

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555667</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GARDEN PARK CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12681 HASTER STREET GARDEN GROVE, CA 92840</b>	
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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to follow their P&amp;P for one of two sampled residents (Resident 1) who was identified to be at risk for elopement. * The facility failed to complete an exit-seeking (elopement risk) profile as per the facility's P&amp;P for Resident 1 when the resident was identified to be at risk for elopement on 2/11/2020. * The facility failed to develop a care plan to address the risk for elopement. * Resident 1 eloped from the facility on [DATE], and was found approximately nine miles away from the facility on [DATE]. Findings: Review of the facility's P&amp;P titled Elopements revised July 2012 showed all residents who are an elopement risk will have an exit-seeking profile completed by the IDT. A photograph of the resident will be placed in the medication book with the Medication Administration Record [REDACTED]. The exit-seeking profile information may be used for identification and search purposes should a resident elope. If a risk for elopement is identified, the resident's care plan will be updated to identify the interventions to manage the possibility of elopement. Medical record review for Resident 1 was initiated on 3/5/2020. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Elopement Risk assessment dated [DATE], showed a score of 10, which identified the resident was at risk for elopement. Review of Resident 1's MDS dated [DATE], showed the resident had a moderate cognitive impairment. Review of Resident 1's medical record failed to show the facility completed an exit-seeking profile for Resident 1 completed on 2/11/2020, as per the facility's P&amp;P. Review of Resident 1's plan of care failed to show a care plan problem was developed to address Resident 1's risk for elopement. Review of the Nurses Notes dated [DATE] at 1830 hours, showed Resident 1's wheelchair was found in the facility's hallway by the door; however, Resident 1 could not be found. The staff started an immediate search inside and outside of the building and drove around the local community looking for Resident 1. Resident 1's physician and local law enforcement were made aware. Review of the Nurses Notes dated [DATE] at 1630 hours, showed Resident 1 was found (by a bystander) approximately nine miles away from the facility. Review of the facility's investigation showed prior to Resident 1's admission, the resident had been living on the streets with his dog. When Resident 1 was found, he was with his dog. He was brought back to the facility and assessed to have no injuries. On 3/5/2020 at 1639 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated residents' elopement risk assessment was completed upon admission, quarterly, annually and if there was a change of condition. The DON stated Resident 1 scored 10 on his elopement risk assessment on 2/11/2020 and a score of 10 or higher meant the resident was at risk for elopement. The DON verified Resident 1's exit-seeking profile was not completed when he was first identified to be at risk for elopement, and his plan of care was not developed to address his risk for elopement.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.