STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555103	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
French Park Care Center	600 E Washington Avenue Santa Ana, CA 92701

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47474 Based on interview, medical record review, and facility P&P review, the facility failed to implement their P&P to ensure the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act when the facility failed to immediately report an allegation of sexual abuse to the CDPH, L&C Program, Long Term Care (LTC) Ombudsman office, and local law enforcement agency within two hours after the allegation was made for one of three sampled residents (Resident 1). This failure had the potential to delay the investigation of the alleged abuse and for staff to no take prompt and appropriate corrective actions to prevent the abuse. Findings: Review of the facility's P&P titled Abuse, Neglect and Exploitation revised on 12/2022 showed reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The P&P further showed the Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. Review of the facility's P&P titled Compliance with Reporting allegations of Abuse/Neglect/Exploitation revised 12/2022 showed the facility is to report all allegations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown sources and misappropriation of resident properly are reported immediately to the Administrator of the facility and to other appropriate agencies in accordance with current state and federal regulations within prescribed timeframes. On 5/24/24, CDPH, L&C Program received a report from the facility regarding Resident 1 alleging she was raped on 5/22/24, by an unidentified male wearing blue matching nursing clothes. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555103	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
French Park Care Center	600 E Washington Avenue Santa Ana, CA 92701

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medical record review for Resident 1 was initiated on 6/6/23. Resident 1 was admitted to the facility 11/27/23, and readmitted on [DATE]. Review of Resident 1's H&P examination dated 4/6/24, showed the resident hadfluctuating capacity to understand and make decisions. Review of Resident 1's eINTERACT Change in Condition Evaluation dated 5/22/24, showed theresident had increased confusion with false accusations of rape. On 5/24/24 at 1600 hours, an interview was conducted with the Administrator. The Administrator stated Resident 1 reported the alleged sexual abuse at approximately 1430 hours on 5/22/24. However, the Administrator acknowledged the facility did not report the allegation to CDPH, L&C Program, LTC Ombudsman office, or local law enforcement agency until 5/24/24, two days after the sexual abuse allegation was reported. The Administrator stated the sexual abuse allegations should be reported immediately and within two hours if the allegation involved abuse or resulted in injury. On 6/6/24 at 1515 hours, a telephone interview was conducted with the DON. The DON verified the facility did not report the sexual abuse allegation immediately as per the facility's P&P. The DON stated the facility should have reported the allegation right away to the CDPH, L&C Program, LTC Ombudsman, and local law enforcement to ensure the safety of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555103	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
French Park Care Center	600 E Washington Avenue Santa Ana, CA 92701

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 0689 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50127 Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide a safe environment free from potentially serious accident hazards for one of three sampled residents (Resident 4). * The facility failed to ensure a portable space heater was not in use in Resident 4's room. This failure posed the risk of fire and serious injuries to the resident and to the other residents who resided in the facility. Findings: Review of the facility's P&P titled Resident Personal Belongings revised 12/2022 showed the facility may refuse to allow a resident to retain his or her personal possession(s) as a protection of health and safety. Review of the facility's P&P titled Safe and Homelike Environment revised 12/2022 showed the facility will provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose safety risk. Medical record review for Resident 4 was initiated on 6/6/24. Resident 4 was admitted to the facility on [DATE]. Review Resident 4's MDS quarterly assessment dated [DATE], showed Resident 4 had a BIMS score of 14 indicating the resident was cognitively intact. Review of Resident 4's H&P examination dated 5/1/24,showed Resident 4 hadthe capacity to understand and make decisions. On 6/6/24 at 0907 hours, an observation and concurrent interview was conducted with Resident 4. A portable heater was observed turned on, in use, and plugged into the electrical outlet across from Resident 4's bed. Resident 4 was observed turning off the portable heater. When Resident 4 was asked when she used the heater, she stated, When it's 62 degrees at night. When asked how Resident 4 knew the temperature of the room and how she knew if it was 62 degrees, Resident 4 removed a thermometer out from her personal toolbox and showed a digital temperature reading from the thermometer. Resident 4 stated she had been using her portable heater for about one month but did not know she was not supposed to have it. Resident 4 stated she did not inform any staff about having the portable heater in her room. On 6/6/24 at 1100 hours, an interview was conducted with RN 1. When asked if RN 1 was aware Resident 4 had a portable heater in her room, RN 1stated she was not aware and maybe Resident 4 was hiding it. RN 1 stated Resident 4 was not supposed to have the portable heater in her room because it was a hazard. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555103	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
French Park Care Center	600 E Washington Avenue Santa Ana, CA 92701

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 0689 Level of Harm - Potential for minimal harm Residents Affected - Some	On 6/6/24 at 1155 hours, an interview was conducted with the Administrator. When asked if Resident 4 was allowed to have a portable heater in her room, the Administrator stated the residents were not allowed to have a portable heater in their rooms due to a safety issue. The Administrator stated the facility staff would remove the portable heater and place it in a personal storage if it was found in a resident's room. The Administrator also stated the facility would remove the portable heater from Resident 4's room and explain to the resident how portable heaters were not allowed inside the residents' rooms. On 6/6/24 at 1203 hours, an interview conducted was conducted with the Maintenance Director. The Maintenance Director stated the facility would remove the portable heater and place it in storage when a staff finds a portable heater inside a resident's room. The Maintenance Director also stated he saw a portable heater inside Resident 4's room earlier in the morning and spoke with the resident about not being allowed to have it inside her room. On 6/6/24 at 1223 hours, a concurrent observation and follow-up interview was conducted with the Maintenance Director. The Maintenance Director verified Resident 4 had a portable heater insider her room. The Maintenance Director was observed holding Resident 4's portable heater and removing it from her room. On 6/6/24 at 1545 hours, a follow-up interview was conducted with the Administrator. The Administrator verified and acknowledged the above findings.