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	05/07/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure the plan of care was revised to address the residents' specific care needs for one of 10 sampled residents (Resident 7). * The facility failed to ensure Resident 7's care plan was revised to reflect the resident's treatment and management of diabetes. This failure had the potential to negatively impact the resident's health and well-being.Findings: Review of the facility's P&P titled Care Plan Revisions Upon Status Change dated 12/19/22, showed the care plan will be updated with the new or modified interventions. Medical record review for Resident 7 was initiated on 5/6/26. Resident 7 was admitted to the facility on [DATE] and readmitted on [DATE] with medical diagnosis including diabetes. Review of Resident 7's Nursing Progress Note dated 4/30/26, showed Resident 7 with an order to discontinue all insulin with alternative glucose management in place. Review of Resident 7's plan of care showed a care plan problem dated 10/21/25, addressing the use of Insulin Glargine subcutaneous solution, Insulin Lispro injection solution per sliding scale and Metformin HCl for diabetes management. Resident 7's care plan was not revised to reflect the discontinuation of insulin per physician's order on 4/30/26. On 5/7/26 at 1322 hours, an interview and concurrent medical record review for Resident 7 was conducted with LVN 4. LVN 4 verified the findings and stated that the care plan should be revised to reflect Resident 7's current interventions for the management diabetes. On 5/7/26 at 1710 hours, the DON and Administrator were informed and acknowledged the findings.

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

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	05/07/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **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 ensure the medications were stored in a safe manner for one of ten sampled residents (Resident 10). * The facility failed to ensure the medications for Resident 10 were not left unattended on by resident's bedside table. This failure had the potential for the medication to be accessed by unauthorized individuals.Findings: Review of the facility's P&P titled Medication Storage dated 12/19/22, showed it is the policy of this facility to ensure all medications housed on premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Further review of the P&P showed during a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. On 5/6/26 at 1508 hours, an observation and concurrent interview was conducted with Resident 10 in his room. There were two medication cups filled with medicated cream with a tongue depressor labeled for arms and another tongue depressor with labeled for back placed inside of each medication cup. Resident 10 stated that he was waiting for his Treatment Nurse to apply these medicated creams to the affected areas. Medical record review for Resident 10 was initiated on 5/6/26. Resident 10 was admitted to the facility on [DATE] and readmitted on [DATE]. Review of Resident 10's Order Summary Report dated 5/6/26 showed the following physician's order: - dated 4/13/26, Nystatin External cream 100000 Unit/gm (Nystatin Topical) to apply to back topically every day shift for tinea corpus for 30 days; and - dated 4/13/26, Triamcinolone Acetonide External Cream 0.1% (Triamcinolone Acetonide (Topical) to apply to arms topically everyday shift for psoriasis for 30 days until finished. On 5/6/26 at 1511 hours, Treatment Nurse 1 was called to verify the findings. Treatment Nurse 1 stated that she was waiting to coordinate with the CNA during brief change to apply the medicated cream. She further stated that resident has order for Nystatin cream for his back for treatment of tinea corpus and Triamcinolone cream for treatment of psoriasis of the arms. Treatment Nurse 1 stated that the medicated creams should not be left unattended. On 5/7/26 at 1710 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged above findings.