

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER French Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50003</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the necessary care and services were provided for one of three sampled residents (Resident 1).</p> <p>* The facility failed to ensure Resident 1's IV and oral fluid intakes were monitored and recorded. This failure had the potential for Resident 1 to have fluid overload, which had the potential to negatively impact the resident's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Intake and Output Policy dated December 2024 showed the intake and output may be recorded when the following conditions exist or upon the order of the physician.</p> <p>a. Indwelling urinary catheter - all residents who have a newly inserted catheter and new admit with indwelling catheter will have intake and output recorded for 30 days. After 30 days, they will be evaluated to determine if intake and output needs to be continued. readmitted residents who have chronic indwelling catheters will have intake and output recorded for 7 days. After 7 days they will be evaluated to determine if intake and output needs to be continued.</p> <p>b. Intravenous therapy - all residents who are receiving intravenous and total parenteral nutrition (TPN) therapy will have intake and output recorded for the duration of the therapy.</p> <p>c. Fluid restriction - all residents with an order for fluid restriction will have intake and output recorded indefinitely while the order is in effect. Intake and output will be summarized and evaluated weekly for as long as the resident is on fluid restriction.</p> <p>d. Enteral Feedings - all new admit residents will have intake recorded for 30 days and then be evaluated for discontinuation of intake and output monitoring. After 30 days, the enteral formula administration will be recorded on the medication administration record. Output will be recorded upon order of the physician.</p> <p>Medical record review for Resident 1 was initiated on 3/13/25. Resident 1 was admitted to the facility on [DATE], with the history of ovarian cancer underwent extensive abdominal surgery with residual abdominal fistula and ileostomy.</p> <p>Review of Resident 1's Order Summary Report dated 3/6/25, showed the following physician's orders:</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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Cyclic TPN 3:1 Dextrose 20%, AA 4.2%, with SMOF lipid 20% 140 ml, decrease K acetate to 40 mEq. New: to increase NaCl from 215 to 220 mEq, Na Phosphorus from 15 to 20 mEq, Mg from 10 to 18 mEq; decrease Na acetate from 60 to 50 mEq, K acetate from 40 to 35 mEq; and infuse @ 50 ml/hr x 1 hour, 110 ml/hr x 10 hours, and 50 ml/hour x 1 hr one time a day.</p> <p>- TPN recommendation for pharmacy: goal nutrients 1100-1300 kcal, 46-55 g protein, 2000 ml water. TPN 12 hours per day, alternate with 12 hours hydration per day.</p> <p>- Sodium Chloride Intravenous Solution 0.9 % 67 ml/hr intravenously one time a day related to unspecified severe protein calorie malnutrition, to start at noon and end at midnight.</p> <p>Review of Resident 1's Plan of Care showed a care plan problem dated 3/4/24, with a revision date of 2/28/25, showed the resident required IV therapy and should be observed for signs and symptoms of fluid deficit or overload.</p> <p>Further review of Resident 1's medical record failed to show any documentation of Resident 1's daily fluid intake and output as per the facility's policy.</p> <p>On 3/13/25 at 1630 hours, an interview and concurrent medical record review for Resident 1 was conducted with RN 2. RN 2 verified Resident 1 was on the IV therapy. When asked about the documentation of Resident 1's intake and output monitoring reports, RN 2 confirmed there were no daily intakes and outputs recorded. RN 2 further stated all residents on IV therapy should have their intakes and outputs documented as per the facility's policy due to the risks of fluid overload.</p> <p>On 3/14/25 at 1005 hours, an interview and concurrent medical record review for Resident 1 was conducted with the Administrator. The Administrator verified there was no documentation to show Resident 1's daily intakes and outputs documented as expected. The Administrator further stated all residents on IV therapy should have their intakes and outputs recorded due to the risks of fluid overload or deficit and its associated health complications.</p>		