

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  01/16/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and facility P&amp;P review, the facility failed to provide the necessary pharmaceutical services for one of six sampled residents (Resident 2). * Resident 2 did not receive the medication as ordered by the physician. This failure posed the risk of Resident 2 receiving unnecessary medication and negative health consequences. Findings: Review of facility's P&amp;P titled Medication Administration revised 12/19/22, showed the medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, with compliance guidelines to include: obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters. Medical record review for Resident 2 was initiated on 1/16/26. Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's H&amp;P examination dated 8/22/25, showed Resident 2 with history of Congestive Heart Failure and hypotension. Resident 2 had no capacity to make medical decisions. Review of Resident 2's Order Summary Report showed an order dated 8/20/25, for Midodrine HCl (medication to treat low blood pressure) 10 mg tablet. Give one tablet via GT every eight hours for hypotension, hold if SBP greater than 100 mmHg. Review of Resident 2's care plan for hypotension dated 9/4/25, showed to administer Midodrine HCl tablet for hypotension, monitor the vital signs and notify the MD of significant abnormalities. Further review of Resident 2's MAR for January 2026 showed Resident 2 was administered Midodrine 10 mg tablet on the following dates and times:- 1/2/26, BP 106/61 mmHg, medication was administered at 0600 hours- 1/5/26, BP: 156/78 mmHg, medication was administered at 2200 hours- 1/7/26, BP: 102/60 mmHg, medication was administered at 1400 hours- 1/9/26, BP: 112/71 mmHg, medication was administered at 0600 hours and BP: 139/70 mmHg, medication was administered at 2200 hours- 1/10/26, BP: 139/68 mmHg, medication was administered at 2200 hours- 1/11/26, BP: 124/76 mmHg, medication was administered at 0600 hours and BP: 136/70 mmHg, medication was administered at 2200 hours- 1/13/26, BP: 127/64 mmHg, medication was administered at 2200 hours- 1/14/26, BP: 116/68 mmHg, medication was administered at 2200 hours- 1/15/26, BP: 106/66 mmHg, medication was administered at 1400 hours and BP: 138/68 mmHg, medication was administered at 2200 hours- 1/16/26, BP: 126/72 mmHg, medication was administered at 0600 hours and BP: 108/66 mmHg, medication was administered at 1400 hours On 1/16/26 at 1525 hours, an interview and concurrent medical record review for Resident 2 was conducted with RN 1. RN 1 stated Resident 2 had an order for Midodrine 10 mg every eight hours for hypotension and to hold if the SBP was greater than 100 mmHg. RN 1 verified the above findings and stated the medication should not have been administered on the above dates and times. RN 1 further stated it could affect the resident's health. On 1/16/26 at 1645 hours, the Administrator and Nursing Consultant were 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555103
		If continuation sheet Page 1 of 2

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and facility document review, the facility failed to ensure the social worker was qualified to fulfill the job responsibilities and role. * The facility social worker did not have a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, gerontology, special education, rehabilitation counseling, and psychology. This failure has the potential to jeopardize the health and well-being of 196 residents who required care and psychosocial needs in the facility. Findings: Review of the facility's job description for Social Services Director (undated) showed all facilities must provide medically-related social services to residents. Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. The social services department must be directed by a qualified professional social worker who has a minimum of a bachelor's degree in social work or another human services field to include, but not limited to, sociology, gerontology, special education, rehabilitation counseling or psychology in addition to one year of supervised social work experience in a health care setting. Review of the SSD's employee file (undated) showed the SSD's high school diploma as the highest level of education in addition to previous SSD experience in another nursing facility. On 1/16/26 at 1105 hours, an interview was conducted with the SSD. The SSD stated she had been working as a full-time SSD for two and a half years at the facility. The SSD verified her highest level of education achievement was a high school diploma. On 1/16/26 at 1645 hours, the Administrator and Nursing Consultant were informed and acknowledged the findings.</p>		