/2020, showed there were doors with space/gaps on bottom which create a possible for pests to enter into the facility. The recommendation was to install pest strips at the bottom of the doors to keep pests from entering the structure. On [DATE] at 1425 hours, an environment observation and concurrent interview was conducted with the Maintenance Supervisor. The door leading to the patio (near physical therapy equipment) was observed with a visible gap between the floor and lower left corner of the door (approximately 5 cm width x 12 cm height). In addition, a door by the medical records office was observed propped open. The Maintenance Supervisor stated the staff left the door open when they threw out the garbage. The Maintenance Supervisor verified the above findings and acknowledged this practice created the risk of rodents or pests entering the facility. The Maintenance Supervisor verified the pest control reports had shown gaps in the door and was not acted upon to prevent pests from entering the facility.		
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.