

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555667	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER Garden Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12681 Haster Street Garden Grove, CA 92840	

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 0657</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to update the plan of care for one of four sampled residents (Resident 1).</p> <p>* Resident 1's care plan problem was not updated to address the low hematocrit (measurement of the percentage of red blood cells in the blood) and hemoglobin (protein in red blood cells that carries oxygen) levels. This failure had the potential to affect the provision of care for Resident 1.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Care Plan Revisions Upon Status Change dated 12/2022 showed the comprehensive care plan will be reviewed and revised as necessary when a resident experiences a status change. The care plan will be updated with the new or modified interventions.</p> <p>Closed medical record review for Resident 1 was initiated on 10/11/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 1's Progress Note dated 9/22/24, showed Resident 1's laboratory results regarding hematocrit of 16 % (normal range from 35.5 % to 44.9 %) and hemoglobin of 5 grams/dL (normal range from 11.6 to 15 grams/dL) was reported to the physician.</p> <p>Review of Resident 1's medical record failed to show a change of condition evaluation was completed and the care plan was updated to address Resident 1's low hematocrit and hemoglobin level.</p> <p>On 10/15/24 at 1529 hours, a concurrent interview and medical record review was conducted with the DON. The DON verified the change of condition evaluation and updated care plan were not completed for Resident 1's low hematocrit and hemoglobin levels.</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 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to provide an accurate surveillance and assessment of the skin and soft tissue infection for one of four sampled residents (Resident 4). This failure posed the risk for not identifying and managing Resident 4's skin infection.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Infection Prevention and Control Program revised 12/2022 showed the facility maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections as per accepted national standards and guidelines. On surveillance the RNs and LPNs participate in surveillance through assessment of the residents and reporting changes in condition to the resident's physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infection.</p> <p>Medical record review for Resident 4 was initiated on 10/15/24. Resident 4 was admitted to the facility on [DATE].</p> <p>a. Review of Resident 4's Infection Screening Evaluation dated 8/14/24, showed Resident 4's symptom of pus (a thick yellowish liquid produced in infected tissue) for skin/wound characteristics met the McGeer's Criteria (used to evaluate the accuracy of infection diagnoses and reporting in nursing homes).</p> <p>Review of Resident 4's Order Summary dated 8/13/24, showed the physician ordered doxycycline (antibiotic medication) 100 mg for five days from 8/13/24 to 8/18/24, for Resident 4's abscess on the left side of lower back.</p> <p>However, review of the Infection Surveillance Monthly Report for August 2024 showed Resident 4 was treated with doxycycline 100 mg for the left lower back abscess (pus-filled lump) and did not meet criteria for skin and soft tissue infection.</p> <p>b. Review of Resident 4's Infection Screening Evaluation dated 9/16/24, showed Resident 4's symptoms of redness and new or increasing swelling at affected site met the Loeb's Criteria (set of minimum signs and symptoms that indicate a resident may have an infection and might need antibiotics) for suspected skin and soft tissue infection.</p> <p>Review of Resident 4's Order Summary dated 9/16/24 showed the physician ordered doxycycline 100 mg for ten days from 9/16/24 to 9/26/24, for Resident 4's ruptured boil (pus filled bump) to buttock area.</p> <p>However, review of the Infection Surveillance Monthly Report for September 2024 showed Resident 4 was not included in the category under skin and soft tissue infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 10/15/24 at 1214 hours, an interview and concurrent facility document review was conducted with the IP. The IP verified the Infection Surveillance Monthly Report for August 2024 did not match the Infection Screening Evaluation. Furthermore, the IP verified the Infection Surveillance Monthly Report for September 2024 failed to show Resident 4 was included in the criteria for the skin and soft tissue infection.</p> <p>On 10/15/24 at 1529 hours, an interview and concurrent record review was conducted with the DON. The DON verified the above findings.</p>		