

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Parkview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 E. Lincoln Avenue Anaheim, CA 92805	

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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the complete medical record was maintained for one of three sampled residents (Resident 1).</p> <p>* Resident 1's Elopement Evaluation was not completely filled out.</p> <p>* Resident 1's medical record failed to show documentation the resident was monitored for a change in condition on 5/3/25, for the 0700-1500 hours shift.</p> <p>Findings:</p> <p>Review of the facility P&P titled Charting and Documentation revised 7/2017 showed documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>Closed medical record review for Resident 1 was initiated on 5/20/25. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>a. Review of Resident 1's Elopement Evaluation dated 5/2/25, showed the following areas were left blank:</p> <ul style="list-style-type: none"> - Is the wandering behavior a pattern, goal-oriented (i.e. specific destination in mind, going home etc.); - Is the Resident's wandering behavior likely to affect the safety or well being of self/others; - Is the Resident's wandering behavior likely to affect the privacy of others; - Risk for wandering/elopement identified, focus, goal, and interventions; - Clinical suggestions. <p>b. Review of Resident 1's eINTERACT Version 4.0 Tool dated 5/2/25, showed Resident 1 had a change of condition for agitation, physical aggression, striking out at staff, and attempting to leave the facility. Further review showed the resident was a danger to self or others.</p> <p>(continued on next page)</p>

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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's closed medical record did not show documentation the resident was monitored for the change of condition on 5/3/25, between 0700-1500 hours.</p> <p>On 5/20/25 at 1602 hours, an interview and concurrent closed medical record review was conducted for Resident 1 with the DON. When asked if the Elopement Evaluation dated 5/2/25, should be filled out completely, the DON stated yes. The DON verified on 5/3/25, for the 0700-1500 hours shift, the change of condition monitoring progress note was not documented.</p> <p>On 5/21/25 at 1504 hours, the Administrator acknowledged the above findings.</p>		