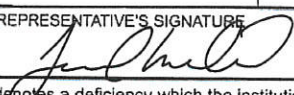


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/17/2025
NAME OF PROVIDER OR SUPPLIER  FRENCH PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 E WASHINGTON AVENUE SANTA ANA, CA 92701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: CA00965778.</p> <p>The survey team entered the facility on 6/13/25 at 0730 hours.</p> <p>The facility identified the census as 184.</p> <p>The survey sample size was 16.</p> <p>Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility.</p> <p>* FOR COMPLAINT NUMBER: CA00965778, DEFICIENCIES WERE IDENTIFIED AND CITED AT F755.</p> <p>GLOSSARY AND DEFINITIONS:</p> <p>ADON - Assistant Director of Nursing</p> <p>BIMS - Brief Interview for Mental Status (tool used to screen and identify the cognitive condition of residents into a long-term care facility)</p> <p>DON - Director of Nursing</p> <p>H&amp;P - History and Physical</p> <p>LVN - Licensed Vocational Nurse</p> <p>MDS - Minimum Data Set (a standardized assessment tool)</p>	F 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider to the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of the Health and Safety Code 1280 and 42 C.R.F. 405.1907.</p>	07/04/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

07/04/2025

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.

Accepted, 7/8/25

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F 000	Continued From page 1	F 000			
F 755	P&P - Policy and Procedure	F 755	F755	07/04/2025	
SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)				
	<p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record</p>		<p>1. The corrective action(s) accomplished for the residents found to have been affected by the deficient practice:</p> <p>Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 was affected by this deficient practice. Immediately, Residents' primary care provider was notified by Licensed Nurse and DON about late medication administration. All affected residents were monitored for any adverse reaction.</p> <p>On 6/13/2025, DON provided 1:1 education to LVN 6 about medication administration policy and procedure.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All residents were potentially affected by this deficient practice. On 6/24/2025, DON and Medical records audited medication administration x 1 month and found no other concern.</p>		

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F 755	<p>Continued From page 2</p> <p>review, facility document review, and facility P&amp;P review, the facility failed to ensure the necessary pharmacy services were provided to 16 of 16 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16) when the medications were not provided within their prescribed time. This failure had the potential for negative health outcomes to the residents.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Medication Administration dated 12/19/22, showed the medications are administered within 60 minutes of scheduled time unless otherwise ordered by the physician.</p> <p>Review of the facility's document titled Medication Administration Times (undated) showed the medications are scheduled to be administered as follows:</p> <ul style="list-style-type: none"> <li>- daily, administer at 0900 hours;</li> <li>- twice a day, administer at 0900 and 1700 hours;</li> <li>- three times a day, administer at 0900, 1300, and 1700 hours;</li> <li>- bedtime, administer at 2100 hours;</li> <li>- four times a day, administer at 0900, 1300, 1700, and 2100 hours;</li> <li>- every eight hours, administer at 0600, 1400 and 2200 hours;</li> <li>- every six hours, administer at 0600, 1200, 1800, and 0000 hours;</li> </ul>	F 755	<p><b>3. Measures that will be put into place or systematic change the facility will make to ensure that the deficient practice does not recur:</b></p> <p>DON or designee will oversee the process and monitor medication administration through observation of medication administration daily for 4 weeks.</p> <p>From 6/24/2025, DON and ADON in-service all licensed nurses about medication administration policy and procedure and their responsibilities when they are aware that they might not meet the medication administration time-frame, including asking for help from RN supervisor or Unit Managers to make sure all residents received their medications on time.</p> <p><b>4. Facility plans to monitor effectiveness of the corrective actions and sustain compliance; Integrate QA Process:</b></p> <p>The DON an designee will monitor daily Medication administration x 4 weeks. Any findings will be presented to the Monthly QA&amp;A meeting. The Plan of Correction was presented at the Quality Assurance (QA&amp;A) committee meeting on 07/9/2025. Ongoing findings from audits will be reported to the QAPI/QAA monthly meetings for three months.</p> <p>Corrective action completion date: 7/04/2025</p>	07/04/2025	

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F 755	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- every twelve hours, administer at 0900 and 2100 hours;</li> <li>- three times a day before meals, administer at 0630, 1130, and 1630 hours;</li> <li>- twice a day before meals, administer at 0630 and 1630 hours;</li> <li>- daily before meals, administer at 0630 hours;</li> <li>- every four hours, administer at 0000, 0400, 0800, 1200, 1600, and 2000 hours;</li> <li>- three times a day in between meals, administer at 1000, 1400, and 2000 hours;</li> <li>- twice a day between meals, administer at 1000, and 1400 hours.</li> </ul> <p>a. Review of Resident 3's medical record was initiated on 6/13/25. Resident 3 was admitted to the facility on 10/24/19.</p> <p>Review of Resident 3's MDS assessment dated 5/2/25, showed a BIMS score of 11, indicating moderate cognitive impairment.</p> <p>Review of Resident 3's H&amp;P examination dated 4/20/25, showed Resident 3 was able to make needs known and make own medical decisions.</p> <p>b. Review of Resident 4's medical record was initiated on 6/13/25. Resident 4 was admitted on 5/7/25.</p> <p>Review of Resident 4's MDS assessment dated 5/13/25, showed a BIMS score of 12, indicating</p>	F 755			

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F 755	<p>Continued From page 4 moderate cognitive impairment.</p> <p>c. Review of Resident 17's medical record was initiated on 6/13/25. Resident 17 was admitted on 11/25/24.</p> <p>Review of Resident 17's MDS assessment dated 6/4/25, showed a BIMS score of 15, indicating moderate cognitive impairment.</p> <p>d. Review of Resident 16's medical record was initiated on 6/17/25. Resident 16 was admitted on 6/13/22.</p> <p>Review of Resident 16's MDS assessment dated 5/13/25, showed a BIMS score of 6, indicating individual's cognitive function is intact.</p> <p>On 6/13/25 at 1006 hours, an observation and concurrent interview was conducted with LVN 2. LVN 2 was observed administering the medications to Resident 7. LVN 2 confirmed the medications given to Resident 7 were due at 0900 hours. LVN 2 stated she started the medication administration at 0830 hours because she had to provide assistance with another resident's change in condition. LVN 2 further stated she still needed to administer the medications scheduled for 0900 hours to Residents 4, 5, 11, 12, and 14.</p> <p>On 6/13/25 at 1008 hours, an observation and concurrent interview was conducted with LVN 1. LVN 1 was observed passing the medications. LVN 1 confirmed the medications were due at 0900 hours. LVN 1 stated she was late in the medication administration because a resident had a change in condition. LVN 1 further stated she needed to administer the medications scheduled</p>	F 755			



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F 755	<p>Continued From page 5</p> <p>for 0900 hours to Residents 1, 2, 3, 6, 8, 9, 10, 13, and 15.</p> <p>On 6/13/25 at 1023 hours, an interview was conducted with Resident 3. Resident 3 stated she had not received her medications yet. Resident 3 further stated sometimes the medications were administered late.</p> <p>On 6/13/25 at 1032 hours, an interview was conducted with Resident 4. Resident 4 stated sometimes she receives her medications late.</p> <p>On 6/13/25 at 1035 hours, an interview was conducted with LVN 2. LVN 2 confirmed she just finished passing the medications scheduled at 0900 hours.</p> <p>On 6/13/25 at 1039 hours, an interview was conducted with Resident 17. Resident 17 stated sometimes he receives his medications late.</p> <p>On 6/13/25 at 1050 hours, an observation and concurrent interview was conducted with LVN 1. LVN 1 was observed wheeling the medication cart back towards the nurses station. LVN 1 confirmed she just finished passing the medications scheduled to be administered at 0900 hours.</p> <p>On 6/13/25 at 1120 hours, an interview was conducted with the DON. The DON stated the facility would notify the physician of the residents for the late medication administration today.</p> <p>On 6/17/25 at 1020 hours, an observation and concurrent interview was conducted with LVN 6. LVN 6 was observed administering medication to Resident 16. When LVN 6 was done administering the medications, LVN 6 was asked</p>	F 755			

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F 755	<p>Continued From page 6</p> <p>about medications administered to Resident 16. LVN 6 confirmed the medications given to Resident 16 were due at 0900 hours. LVN 6 stated she had a resident going for a medical appointment today and had to stop medication administration to assist the resident.</p> <p>On 6/17/25 at 1205 hours, an interview was conducted with the DON. The DON stated she expected the medications to be administered timely. The DON further stated the RN supervisor and unit managers were available to assist with a resident's change of condition, so medication administration wouldnot be interrupted to prevent any delay.</p> <p>On 6/17/25 at 1615 hours, an interview was conducted with the Assistant Administrator, DON, and ADON. The Assistant Administrator, DON, and ADON were informed and acknowledged the above findings.</p>	F 755			