

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555536	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Park Regency Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 W. LA Habra Blvd. LA Habra, CA 90631	

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 0583</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>49324</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the privacy was provided during care for one of five sampled residents (Resident 3).</p> <p>* Privacy was not provided for Resident 3 during the ADL care.</p> <p>* Resident 3's medical information was left exposed twice on a computer monitor screen at the nurses' station.</p> <p>These failures had the potential to violate the resident's right to privacy.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Patient Privacy revised on 12/19/22, showed the facility will protect the resident's privacy and confidentiality of all medical records. The P&P also showed to protect the resident's physical privacy during transport and skilled therapy treatment.</p> <p>Review of the facility's P&P titled Promoting/Maintaining Resident Dignity revised on 12/19/22, showed it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. Compliance guidelines include: maintain resident privacy.</p> <p>1. On 9/13/24 at 0915 hours, an observation was conducted outside of Room A along the hallway. Room A's door was wide open. CNA 1 was observed providing ADL care to Resident 3. Resident 3 was seated on a shower chair in the middle of Room A and covered with blanket from the neck to the waist and genitals. However, Resident 3's bilateral legs and buttocks were exposed to other residents, staff and/or visitors walking down the hallway of Room A.</p> <p>On 9/13/24 at 0925 hours, an interview was conducted with the QA RN. The QA RN verified CNA 1 should have closed Resident 3's privacy curtain all the way and closed the door.</p> <p>On 9/13/24 at 0939 hours, an interview was conducted with CNA 1. CNA 1 acknowledged she did not close the privacy curtain or the door to protect Resident 3's privacy and verified Resident 3 was exposed.</p> <p>(continued on next page)</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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<p>F 0583</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 9/13/24 at 1548 hours, an interview was conducted with the DON. The DON verified CNA 1 should have closed the door and closed the privacy curtain to secure Resident 3's privacy while being prepared for shower.</p> <p>2. On 9/13/24 at 1510 hours, an observation was conducted of LVN 1 at a nurses' station. LVN 1 was using the computer monitor, and then stood up from his seat. LVN 1 walked to the linen storage to get extra linen for a resident, then proceeded to go to the resident's room to give extra linen. LVN 1 left the monitor on showing Resident 3's personal medical information. LVN 1 returned to the station to the monitor, touched the keypad of the computer, then walked away leaving Resident 3's personal medical information still exposed.</p> <p>On 9/13/24 at 1512 hours, LVN 1 acknowledged he left the computer monitor screen on exposing Resident 3's personal medical information.</p>

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<p>F 0925</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>49324</p> <p>Based on observation, interview, and facility document review, the facility failed to ensure the environment was free of pests.</p> <p>* Cockroaches were found in the conference room. This failure had the potential for spread infections.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Pest Control Program revised 12/19/22, showed it is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.</p> <p>On 9/13/24 at 0816 hours, an observation and concurrent interview was conducted with the QA RN. A cockroach was observed crawling towards a trash bin in the conference room. The QA RN saw the cockroach and verified there was a potential risk of spread of infection with presence of cockroaches.</p> <p>On 9/13/24 at 1111 hours, an observation and concurrent interview was conducted with the Social Services Director. Another cockroach was seen crawling across the conference room. The Social Services Director acknowledged there was another cockroach in the conference room.</p> <p>On 9/13/24 at 1129 hours, an interview was conducted with the Maintenance Director. Maintenance Director acknowledged there were presence of cockroaches in the conference room and stated it would have a risk of spreading infection.</p>