

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Griffith Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Allen Ave. Glendale, CA 91201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive resident specific care plan for one out of five sampled residents (Resident 3) by failing to ensure to implement a care plan for Resident 3, who had a gastrostomy tube (G-tube, a device surgically inserted through the abdominal wall directly into the stomach to provide long-term nutrition, hydration, and medication to individuals unable to eat enough by mouth). These deficient practices had the potential to result in confusion of resident's care and negatively affect the residents psychosocial wellbeing. Findings: During a review of Resident 3's admission Record (AR), the AR indicated the resident was readmitted to the facility on [DATE] with unspecified protein-calorie malnutrition, unspecified dementia (decline in mental ability), and gastrostomy status. During a review of Resident 3's Minimum Data Set (MDS, an assessment and screen tool) dated 3/3/2026, the MDS indicated Resident 3's cognitive skills for daily decision making was moderately impaired. The MDS indicated Resident 3 had a feeding tube. During a review of Resident 3's Order Summary Report dated 10/02/2025, the Report indicated a physician order for Enteral Feed Order two times a day Jevity 1.2 at 50 milliliters (ml, unit of measure) per hour for 20 hours via pump, and to provide 1000 ml per 1200 calories in 24 hours off at 8 AM and on at 12 PM or until dose limit. During a review of Resident 3's care plans, there was no care plans initiated that indicated the use of or care for Resident 3's g-tube. During an interview on 4/30/2026 at 2:09 PM with the Director of Nursing (DON), the DON stated it was important to have a care plan for each resident to ensure goals are met. The DON stated if changes to the care plan are necessary to met the residents specific goal, the care plan would be revised. The DON stated the care plan helped to monitor the care of the resident and assisted staff on how to care for the residents specific needs. During the same interview on 4/30/2026 at 2:15 PM, in the presence of the DON, the Quality Assurance Nurse (QAN) stated the importance of a care plan was to have specific goals and interventions for resident so the staff know how to take care of resident. A review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered, dated 3/2022 indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. The P&P indicated the comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.</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
---	-------	-----------