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	08/14/2025

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility P&P review, the facility failed to ensure the discharge process was properly followed for one of tree sampled residents (Resident 1). * The failed to ensure Resident 1's medical record showed the physician's documentation indicating the resident's health improved sufficiently and ready to be discharged from the facility. This failure had the potential for Resident 1 to unsafely discharge from the facility. Findings: Review of the facility's P&P titled Transfer or Discharge (including AMA) revised 12/19/22, showed the physician shall document medical reasons for the transfer or discharge in the medical record, when the reason for transfer or discharge is for any reason other than nonpayment of the stay or the facility ceasing to operate. A copy of the physician's order for discharge should be attached to the discharge notice. Medical record review for Resident 1 was initiated on 8/14/25. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 8/24/24, showed Resident 1 had the capacity to understand and make decisions. Review of Resident 1's physician's order dated 6/18/25, showed for Resident 1 to possibly discharge on [DATE], to Program A with home health for safety evaluation. Further review of Resident 1's medical record failed to show Resident 1's physician documented the resident's health had improved sufficiently and no longer needed the facility's services prior to 6/23/25. There was no documented evidence Resident 1 was assessed for a safe discharge by the physician for the planned possible discharge. On 8/15/25 at 1400 hours, a telephone interview was conducted with the Administrator. The Administrator was informed and verified the above findings for Resident 1.

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