STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056435	A. Building B. Wing	10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hyde Park Healthcare Center	6520 West Blvd. Los Angeles, CA 90043

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 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443 Based on interview, and record review the facility failed to provide supervision for one of two sampled residents (Resident 1), who was at high risk for falls. Resident 1 was left unsupervised and was found on the floor by a Certified Nursing Assistant (CNA) 3. As a result, Resident 1 fell , sustained a left hip fracture (broken bone), was hospitalized in a General Acute Care Hospital (GACH) from 8/25/22 to 8/28/22, (a total of 3 days), and had a surgical repair of the fractured site. Findings: During a review of Resident 1's Face sheet, the face sheet indicated, Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included, unspecified dementia with behavior disturbance (a mental disorder that affects how a person thinks and behaves), lack of coordination (loss of control of body movements), unspecified mood affective disorder (mental disorder that affects a person's emotional state), anxiety disorder (feelings of uneasiness), and unspecified disorder of bone density and structure (a disease that weakens bones and are at a greater risk for sudden and unexpected bone fractures), wedge compression fracture (small breaks or cracks in the back bone usually occurs in the front of the spine collapsing and weakens the bone of the spine which gives the bones in the back a wedge shape and affects posture). During a review of Resident 1's History and Physical (H&P), dated 8/28/21, the H&P indicated, Resident 1 was not able to fully understand or make decisions. During a review of Resident 1's fall risk assessment, dated 6/2/22, the fall risk assessment indicated, Resident 1 was not at risk for falls. The fall risk assessment indicated Resident 1 had intermittent confusion, had balance problems while standing. The fall risk assessment also indicated Resident 1 was receiving medications for high blood pressure, and psychotropics (any drug that affects behavior, mood, thoughts, or perception), medications known to cause dizziness and falls. During a review of Resident 1's Post Fall Observation Assessment, dated 6/21/22 indicated Resident 1fell from her bed on 6/21/22 and the fall was witnessed by her roommates. The Post Fall Observation Assessment indicated Resident 1 stated she fell from her bed and hit her arm. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056435	A. Building B. Wing	10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hyde Park Healthcare Center	6520 West Blvd. Los Angeles, CA 90043

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 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's Departmental Notes dated 6/21/22 10:03 pm, the departmental notes indicated Resident 1 was diagnosed with a right upper arm humerus (long bone in the upper arm) fracture. The departmental notes indicated Resident 1 was wearing a sling (a device to limit movement of the shoulder or elbow while it heals) and had a right upper extremity (RUE) skin discoloration and swelling. During a review Resident 1's situation, background, assessment, and recommendation (SBAR) dated 6/21/22, the SBAR indicated, a Certified Nursing Assistant (CNA) notified a Charge Nurse (CN) that Resident 1 complained of RUE pain. The SBAR indicated upon assessment, the CN noted Resident 1's RUE was red, slightly swollen and the resident was unable to raise the RUE without pain. The SBAR also indicated Resident 1's physician was notified and an Xray (quick, painless test that produces images of the structures inside the body, particularly your bones) was ordered. During review of Resident 1's care plan titled At Risk for Falls related to dementia dated 6/22/22, indicated Resident 1 had an actual fall on 6/22/22. The care plan's goal indicated Resident 1's risk for falls will be reduced within 90 days. The care plans interventions indicated call lights in reach, room free of clutter, encourage resident to call for assistance if needed, and monitor side effects for medications. During a review of Resident 1's Physical Therapy Evaluation and Plan of Treatment dated 6/23/22 the Physical Therapy Evaluation and Plan of Treatment indicated Resident 1 was referred to rehabilitation (the process of restoring someone to health through training and therapy after an illness) after a fall in the facility on 6/21/22 that resulted in a right arm fracture. The Physical Therapy Evaluation and Plan of Treatment indicated Resident 1 had a new onset of decrease in functional mobility, strength, coordination, and an increased need for help from others after the fall. During review of an Interdisciplinary Team meeting report ([IDT] team members from different disciplines working together, with a common purpose on a resident's behalf) dated 6/25/22, the IDT indicated, Resident 1 was noted with a red swollen right upper extremity and painful to touch. Charge nurse was made aware. Upon investigation of incident, the resident's roommate heard a loud noise in room and Resident 1 stated, she had fallen and hit arm on the bed rail on the 7-3pm shift. Resident was noticed to have severe pain on right upper extremity and the doctor was aware of Xray results and a new order was received to transfer Resident 1 to the emergency room (ER) for further evaluation. During review of Resident 1's Minimum Data Set [MDS] an assessment and care screening tool) dated 6/25/22, the MDS indicated, Resident 1 had a severe cognitive (thinking) memory loss and had a major injury, a fracture, from one fall since admission. The MDS indicated Resident 1 required extensive assistance from one staff with bed mobility, transfers, walking, dressing, toilet use, eating and personal hygiene. The MDS indicated Resident 1 used a wheelchair. The MDS also indicated Resident 1 had had a fall since admission with a major injury. The MDS indicated Resident 1 was receiving antipsychotic (medications to treat mental health disorders), antidepressants (medication to treat depression) and opioid (strong pain medication). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056435	A. Building B. Wing	10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hyde Park Healthcare Center	6520 West Blvd. Los Angeles, CA 90043

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 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's SBAR dated 8/24/22, the SBAR indicated, Resident 1 was found on the floor in her room by the charge nurse, and Resident 1 stated I was walking, and I fell on the floor. The SBAR indicated Resident 1 was assessed and complained of pain on left hip when palpated, pain medication was provided, medical doctor notified and an Xray was ordered. The SBAR indicated Resident 1 had a pain rated at 7/10, (with 10 being the highest level of pain). The SBAR also indicated Resident 1 had non-verbal signs of pain including grimacing (facial expression of pain) and moaning/gasping (long, low sound expressing physical or mental suffering) and wincing (to draw back or tense the body from pain). During a review of Resident 1's Departmental Notes dated 8/24/22 and timed 8:45 pm, indicated Resident 1 had an order for Xray of both hips. The Departmental Notes indicated Resident 1 was medicated for pain. During a review of Resident 1's Departmental Notes dated 8/24/22 and timed 10:47 pm, the Departmental Notes indicated Resident 1 had a left hip fracture. During a review of Resident 1's Departmental Notes dated 8/25/22, and timed 7:07 pm, the Departmental Notes indicated, Resident 1 had unrelieved pain after given medication and was transferred to a general acute care hospital (GACH) for evaluation/treatment. During a review of the GACH physician's consultation report dated 8/26/22, the consultation report indicated, Resident 1 was scheduled for surgery to repair her hip. During review of an IDT meeting dated 8/28/22, the IDT conference indicated Resident 1 had a left hip fracture. Resident 1 stated she was walking and fell on [DATE]. Resident 1 has dementia with behavioral disturbances, osteoporosis (fragile easy to break bones), depression (feeling hopeless with loss of interest in daily activities) anxiety, and Resident 1 tested positive for the coronary virus ([Covid 19] infection that causes difficulty breathing). Resident 1 was examined by a licensed nurse, noted to have pain in left hip, having facial grimacing (frowning), and doctor made aware. Resident 1 noted with facial grimacing and stating her leg hurt after she was already medicated with Norco (strong pain medication) as ordered. The IDT notes indicated 911 was called to transfer Resident 1 to the emergency room for further evaluation. During a review of the Investigative summary dated 8/29/22, the Investigative Summary, indicated Resident 1 was a fall risk and had a previous history of falls. The conclusion statement indicated Resident 1's fall was related to lack of coordination, use of psychotropic medications, cognitive dysfunction, stubbornness, and refusing to ask for assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056435	A. Building B. Wing	10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hyde Park Healthcare Center	6520 West Blvd. Los Angeles, CA 90043

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 Level of Harm - Actual harm Residents Affected - Few	During an interview on 8/31/22, at 3:40 pm, with the Director of Nursing (DON), the DON stated, after Resident 1's fall on 6/21/22, Resident 1's physician discontinued the resident's Zyprexa, to prevent dizziness and falls. The DON stated, CNA 3 was assigned to sit by Resident 1's room to monitor the resident on 8/24/22, and that if Resident 1 made any sound, CNA 3 was supposed to notify a Licensed Vocational Nurse (LVN) or a Registered Nurse (RN) for prompt interventions. The DON stated when Resident 1 fell the second time on 8/24/22 the resident had just been moved to the red zone (designated area for COVID-19 positive residents) and was not monitored. The DON stated a CNA 1 was in Resident 1's room helping a maintenance Supervisor (MS) at the time of the fall on 8/24/22, because MS was putting up an isolation barrier (safety device use to prevent movement from one area of the facility to another). The DON stated MS asked CNA 1 to hand him (MS) a piece of tape, and when CNA 1 turned around, Resident 1, who was on a wheelchair, had fallen by her bedside. During an interview on 9/12/22 at 2:33 pm, with physical therapist (PT) 1, PT 1 stated, Resident 1 was at high risk for falls related to dementia, confusion, and inability to follow instructions. PT 1 stated Resident 1 had two falls on 6/21/22 and 8/24/22, while in the facility. PT 1 stated, before both falls, Resident 1 could stand on her own and walk unassisted, but for the safety of Resident 1, it was better for a staff to always assist the resident. PT 1 stated Resident 1 was able to stand beside PT 1, hold on to the gait belt (assistive device which can be used to help safely transfer a person from a bed to a wheelchair, assist with sitting and standing) and walk. PT 1 stated, after the second fall on 8/24/22, Resident 1 required maximum assist and was totally dependent on staff for all activities. PT 1 stated Resident 1 suffered a definite decline in function. During an interview on 9/12/22 at 3:35 pm, with CNA 3, CNA 3, stated, he was not assigned to monitor Resident 1 on 8/24/22, and that he was standing in the doorway when he saw Resident 1 on the floor. CNA 3 stated Resident 1 was alone, inside her room, on the floor, in front of a wheelchair. CNA 3 stated Resident 1's legs were on the floor and the resident was lying in a fetal position (when the body is curled up on one side with the arms and legs). During an interview on 9/13/22 at 12:40 pm, with LVN 1, LVN 1 stated, she did not witness Resident 1's fall on 8/24/22. LVN 1 stated, CNA 3 notified her about Resident 1's fall. LVN 1 stated, she found Resident 1 lying on the floor, on her back, with her legs stretched out, and her right arm was over her chest. During an interview on 9/14/22 at 9:50 am with LVN 1, LVN 1 stated, Resident 1's fall could have definitely been prevented if Resident 1 was placed on a One-to-one observation (continuous staff observation to prevent falls). LVN 1 stated Resident 1 was not on 1:1 monitoring when the resident fell on [DATE]. During an interview on 9/14/22, at 9:35 am, with RN 1, RN 1 stated, Resident 1 was a high risk for falls prior to her fall on 8/24/22. RN 1 stated, Resident 1 had an unsteady gait, was forgetful, and required one person assist with mobility. RN 1 stated, Resident 1 did not follow instructions and was confused. During a review of the Diagnostic Imaging (a type of test to view the inside of the body to help figure out the causes of an illness or injury and confirm a diagnosis) report dated 8/25/22, at the GACH, the diagnostic imaging report indicated, a left sided hip fracture. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056435	A. Building B. Wing	10/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hyde Park Healthcare Center	6520 West Blvd. Los Angeles, CA 90043

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 Level of Harm - Actual harm Residents Affected - Few	During a review of a letter from the facility's Administrator titled Letter of Consideration of Intent to Cite dated 9/15/22, the letter indicated Resident 1 had multiple fall risks factors including lack of coordination, confusion, forgetfulness, and unable to make decisions. The letter indicated Resident 1 had a fall on 6/20/22 and sustained a right humeral (upper arm) fracture. The letter also indicated on 8/24/22 Resident 1 was found on the floor by a CNA and x-ray results indicated the resident sustained a left hip fracture. According to the letter, on 8/24/22, Resident 1 was placed in an environment unrecognized by her (Resident 1) and that may have caused her to be disoriented. The letter indicated everyone was aware Resident 1 had a tendency to get up. On 8/24/22, staff were moving beds, and the maintenance was taping off areas in the facility. Resident 1 probably was scared, did not understand what all the commotion was about, then the resident got up, fell , and was injured. During a review of the facility's policy and procedure (P/P) titled, Safety and Supervision of Residents, dated 12/2017, the P/P indicated resident supervision was a core component of the systems approach to safety. The P/P indicated the type and frequency of resident supervision was determined by each resident's assessed needs and identified hazards in the environment. The P/P indicated monitoring the effectiveness of interventions included evaluating the effectiveness of interventions, modifying or replacing interventions as needed and evaluating the effectiveness of new or revised interventions. During a review of the facility's P/P titled Falls revised March 2018, the P/P indicated after a first fall, the staff will evaluate falls that occurred in the facility, identify possible causes, including each resident's risk factors, and try relevant interventions to prevent further falls. During a review of the facility's P/P titled, Care Plans - Comprehensive, the P/P indicated, each resident's comprehensive care plan was designed to aid in preventing or reducing declines in the resident's functional status and/or functional levels. The P/P indicated an individualized comprehensive care plans including measurable objectives and timetables to meet each resident's medical, nursing, mental, and psychological needs was developed for each resident. The P/P indicated assessments of residents were ongoing and care plans were revised as information about the resident and resident's condition change.