

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 05/07/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary respiratory care and services for one of four sampled residents (Resident 4).</p> <p>* The facility failed to ensure Resident 4's suction canister was changed. This failure had the potential to affect the respiratory health and well-being of the resident.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Suction Canister Disposal dated July 2014 showed the suction canisters will be changed weekly, 3/4 full, and PRN.</p> <p>Medical record review for Resident 4 was initiated on 5/7/25. Resident 4 was readmitted to the facility on [DATE].</p> <p>Review of Resident 4's H&P examination dated 8/13/24, showed Resident 4 had the capacity to make and understand his own decision.</p> <p>Review of Resident 4's RT- Continuous Ventilator Flow Sheet dated 5/2/25 at 1800 hours, showed the suction canister was changed.</p> <p>On 5/7/25 at 1223 hours, Resident 4 was observed on the ventilator (medical device used to assist or take over the function of breathing) with the tubing connected to the suction canister which was full.</p> <p>On 5/7/25 at 1234 hours, an observation and concurrent interview was conducted with RT 1. When asked when Resident 4's suction canister was last changed, RT 1 stated the facility had scheduled to change the suction canister two times a week on Wednesdays, Saturdays, and PRN. RT 1 stated Resident 4's suction canister was last changed on 5/2/25 at 1800 hours. RT 1 further stated it would be changed today in the evening shift. When asked when the suction canister would be changed PRN, RT 1 stated when it was full. RT 1 verified the above findings and stated she was going to change the suction canister now.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/25 at 1310 hours, an interview and concurrent medical record review was conducted with the RT Supervisor. The RT Supervisor stated the suction canister should be changed when it was full. When asked what would happen if the suction canister was not changed when it was full, the RT Supervisor stated the equipment would not be able to suction and it was a potential for infection. The RT supervisor was informed and acknowledged Resident 4's suction canister should have been changed when it was 3/4 full.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>36872</p> <p>Based on observation, interview, and facility P&P review, the facility failed to ensure the resident equipment was maintained in a safe operating condition.</p> <p>* An air fryer (countertop appliance used to cook food) and Keurig coffee machine were observed in Resident 4's room. This failure had the potential for the equipment to not function in the way it was intended and exposed to potential fire hazards.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Electrical Appliance revised January 2019 showed the following:</p> <ol style="list-style-type: none"> Residents may not maintain any electrical appliance (i.e., heating irons, cooking utensils, etc) within their living areas unless approved by the administrator or his/her designee. Should the electrical appliances be permitted, each must be in good working order, free of frayed cords, and UL approved. <p>On 5/7/25 at 0747 hours, during the initial tour of the facility, an air fryer was observed on the bedside table close to the patio door in Room A.</p> <p>On 5/7/25 at 1115 hours, a follow-up observation of Room A and concurrent interview was conducted with LVN 2 and Resident 4. An air fryer and a Keurig coffee machine were observed in Room A. LVN 2 verified the findings and stated the two items above belong to Resident 4. LVN 2 stated the facility staff heated up the food for Resident 4 and made coffee for the resident. Resident 4 stated he used the air fryer to heat up his food like French fries and grilled cheese and liked to drink his own coffee which the facility staff made for him.</p> <p>On 5/7/25 at 1150 hours, an interview was conducted with CNA 1. When asked if he used the air fryer to heat up the food and/or make coffee for Resident 4 using the Keurig coffee machine, CNA 1 stated no, and Resident 4 had never asked to. CNA 1 stated he did not receive any training or in-service from the facility on how to use the air fryer or Keurig coffee machine.</p> <p>On 5/7/25 at 1215 hours, a follow-up interview was conducted with LVN 2. When asked when Resident 4 had gotten the air fryer and coffee machine, LVN 2 stated the two appliances had already been in the resident's room before he started working in the facility. LVN 2 stated he did not receive any training or in-service from the facility on how to use the air fryer or Keurig coffee machine. LVN 2 stated he did not know the food temperatures when the food was heated up.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/25 at 1242 hours, an interview was conducted with the Maintenance Director. When the Maintenance Director was asked about the care of the equipment brought in by the residents, the Maintenance Director stated the Social Services staff would notify him and he would check the equipment. The Maintenance Director stated he or his staff checked Resident 4's refrigerator daily for the temperature. However, when asked if he checked Resident 4's air fryer and/or coffee machine, the Maintenance Director stated he did not see the appliances in the resident's room. When asked how he checked the electrical equipment, the Maintenance Director stated he used the electric tester to test the outlets to make sure they were compatible. The Maintenance Director stated if there was too much equipment plugged in, it might cause the electrical overload and potential for fire hazards.</p> <p>On 5/7/25 at 1600 hours, an interview was conducted with the DON and Administrator. The DON and Administrator were informed of the above findings and stated Resident 4 had his own TV, radio, air fryer, and coffee machine before they started working in the facility. The DON and Administrator further stated Resident 4 stayed in his room, so the facility tried to provide him with a home environment in his room. The DON and Administrator acknowledged the facility did not provide any in-service or training for the facility staff regarding the safe use and maintenance of the appliances in Resident 4's room.</p>		