

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER GARDEN GROVE POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 12882 SHACKELFORD LANE GARDEN GROVE, CA 92841	
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and medical record review, the facility failed to ensure the necessary care and services were provided to prevent the development or worsening of a pressure ulcer for one of two sampled residents (Resident 2). Resident 2 was readmitted to the facility with Deep Tissue Injury (DTI) to both heels. The facility failed to follow the Wound Consultant's recommendations to offload Resident 2's heels. This had the potential for Resident 2 not receiving the appropriate care and services to promote healing of the pressure ulcer. Findings: Medical record review for Resident 2 was initiated on 3/10/2020. Resident 2 was readmitted to the facility on [DATE]. Review of the Wound/Skin Healing Record dated [DATE], showed Resident 2 was readmitted to the facility with a DTI to the right and left heels. The DTI on the right heel measured 5.5 cm (length) x 6.3 cm (width). The DTI on the left heel measured 2.4 cm (length) x 2.3 cm (width). Review of the Braden Scale - For Predicting Pressure Sore Risk dated 3/1 and 3/8/2020, showed Resident 2 was a high risk for developing pressure ulcers. Review of the Wound Consultant's assessment dated [DATE], showed an order to offload Resident 2's heels by providing foot cradle and heel protectors. On 3/10/2020 at 1240 hours, Resident 2 was observed lying in bed with both heels resting directly on the mattress. On 3/10/2020 at 1245 hours, an observation of Resident 2 and concurrent interview was conducted with LVN 1. Resident 2 was observed lying on her back with both heels resting directly on the mattress. There was no foot cradle or heel protectors observed being utilized. LVN 1 verified the above findings and stated the interventions for Resident 2's DTI also included to offload the heels from pressure by placing pillows under Resident 2's legs to keep the heels from resting directly on the mattress. On 3/10/2020 at 1255 hours, an interview and concurrent medical record review was conducted with LVN 1. LVN 1 acknowledged the Wound Consultant's recommendations for foot cradle and heel protectors. LVN 1 stated she will get those for Resident 2.</p>		
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.