Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055571	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Park Nursing Center	8520 Western Avenue Buena Park, CA 90620

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 0584 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46787 Based on observation, interview, and facility P&P review, the facility failed to maintain a clean and homelike environment for one of four sampled residents (Resident 4). * Resident 4's portable AC unit tubing was observed to be disconnected and lying on the floor, and visible dust particles were observed on the surface of the tubing and floor. This failure had the potential to negatively impact the resident's quality of life. Findings: Review of the facility's P&P titled Comfortable Environment revised 01/2018 showed it is the policy of the facility to maintain a safe, clean, comfortable environment for the residents. Medical record review for Resident 4 was initiated on 7/1/24. Resident 4 was admitted to the facility on [DATE]. On 7/1/24 at 1230 hours, an observation and concurrent interview was conducted with the Maintenance Assistant. The portable AC unit closest to Resident 4 was observed with the tubing lying on the floor with visible dust particles on the surface of the tubing and floor. The Maintenance Assistant did not know how the AC unit tubing got disconnected and stated he did not clean the portable AC unit as per the manufacturer's guidelines. On 7/1/24 at 1330 hours, an interview was conducted with the Administrator. The Administrator stated the AC unit should be cleaned as per the manufacturer's guidelines.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Buena Park Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8520 Western Avenue Buena Park, CA 90620	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46787 Based on interview, medical record review, and facility P&P review, the facility failed to ensure one of four sampled residents (Resident 1) was free from the physical restraints. * The facility failed to obtain the informed consent prior to applying the hand mittens (mittens which look like boxing gloves that immobilize the resident's fingers) and physician's order for the hand mitten use; and develop a plan of care related to the use of the hand mittens. This failure posed the risk of compromising the resident's independence and psychosocial well-being. Findings: Review of the facility's P&P titled Physical Restraints revised 1/2017 showed the restraints will only be used with the informed consents from the residents, physicians, and/or representatives. Upon admission, the residents shall be assessed for the need or lack of physical restraints. Written orders for the use of restraints should specify the use of the restraints. An interdisciplinary assessment team in coordination with the residents and his/her family or representatives develop and maintain the comprehensive care plans for the residents. The use of restraints should be identified on the residents' plans of care. Medical record review for Resident 1 was initiated on 7/1/24. Resident 1 was admitted to the facility on [DATE], and discharged to the acute care hospital on 6/13/24. Review of Resident 1's Restraint Assistive Device Assessment and Reduction Management Program dated 6/12/24, showed a possible approach of the hand mittens to prevent from pulling out the medical devices. Review of Resident 1's MDS dated [DATE], showed Resident 1's cognitive skills for daily decision making were severely impaired. Review of Resident 1's MDS, Section P, under the Physical Restraints, showed the physical restraints were not used. Review of Resident 1's Subacute Daily Progress Notes showed the hand mittens were applied on 6/12 and 6/13/24. Further review of Resident 1's medical record show no documented evidence of the following: - Informed consent was obtained prior to applying the hand mittens, - Physician's order was obtained for the hand mittens, and - Care plan was developed to address the hand mitten use. On 7/1/24 at 1205 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 verified the above findings.