

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

PRINTED: 10/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/14/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRENCH PARK CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 E WASHINGTON AVENUE SANTA ANA, CA 92701</b>		
(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><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED SURVEY for Complaint No: CA00416355.</p> <p>Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor 31871, HFEN.</p> <p>THE DEPARTMENT WAS UNABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION(S).</p> <p>HOWEVER, DURING THE INVESTIGATION THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF THE REGULATION(S).</p> <p>Glossary: P&amp;P - Policy and Procedure RN - Registered Nurse</p>	F 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of Federal and State law. This Plan of Correction shall constitute this facility's written credible allegation of compliance for the deficiencies noted.</p>		
F 431 SS=D	<p><b>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b></p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted</p>	F 431	<p><b>F431 Corrective Action</b> The medication cart was immediately locked by RN Supervisor 1 on 10/13/14.</p> <p><b>Identification of Others at Risk</b> On 10/13/14, the Director of Staff Development and Unit Manager made rounds in all stations and no unattended medication carts were found unlocked. If there had been an unlocked medication cart, it would have been locked and the responsible nurse would have been counseled.</p>		11/14/14

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

TITLE

(X6) DATE

*[Signature]*

ADMINISTRATOR

11-3-14

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.

*11/14 Acceptable POC - HFEN 1835*

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F 431	<p>Continued From page 1</p> <p>professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a medication cart was not accessible to unauthorized staff, residents, or visitors. A medication cart was found unlocked and unattended. This had the potential to allow unauthorized access to medications.</p> <p>Findings:</p> <p>Review of facility's P&amp;P titled Storage of Medications dated 9/03, showed compartments containing medications are locked when not in use. Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts,</p>	F 431	<p><b>Process to Prevent Reoccurrence</b></p> <p>RN Supervisors will inspect medication carts during daily clinical rounds to ensure they are locked when unattended. Findings will be reported to the Director of Nursing for review. The Policy and Procedure on Medication Administration and Drug Storage shall be provided to nurses during orientation, and as needed. Medication administration competency skills checks, including drug storage procedures, will be conducted by Unit Managers annually, and as needed.</p> <p><b>Monitoring Process</b></p> <p>The outcome of the inspections shall be reported by the Director of Nursing to the monthly Quality Assurance &amp; Performance Improvement Committee for at least three months. The Committee will evaluate the plan's effectiveness and provide further recommendation, as needed.</p>		<p>2014 NOV 3 PM 12:31</p>

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F 431	<p>Continued From page 2 and boxes.</p> <p>On 10/13/14 at 0830 hours, a medication cart on Station C was observed in the hallway to be unlocked and unattended. There were no staff in the immediate vicinity.</p> <p>On 10/13/14 at 0835 hours, an interview was conducted with RN Supervisor 1. The RN Supervisor identified this medication cart contained medications for the residents on Station C. She stated the staff should have locked the cart when not in use.</p>	F 431			

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