STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555035	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Anaheim Healthcare Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 50003 Based on interview, medical record review, and facility P&P review, the facility failed to provide the necessary care and services to ensure one of three sampled residents (Resident 1) attained and maintained the highest practicable physical well-being. * The facility failed to ensure the proper documentation was completed as per the facility's protocol for Resident 1 who had a change in condition. This failure had the potential for Resident 1 to not be provided with the appropriate care and monitoring. Findings: Review of the facility's P&P titled Change of Condition, under Section E, showed the documentation of the change in condition shall be performed by the Licensed Nurse accordingly: 1. Documenting for at least 72 hours, or longer if condition change warrants 2. Using appropriate form for daily charting 3. Documenting vital signs each shift 4. Care plan evident 5. Reassessing MDS (if change is significant) 6. IDT conference if indicated 7. Reassess resident condition as needed 8. COC/SBAR will be completed as indicated Medical Record review for Resident 1 was initiated on 3/25/25. Resident 1 was admitted to facility on 11/26/24. (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's physician's telephone orders dated 3/20/25, showed for the following orders: - Levofloxacin (antibiotic)tablet 500 mg, one tablet by mouth one time a day for fever and cough for five days, and for the first dose to be taken from E-kit. - Chest x-ray one time only on 3/20/25 - STAT CBC and BMP testson 3/20/25 - STAT Flu rapid test Review of Resident 1's Medication Administration Report for March 2025 showed Levofloxacin was documented as given on 3/20/25 at 1000 hours. Review of Resident 1's Facility Transfer Form dated 3/21/25, showed Resident 1 was experiencing cough and fever since 3/20/25. Resident 1 was prescribed Levofloxacin and transferred to the acute care hospital on 3/21/25. Further review of Resident 1's medical record failed to show documentation for a change of condition and the care plan to be developed to addressthe resident's cough and fever. Additionally, there were no nurse progress notes to show the resident was monitored for the cough and fever. On 3/26/25 at 1055 hours, an interview was conducted with LVN 3. LVN 3 stated Resident 1 should have had a change of condition report for new onset of coughing and low-grade fever, updated care plan, and conducted the nursing monitoring for 72 hours. On 3/26/25 at 1115 hours, an interview was conducted with ADON. The ADON acknowledged the findings and further stated the nurses should have the documentation related to a resident's change in condition, update the care plan and initiate the 72-hour monitoring of the resident per protocol.

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NAME OF PROVIDER OR SUPPLIER Park Anaheim Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W Ball Road Anaheim, CA 92804	

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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 0880 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003 Based on observation, interview, medical record review, and facility P&P review, the facility failed to implement the infection control practices designed to provide the safe and sanitary environment to prevent the transmission of diseases and infections in the facility. * The facility failed to ensure the staff practiced the EBP during high contact-care for one of three sampled residents (Resident 3). This failure posed the risk for the transmission of diseases and infections. Findings: According to the CDC, EBP promotes the use of PPE to include donning of gown and gloves during high-contact resident care activities that can provide the opportunities for transmission of MDROs to others. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include the following: - Dressing - Bathing/showering - Transferring - Providing hygiene - Changing linens - Changing briefs or assisting with toileting - Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator - Wound care: any skin opening requiring a dressing Review of the facility's P&P titled Enhanced Barrier Precautions dated 6/5/24 showed EBP are used as in infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not other apply. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: - Dressing - Bathing/showering - Transferring - Providing hygiene (continued on next page)

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F 0880 Level of Harm - Potential for minimal harm Residents Affected - Some	- Changing linens - Changing briefs or assisting with toileting - Device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc. and - Wound care (any skin opening requiring a dressing Medical record review for Resident 3 was initiated on 3/26/25. Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's Order Summary Report dated 3/26/25, showed Resident 3 was on EBP due to the presence of an indwelling suprapubic urinary catheter. On 3/26/25 at 0805 hours, Resident 3's room was observed with an EBP standard precautions signage posted on Resident 3's door. The signage showed EBP, everyone must perform hand hygiene before entering the room. Providers and staff must also wear gloves and gown for high contact resident care activities such as: - Dressing - Bathing/showering - Transferring - Changing linens - Providing hygiene - Changing briefs or assisting with toileting - Device care or use: central line, urinary catheter, feeding tube, tracheostomy - Wound care: any skin opening requiring a dressing - Cleaning the environment On 3/26/25 at 0805 hours, an observation of Resident 3 and concurrent interview was conducted with CNA 2. CNA 2 was changing Resident 3's brief and was wearing only gloves. CNA 2 verified she should have donned the gown and gloves before providing direct care to the resident for prevention of infection. On 3/26/25 at 1130 hours, an interview was conducted with the IP. The IP verified the findings and stated the staff were expected to perform hand hygiene, don gloves and gown when providing high contact resident care activities to prevent the transmission of diseases and infection prevention for the residents on EBP.