

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 05/14/2020
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 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 observation, interview, and medical record review, the facility failed to provide the necessary care and services for one of two sampled residents (Residents 1) to ensure the physician's orders [REDACTED]. This failure posed the risk of Resident 1 not being provided appropriate care and treatment by increasing the risk of blood clots, which could negatively impact the resident's health. Findings: On 5/6/20 at 1135 hours, a telephone interview was conducted with Resident 1. Resident 1 stated he ran out of the rivaroxaban tablet for the third time because the nurse forgot to reorder the medication from the pharmacy. Resident 1 stated last night, the nurse had to borrow rivaroxaban tablet from another resident. Medical record review for Resident 1 was initiated on 5/7/20. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of the history and physical examination [REDACTED]. Review of Resident 1's MDS dated [DATE], showed Resident 1 was alert and oriented with no cognitive impairment. Review of the physician's orders [REDACTED]. Review of the Medication Administration Record [REDACTED]. Review of the Nurse's medication notes dated 5/5/20, showed rivaroxaban was missing and the prescription was being refilled at 1953 hours. On 5/11/20 at 1704 hours, a telephone interview and concurrent medical record review for Resident 1 was conducted with the DSD. The DSD verified Resident 1 did not receive rivaroxaban on 3/20 and 5/5/20, due to the medication being unavailable. The DSD stated the nurse was supposed to reorder the medication when the medication was down to only a five day supply left. On 5/12/20 at 1150 hours, a telephone interview was conducted with the Pharmacy Consultant regarding the refill of the rivaroxaban tablet for Resident 1. The Pharmacy Consultant stated the rivaroxaban tablet was requested and dispensed as follows: - On 3/21/20 at 1700 hours, the facility requested the rivaroxaban 20 mg tablet and the medication was delivered on 3/23/20 at 1717 hours. - On 5/5/20 at 2113 hours, the facility requested the rivaroxaban 20 mg tablet and the medication was dispensed on 5/6/20 at 0700 hours. The Pharmacy Consultant stated the pharmacy had 72 hours window to dispense the medication, and the nurse should request for a refill of the medication when the medication had about a five day supply remaining to ensure it was refilled before it ran out.		
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.