STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555462	A. BUILDING _____ B. WING _____	**08/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VILLA VALENCIA HEALTHCARE CENTER	**24552 PASEO DE VALENCIA LAGUNA HILLS, CA 92653**

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 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to address one of three sampled residents' (Resident 1) change in condition in a timely manner. This posed the risk of not providing appropriate care to the resident. Findings: Review of the facility's P&P titled Change in a Resident's Condition or Status revised May 2017 showed the nurse will promptly notify the resident's attending physician and representatives of changes in the resident's medical/mental condition and/or status. Closed medical record review for Resident 1 was initiated on 7/31/20. Resident 1 was admitted to the facility on [DATE]. Review of the history and physical examination [REDACTED]. Review of the Documentation Survey Report (CNA's ADL flowsheet) showed Resident 1 required limited to total assistance from the staff for eating. Documentation showed Resident 1 was eating 26 to 100% of meals and drank 200 to 410 ml of fluids for breakfast, lunch, and dinner from 7/1 to 7/3/20. On 7/4/20, Resident 1 refused her breakfast and lunch meals and fluids; however, there was no documentation to show show whether Resident 1 was offered alternate or substitute meals or fluids. In addition, there was no documentation the physician was informed of the resident's refusal to eat or drink. Review of the COMS - Skilled Evaluation dated 7/4/20 at 1101 hours, documented by LVN 1, showed Resident 1 had normal intake of less than 75%, which contradicted with the CNA's documentation above. Review of the Progress Notes showed a nursing entry dated 7/5/20 at 1907 hours, showing Resident 1 received the intravenous hydration due to decreased oral intake. Another nursing entry dated 7/5/20 at 2011 hours, showed Resident 1 became lethargic but arousable. The physician was informed and ordered to send Resident 1 to the acute care hospital emergency department. On 8/10/20 at 1450 hours, a telephone interview and concurrent closed medical record review for Resident 1 was conducted with LVN 1. When asked how she received information about Resident 1's meal and fluid intake, LVN 1 stated the CNAs were to verbally report this information to her, or the facility's computer software would provide the alerts about this information. When asked about Resident 1's meal and fluid intake on 7/4/20, LVN 1 stated she did not receive any verbal reports from the CNA nor a computer alert about Resident 1's meal and fluid intake. There was no explanation provided about the intake discrepancy of what LVN 1 had documented and what the CNA had documented about the resident's meal intake. On 8/17/20 at 1408 hours, a telephone interview and concurrent closed medical record review for Resident 1 was conducted with the DON and Administrator. The DON and Administrator verified the above findings. Both the DON and Administrator verified there was no documentation to show Resident 1's refusal of meals and fluids for breakfast and lunch on 7/4/20, which was a change in condition, was addressed in a timely manner.

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.