

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 10/30/2025
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 0693 Level of Harm - Actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. (continued on next page)		

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0693 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility's P&P review, the facility failed to provide the necessary enteral care and services to one of four sampled residents (Resident 1) who had a GJ tube.* The facility failed to ensure Resident 1's enteral feeding was given through the J tube port and medications were given through the G tube port as ordered by the physician. In addition, the facility staff failed to notify the physician when the staff were unable to accurately identify the G and J ports of the GJ tube and provide the in-service training on the care and management of a resident with a GJ tube.* The facility failed to ensure Resident 1 had a physician's order for Resident 1's G tube drainage bag maintenance and discontinuation. These failures resulted in Resident 1's required transfer to an acute care hospital for medical intervention and critical drop in Resident 1's blood sugar level that posed a serious risk for complications such as confusion, seizures, coma, or death. Findings: Review of the facility P&P titled Gastrostomy Tube Feeding via Continuous Pump dated 1/2017, showed it is the policy of the facility to provide nourishment via continuous pump to the residents who are unable to obtain adequate nourishment orally, as ordered by the resident's attending physician. Review of the facility's P&P titled Medication Administration dated 4/2017, under the section procedure showed to verify the tube placement by forcefully injecting 10-30 cc of air into tube while listening with stethoscope to the abdomen for a loud bubbling sound (if no sound heard, notify supervisor immediately). Once placement of the tube is verified, check for residual amounts of feeding by drawing back on the plunger of the bolus syringe. allow each medication to flow down the tube by gravity and to give gentle boots with the plunger if the medication will not flow by gravity and repeat if necessary. Review of the article published in National Library of Medicine titled Percutaneous Gastrostomy and Jejunostomy dated 5/29/23, showed PEG-J tube placement, an extension is placed via the existing PEG tube into the jejunum to allow jejunal feeding. This is particularly useful in patients at high risk of aspiration from gastric feedings such as those with gastroparesis or those who cannot tolerate gastric feeding. https://www.ncbi.nlm.nih.gov/books/NBK559215/ According to Cleveland Clinic article titled Tube Feeding (Enteral Nutrition) dated 2/21/24, showed Gastrostomy-jejunostomy tube (GJ tube) goes into stomach and passes through Jejunum. These tubes have a G and a J port. The G port drains stomach fluids and allows providers to give medicines. The J port is used for feeding. https://my.clevelandclinic.org/health/treatments/21098-tube-feeding--enteral-nutrition Review of the article in National institute of Diabetes and Digestive and Kidney Disease titled Gastroparesis dated January 2018 showed Gastroparesis, also called delayed gastric emptying, is a disorder that slows or stops the movement of food from stomach to small intestine. Normally, after swallowing food, the muscles in the wall of stomach grind the food into smaller pieces and push them into your small intestine to continue digestion. When gastroparesis, stomach muscles work poorly or not at all, and stomach takes too long to empty its contents. Gastroparesis can delay digestion, which can lead to various symptoms and complications. Complications of gastroparesis may include dehydration due to repeated vomiting malnutrition due to poor absorption of nutrients, blood glucose, also called blood sugar, levels that are harder to control, which can worsen diabetes. https://www.niddk.nih.gov/health-information/digestive-diseases/gastroparesis/definition-facts Review of an article published in National Library of Medicine titled A Study of Variations of the Stomach in Adults and Growth of the Fetal Stomach dated 8/28/22, showed the stomach's capacity varies from 30 ml at birth, increases to 1000 ml at puberty, and 1500 ml in adults https://pmc.ncbi.nlm.nih.gov/articles/PMC9515405/ On 10/23/25 at 1148 hours, a telephone interview was conducted with Resident Representative 1. Resident Representative 1 stated Resident 1's GJ tube was clogged in the facility then Resident 1 was transferred to the acute care hospital where they found his blood sugar dropped to the critical level of 36 where he could have died. Resident Representative 1 further stated the doctor from the acute care hospital told her Resident 1's J tube was clogged with large amount of medications. Closed medical record review for Resident 1 was initiated on 10/23/25. Resident 1 was admitted to the facility on [DATE] and discharged on 10/15/25. Review of Resident 1's H&P examination dated 10/9/25, showed Resident 1 had no capacity to understand and make decisions. Review of the H&P further showed Resident 1 had diagnoses which included diabetes, gastroparesis and ventilator-dependent respiratory failure; and had a tracheostomy tube and GJ tube .Review of Resident 1's MDS assessment dated [DATE], showed Resident 1 was dependent on facility staff for his activities of daily living. Further review of the MDS showed Resident 1 had a feeding tube and received more than 51% calories</p>		