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	06/10/2026

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from the wrongful use of the resident's belongings or money. **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 one of three sampled residents (Resident 2) was free from misappropriation of property. * The SSD failed to follow up with Resident 2 and conduct an investigation after being informed Resident 2 was missing three pairs of earrings. This failure had the potential to negatively impact the resident's well-being.Findings: Review of the facility's P&P titled Theft and Loss Program dated 12/19/22, showed when a personal property item is reported missing, staff should immediately begin a search for this missing property. If the property is not found, a Theft and Loss report is to be completed, and at that time, Social Services will continue the search and investigate the loss. Medical record review for Resident 2 was initiated on 5/29/26. Resident 2 was initially admitted to the facility on [DATE], and was readmitted on [DATE]. Review of Resident 2's H&P examination dated 6/4/26, showed the resident had fluctuating capacity. On 5/29/26 at 1042 hours, an interview was conducted with Resident 2. Resident 2 was asked if she was missing any personal items. Resident 2 stated she was missing three pairs of earrings. Resident 2 stated the earrings went missing about eight to nine months ago. Resident 2 stated she talked to someone at the facility about it, but could not recall who she spoke to. On 5/29/26 at 1515 hours, an interview was conducted with SSD. The SSD was asked to explain the process for when a resident's personal belongings go missing. The SSD stated once it was reported to her, she would call the staff, go into the resident's room and let the resident know they would search the room to look for the missing item. The SSD further stated she would also reach out to laundry to search for the item as well. The SSD stated if the items could not be found, a report would be started. The SSD was asked if Resident 2 reported to her the missing three pairs of earrings. The SSD stated it had not been reported to her. On 6/10/26 at 0930 hours, an interview was conducted with the SSD. The SSD stated she did not follow up with the resident on her missing earrings. The SSD stated the resident went out to the acute care hospital for three days and returned to the facility afterwards. The SSD stated the facility just had a care meeting and she did not discuss the missing jewelry with the resident. The SSD stated she would follow up with Resident 2. On 6/10/26 at 1023 hours, an interview was conducted with Resident 2. Resident 2 stated no one from the facility spoke with her about her missing earrings since 5/29/26. On 6/10/26 at 1300 hours, an interview was conducted with the DON. The DON acknowledged and verified the above 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