

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Park Anaheim Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W Ball Road Anaheim, CA 92804	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>32179</p> <p>Based on observation and interview, the facility failed to ensure three of the four dumpsters for garbage and refuse were properly covered.</p> <p>* Three dumpsters were observed filled above the maximum loading level and were not properly covered. This failure posed the risk of attracting pests and rodents carrying diseases.</p> <p>Findings:</p> <p>On 8/8/24 at 1220 hours, during an observation, there were four dumpsters at the facility. Three of the four dumpsters were filled above maximum loading levels and not properly covered near the facility ' s parking area. Two dumpster lids were observed bent and irregular.</p> <p>On 8/8/24 at 1500 hours, an observation of trash disposal and concurrent interview was conducted with LVN 3. LVN 3 verified three dumpsters were overflowing, the lids were not properly closed, and two dumpsters had bent lids.</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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