

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 03/03/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary services related the resident discharge for one of seven sampled residents (Resident 1). * The facility failed to ensure Resident 1 was assessed by the physician and deemed safe to be discharged to a board and care facility. In addition, the facility failed to ensure Resident 1 had an order for discharge. This failure posed a risk for unsafe discharge and had the potential to negatively affect the resident's well-being. 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 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. For a community discharge, a discharge summary and plan of care should be prepared for the resident. Medical record review for Resident 1 was initiated on 2/27/26. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's H&P examination dated 6/8/25, showed Resident 1 had the capacity to understand and make decisions. Review of Resident 1's Notice of Proposed Transfer and discharge date d 1/27/26 showed the documentation was provided to Resident 1 on 1/27/26. The applicable reason for transfer/discharge showed the transfer or discharge is appropriate because resident's health has improved sufficiently and no longer require services provided by the facility and Resident 1 had failed, after reasonable and appropriate notice to pay. In addition, the notice also indicated the name and address of the board and care facility the resident was being discharged to. Review of Resident 1's Order Summary Report dated 2/27/26, failed to show a physician's order for Resident 1's discharge from the facility. Review of Post Discharge Plan of Care and Summary report dated 1/7/26, showed incomplete documentation from the nursing and social services department. Further review of Resident 1's last two Physician Progress Notes dated 2/3/26 and 2/13/26, also failed to show documentation of Resident 1's health status has improved and is deemed as safe to be discharged . On 3/3/26 at 1445 hours, an interview and concurrent record review was conducted with RN 1. RN 1 stated a physician's order is required for a resident to be discharged . In addition, the Post Discharge Plan of Care and Summary report must be completed by the IDT prior to the discharge. RN 1 verified Resident 1 did not have an order to be discharged from the facility and the Post Discharge Plan of Care and Summary dated 1/7/26, was not completed by the nurse and social services. On 3/3/26 at 1655 hours, an interview was conducted with the Administrator. The Administrator was informed and acknowledged the above 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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