

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  09/10/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide reasonable care for the protection of resident's personal property from loss or theft for one of seven sampled residents (Resident 4). * Resident 4's personal belongings form was not signed by Resident 4, and the form was not accurately completed. This failure had the potential for the resident's property to get lost or stolen. Findings: Review of the facility's P&amp;P titled Resident Personal Belongings revised 12/19/22, showed all the resident's personal items will be inventoried at the time of admission by the Social Services designee or another designated staff member and documentation shall be retained in the medical record. Medical record review for Resident 4 was initiated on 9/4/25. Resident 4 was admitted to the facility on [DATE]. Review of Resident 4's H&amp;P examination dated 3/4/25, showed the resident had the capacity to understand and make decisions. Review of Resident 4's Resident's Clothing and Possessions form dated 1/12/25, showed instructions to the resident on admission regarding their personal property to prevent from theft or loss. The form was signed by the facility representative; however, the form failed to show Resident 4's signature and there was no reason indicated if the resident was unable to sign. On 9/5/25 at 1006 hours, an interview and concurrent record review was conducted with RN 3. RN 3 verified Resident 4's clothes and belongings completed form did not have Resident 4's signature to verify accuracy of the document. RN 3 stated the staff should have obtained Resident 4's signature and documented the personal belongings form accurately to safeguard the resident's personal property. On 9/5/24 at 1117 hours, an interview was conducted with the SSD. The SSD stated Resident 4 had an account with the facility which was the facility's business office manager. The Business Office would give Resident 4 money as requested and the resident would keep the money to himself. The SSD stated on 8/8/25, Resident 4 reported his jacket with his wallet with money in it was sent to the laundry. The wallet was returned to Resident 4 without the money. The wallet and undisclosed amount were not listed in Resident 4's Clothing and Possessions form. On 9/5/25 at 1600 hours, an interview was conducted with the DON. The DON acknowledged Resident 4's Clothing and Possessions completed document dated 1/12/25, was incomplete and not signed by Resident 4. On 9/10/25 at 1545 hours, an interview was conducted with the facility's Clinical Consultant. The Clinical Consultant was informed and acknowledged the findings.</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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