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	06/17/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **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 medications were administered as ordered for one of five sampled residents (Resident 4). * Resident 4's medications were not administered timely. This failure posed the risk to negatively impact Resident 4's medical condition.Findings: Review of the facility's P&P titled Medication Administration dated 12/19/22, showed the facility staff must administer medications within one hour of the scheduled medication administration time. Medical record review for Resident 4 was initiated on 6/4/26. Resident 4 was admitted to the facility on [DATE], with diagnoses including chronic pain syndrome. Review of Resident 4's MAR for June 2026 showed the following orders:- dated 12/29/25, Pregabalin (to treat nerve pain) 50 mg, give one capsule by mouth three times a day for chronic pain. The medication was scheduled to be given at 0400, 1200, and 2000 hours;- dated 12/30/25, Buprenorphine HCl (medication to treat chronic pain) 2 mg, give one tablet sublingually three times a day for pain management. The medication was scheduled to be given at 0400, 1200, and 2000 hours; and - dated 3/2/26, Gabapentin (medication to treat nerve pain) 600 mg, give one tablet by mouth three times a day for neuropathy (damage to the nerves outside the brain and spinal cord), hold if respiratory rate is less than 12. The medication was scheduled to be given at 0400, 1200, and 2000 hours Review of Resident 4's Administration Details for June 2026 showed the Pregabalin, Buprenorphine HCl and Gabapentin medications were administer on 6/12/26, on the following times:- Pregabalin 50 mg was administered to the resident at 0602 hours, instead of the scheduled time at 0400 hours;- Buprenorphine HCl 2 mg was administered to the resident at 0600 hours, instead of the scheduled time at 0400 hours; and- Gabapentin 600 mg was administered to the resident at 0601 hours, instead of the scheduled time at 0400 hours. On 6/17/26 at 1400 hours, an interview and concurrent medical record review for Resident 4 was conducted with the DON. The DON verified the above findings and confirmed the failure to administer these medications in accordance with the provider's order and facility policy had the potential to negatively impact Resident 4's health outcome.

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