

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555445</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ANAHEIM CREST NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3067 W ORANGE AVENUE ANAHEIM, CA 92804</b>	
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 0558  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Reasonably accommodate the needs and preferences of each resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and medical record review, the facility failed to provide the sufficient numbers of towels to accommodate the needs of one of two sampled residents (Resident 1) and two nonsampled residents (Residents A and B). This failure resulted in the residents feeling uncomfortable and had the potential to create the negative impact on the residents' well-being. Findings: On 8/10/20 at 1315 hours, an interview was conducted with Resident 1. Resident 1 verbalized a concern of not having enough supply of towels in the facility. Resident 1 stated the other day, when he had his morning shower at around 0900 to 0930 hours, his CNA came in and said they did not have any towels or washcloths, so she would use the bed sheets to dry him off. Medical record review for Resident 1 was initiated on 8/10/20. Resident 1 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], showed Resident 1 had no cognitive impairment. On 8/10/20 at 1345 hours, an interview was conducted with CNA 1. CNA 1 stated they were short of towels and washcloths almost every day. CNA 1 stated the shortage of towels and washcloths had been brought up on and off with the facility's management for a long time. On 8/10/20 at 1400 hours, an interview was conducted with CNA 2. CNA 2 stated they did not have a sufficient supplies of towels. CNA 2 stated this happened almost every day, particularly in the morning when they were trying to shower the residents. On 8/10/20 at 1437 hours, an interview was conducted with CNA 3. CNA 3 stated she was assigned to provide shower to Resident 1 that morning, and they ran out of towels. CNA 3 stated Resident 1 had to wait because she had to go around asking other CNAs if they had extra towels. CNA 3 stated this concern was brought up to the management. On 8/10/2020 at 1556 hours, an observation of the linen closet and concurrent interview was conducted with CNA 4. CNA 4 stated they do run out of towels during the evening shift (1500 to 2300 hours) at times and they had to use bed sheets/linens or pillowcases to dry off the residents and to maintain their privacy when returning from a shower. Observation of the linen closet showed there were no towels.</p> <p>2. On 8/10/20 at 1445 hours, an interview was conducted with Resident A. Resident A stated there were times when there were no available towels to dry him off after a shower. Resident A stated the CNAs have used bed sheets to dry him off. Resident A stated this made him feel uncomfortable. 3. On 8/10/20 at 1455 hours, an interview was conducted with Resident B. Resident B stated the facility frequently runs out of clean towels needed for his showers. He stated the CNAs improvise and use a bed sheet to dry him off. On 8/10/20 at 1510 hours, an interview was conducted with LVN 2. LVN 2 was asked if she was aware of the shortage of towels as reported by the residents and CNAs. LVN 2 she was aware there was a shortage of towels. LVN 2 stated they had a lot of bed linens and staff use them to dry off residents. On 8/10/20 at 1520 hours, an interview was conducted with the DSD. The DSD stated he was aware of the shortage of towels in the facility. The DSD stated this concern had been brought up during the meetings but he did not know what had happened with it.</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.