STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555667	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Care Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **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 notify the resident's physician of a change in condition for one of three sampled residents (Resident 1). * The facility failed to notify Resident 1's physician regarding the resident's episode of verbal aggression towards the staff. This failure had the potential for Resident 1 not to receive appropriate and timely care and services.Findings: Review of the facility's P&P titled Notification of Changes dated 1219/22, showed it is the facility's policy to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. Medical record review for Resident 1 was initiated on 5/13/26. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's H&P examination dated 12/16/25, showed Resident 1 had the capacity to understand and make decisions. Review of Resident 1's nursing progress note dated 4/28/26, showed documentation Resident 1 had an episode of verbal aggression toward the staff and refused to allow the staff to keep the door open for close monitoring of his confused roommate. who was at risk for falls. The police were called to the facility as a result of the incident. However, further review of Resident 1's medical record failed to show a change of condition report was completed for the above incident and there was no documentation to show the resident's physician was notified. On 5/14/26 at 1622 hours, a telephone interview was conducted with LVN 2. LVN 2 stated Resident 1 was verbally aggressive toward her and the resident's behavior was documented in the nursing progress note. LVN 2 stated she could not recall whether the physician had been notified of the incident. On 5/15/26 at 0951 hours, a telephone interview was conducted with RN 1. RN 1 stated a change of condition report should have been completed for the resident's verbal aggression and verified the physician had not been notified but should have been. On 5/15/26 at 1232 hours, an interview was conducted with the DON. The DON was informed and verified 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