

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/31/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to provide the necessary care and services to ensure one of three sampled residents (Resident 1) attained and maintained the highest practicable well-being. * The facility failed to administer Resident 1's clonidine (antihypertensive) medication and notify the physician when Resident 1's SBP was more than 160 mmHg as per the physician's orders. This failure posed the risk of not providing appropriate and consistent care to Resident 1. Findings: On 7/30/26 at 0831 hours, an interview was conducted with Resident 1. Resident 1 stated he was being discharged from the facility, but he feared about his health condition. Resident 1 stated he had heart surgery and high blood pressure. Resident 1 stated he was able to leave the facility out on pass. Medical record review for Resident 1 was initiated on 7/30/26. Resident 1 was readmitted to the facility on [DATE]. Review of Resident 1's Order Summary Report showed the following physician's orders:- dated 5/4/26, to administer clonidine 0.1 mg by mouth every six hours as needed for hypertension, SBP more than 160 mmHg;- dated 5/19/26, may go out on pass for therapeutic and psychosocial purposes;- dated 5/22/26, to monitor the blood pressure every six hours. Call the physician for SBP greater than 160 mmHg; and- dated 6/23/26, to monitor the blood pressure related to clonidine use. Review of Resident 1's MDS assessment dated [DATE], showed Resident 1 was cognitively intact and independent in his ADLs. Review of Resident 1's MAR for July 2026 showed the following:- dated 7/18/26 at 1800 hours, Resident 1's BP was 164/87 mmHg;- dated 7/20/26 at 1800 hours, Resident 1's BP was 170/79 mmHg;- dated 7/21/26 at 0000 hours, Resident 1's BP was 168/74 mmHg;- dated 7/26/26 at 1800 hours, Resident 1's BP was 170/90 mmHg; and- dated 7/30/26 at 1200 hours, Resident 1's BP was 161/91 mmHg. Further review of Resident 1's MAR for July 2026 showed Resident 1's physician was not notified when the resident's SBP was greater than 160 mmHg. Furthermore, Resident 1 was not administered the clonidine medication on 7/20/26 at 1800 hours and on 7/30/26 at 1200 hours, when the resident's SBP was greater than 160 mmHg. Review of Resident 1's Progress Notes did not show Resident 1's physician was notified when the resident's SBP was greater than 160 mmHg. On 7/31/26 at 1425 hours, an interview and concurrent medical record review for Resident 1 was conducted with the DON. The DON stated the nurses have been monitoring Resident 1's blood pressure. The DON verified the physician was not notified and the clonidine medication was not administered when the Resident 1's SBP was greater than 160 mmHg.		

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