

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Hyde Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident's personal properties, including outside medications that were not being used during the stay at the facility, were documented on admission for one (1) of 19 sampled residents (Resident 51).</p> <p>This deficient practice had the potential for misappropriation (wrongful or inappropriate use) of resident 51's personal properties.</p> <p>Findings:</p> <p>During concurrent observation and interview on 2/7/2023 at 10:35 a.m. with the Director of Nursing (DON), the facility's controlled substance storage in the DON's office was inspected and six bags, each containing multiple medication containers were observed to be stored in a locked cabinet. DON stated the medications were personal medications brought by residents on admission and the facility did not keep an accountability record for them. DON also stated personal medications were residents' properties.</p> <p>During an interview on 2/8/2023 at 9:46 a.m. with DON, DON stated 1 of 6 bags found in the controlled substance storage in the DON's office belonged to Resident 51, a current resident who was admitted to the facility on [DATE]. DON stated the remainder 5 bags belonged to residents who had been discharged or had been discontinued.</p> <p>During a review of Resident 51's Inventory of Personal Possessions dated 2/25/2022, the inventory indicated the resident's personal medications were not listed.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Personal Property dated 9/2012, the P/P indicated the resident's personal belongings should be inventoried and documented upon admission.</p>

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
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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45743</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions during the use of restraints (the action of keeping someone or something under control such as hand mittens) by not releasing the hand mittens every 2 hours for 10 mins and not applying the mittens too tight on the wrists for one of one sampled resident (Resident 2).</p> <p>This deficient practice resulted in Resident 2 having the mittens on both hands for an extended period (8 hours) and developing redness on both wrists.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included hemiplegia (paralysis that affects one side of the body), aphasia (a disorder that affects person's ability to speak), and gastrostomy (the surgical formation of an opening through the abdominal wall into the stomach for food and medication administration).</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 12/21/2022, indicated the resident was severely impaired with cognitive skill for daily decision making. The MDS indicated Resident 2 required extensive assistance with transfer, mobility, dressing, eating and personal hygiene.</p> <p>A review of Resident 2's History and Physical (H&P) dated 1/19/23 indicated Resident 2 was able to make decisions for activities of daily living.</p> <p>During an observation on 2/6/23 at 9:05 a.m., Resident 2 was lying in bed in her room, with hand mittens on both hands. Resident 2 was observed every 2 hours until 4:30 p.m., and she had the hand mittens on both hands throughout the observation period.</p> <p>During a concurrent observation and interview on 2/7/23 at 9:30 a.m., Resident 2 had hand mittens on both hands and was trying to take the mittens off her hands. Resident 2 nodded her head indicating yes when asked if she wanted the mittens off and if the mittens were too tight on her wrists.</p> <p>During a concurrent observation and interview on 2/7/23 at 10:10 a.m., Certified Nursing Assistant (CNA 2) took Resident 2's hand mittens off from resident 2's hands. Resident 2 was noted with redness around the wrist of both hands. CNA 2 stated that she was instructed to take the mittens off for 2 hours. CNA 2 stated Resident 2's wrists were red. CNA 2 stated she had not been trained on how to care and apply hand mittens on residents.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/7/23 at 10:30 a.m. with the Director of Staff Development (DSD), the DSD stated hand mittens were supposed to be taken off every 2 hours for 10 minutes for all residents with mittens. The DSD stated staff were supposed to assess residents' hands for any circulation issues such as redness and swelling. The DSD stated hand mittens should not be fastened too tight on residents' wrists to avoid circulation cut off. The DSD also stated she had not trained CNA 2 on how to apply and care for residents with restraints such as mittens. The DSD stated the redness on Resident 2's wrists indicated that the hand mittens were applied too tight on the resident's wrists.</p> <p>A review of the facility's policy and procedures, with a revised date of 4/2017, titled, Use of Restraints indicated restraints should be used for the safety and well-being of residents and only after other alternatives have been tried unsuccessfully. The policy indicated some safety guidelines should be implemented and documented while a resident was in restraints. The policy indicated a resident placed in a restrain will be observed at least every 30 minutes by the nursing personnel, and motion and exercise provided for a period of 10 minutes during each 2 hours in which a restraint was used.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36504</p> <p>Based on observation, interview, and record review, the facility failed to refer three out of five sampled residents (Residents 4, 9 and 12) with mental illness to the appropriate state designated authority for level II Pre-Admission Screening and Resident Review ([PASARR], evaluation to determine if mental illness [MI] or intellectual disability [ID] needs of the resident can be met in the facility).</p> <p>This deficient practice placed Residents 4, 9 and 12 at risk of not receiving necessary specialized care and services to meet their needs.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission record indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), respiratory failure (a condition that happens when the lungs cannot get enough oxygen), and epilepsy (seizure disorder).</p> <p>During a review of Resident 4's Minimum Data Set ([MDS], a standardized assessment and screening tool) dated 1/23/2023, the MDS indicated the resident had the ability to understand others and to be understood. The MDS also indicated the resident was admitted with psychiatric/mood disorders (mental disorders that cause abnormal thinking and perceptions) such as schizophrenia, bipolar disorder (a disorder associated with mood swing), anxiety and depression.</p> <p>During a review of Resident 4's PASRR Level I Screening (preliminary assessment to determine whether resident had SMI or ID) dated 10/18/2022, the screening indicated Resident 4 was positive for level I screening and required level II evaluation. There was no indication that the facility referred Resident 4 to the appropriate state-authority for Level II evaluation and determination.</p> <p>During a review of Resident 9's Admission Record, the Admission record indicated Resident 9 was admitted to the facility on [DATE] with diagnoses including major depressive disorder, schizophrenia, bipolar and anxiety disorder.</p> <p>During a review of Resident 9's MDS dated [DATE], the MDS indicated the resident had the ability to understand others and to be understood. The MDS also indicated the resident was admitted with psychiatric/mood disorders such as schizophrenia, bipolar disorder, anxiety and depression.</p> <p>During a review of Resident 9's the PASRR Level I Screening dated 12/17/2021, the screening indicated Resident 9 was positive for level I screening and required level II evaluation. There was no indication that the facility referred Resident 9 to the appropriate state-authority for Level II evaluation and determination.</p> <p>During a review of Resident 12's Admission Record, the admission record indicated Resident 12 was admitted on [DATE] with diagnoses including schizophrenia, manic episodes (a period of abnormal elevation and extreme change in mood and behavior), and suicidal ideation (thinking about or planning suicide).</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 12's MDS dated [DATE], the MDS indicated the resident had the ability to understand others and to be understood. The MDS indicated the resident was admitted with psychiatric/mood disorders such as schizophrenia, bipolar disorder (a disorder associated with mood swing), anxiety and depression.</p> <p>During a review of Resident 12's PASRR Level I Screening dated 4/19/2022, the screening indicated Resident 12 was positive for level I screening and required level II evaluation. There was no indication that the facility referred Resident 12 to the appropriate state-authority for Level II evaluation and determination.</p> <p>During a concurrent record review and interview on 2/8/2023 at 12:37 p.m. with MDS coordinator (MDS 1), who was responsible of completing resident's PASRR, MDS 1 stated that Residents 4, 9 and 12 were positive for PASARR level I and required Level II evaluation however she had forgotten to submit residents for PASARR level II evaluation.</p> <p>During a review of the facility's policy and procedure (P/P) titled, PASRR dated October 2018, the P/P indicated the purpose was to ensure that all individuals were screened for a serious MI or ID or related conditions prior to admission. The P/P also indicated that the facility staff would coordinate the recommendations from the level II PASARR determination and the PASARR evaluation report with the resident's assessment, care planning and transition of care.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46505</p> <p>Based on observation, interview and record review, the facility failed to develop care plans for four out of 46 residents (Resident 2, 28, 29, and 55).</p> <p>a. For Resident 2, the facility failed to complete the care plan for cognition (ability to think, understand, learn, and remember) and Restorative Nursing Aide (RNA, nursing aide program that helped residents to maintain their function and joint mobility) program.</p> <p>b. For Resident 28, the facility failed to develop a care plan for the RNA program and application of a left hand splint (material used to restrict, protect, or immobilize a part of the body to support function, assist and / or increase range of motion.) and a left elbow splint.</p> <p>c. For Resident 29, the facility failed to develop a care plan for activities of daily living (ADLs, tasks related to personal care including bathing, dressing, hygiene, eating, and mobility).</p> <p>d. For Resident 55, the facility did not develop a care plan for communication</p> <p>These deficient practices had the potential for Residents 2,28, 29, and 55 to not have their specific needs met and cause a delay in care services which can lead to functional declines in cognition, range of motion (ROM, full movement potential of a joint), and ADLs.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Face Sheet (admission record), the Face sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the right dominant side, aphasia (loss of ability to understand or express speech, caused by brain damage) following unspecified cerebrovascular disease (brain damage due to reduced blood flow), and attention to gastrostomy (G-tube, tube placed directly into the stomach for long-term feeding).</p> <p>During a review of Resident 2's Minimum Data Set ([MDS], a standardized assessment and care screening tool) dated 12/21/2022, the MDS indicated Resident 2 was severely impaired for daily decision making and required limited (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) to extensive (resident involved in activity, staff provide weight-bearing support) assistance from staff for activities of daily living (ADL) such as for bed mobility, dressing, transfers and hygiene. The MDS also indicated Resident 2 did not have any functional ROM limitations in both arms and both legs.</p> <p>During a review of Resident 2's care plan for cognition dated 1/13/2023, the care plan indicated Resident 2's problems or needs included cerebral infarction, short term memory problem, long term memory problem, and poor decision making. The cognition care plan did not indicate goals, plan and did not include RNA services.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2's physician's order dated 1/21/2023, the orders indicated to provide passive ROM (PROM, movement of a joint through the ROM with no effort from patient) on both arms and both legs, five times per week as tolerated to Resident 2.</p> <p>During an interview on 2/8/2023 at 2:20 p.m. with Director of Staff Development (DSD), DSD stated care plans provided an overview of a resident's care based on an assessment. The DSD stated goals were set and reassessed based on a resident's ability to prevent a decline in the resident's care.</p> <p>During a concurrent record review and interview on 2/8/2023 at 4:33 p.m. with Director of Nursing (DON), DON stated Resident 2's care plan for cognition was incomplete and Resident 2 did not have a care plan for RNA services.</p> <p>b. During a review of Resident 28's Face Sheet, the Face Sheet indicated Resident 28 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>During a review of Resident 28's MDS dated [DATE], the MDS indicated Resident 28's active diagnoses included squamous cell carcinoma of the skin (skin cancer), and hemiplegia following a cerebral infarction affecting the left nondominant side. The MDS indicated Resident 28 had clear speech, clearly expressed ideas and wants, clearly understood verbal content, and was moderately impaired for cognition. The MDS indicated Resident 28 required limited assistance (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) for bed mobility and transfers between surfaces and required extensive assistance (resident involved in activity, staff provide weight-bearing support) for dressing, toileting, and bathing. The MDS indicated Resident 28 had functional ROM limitation in one arm and one leg.</p> <p>During a review of Resident 28's physician's orders dated 1/19/2023 and 2/1/2023, the orders indicated the following to be completed for the resident:</p> <p>RNA for left hand splint application, every day four to six hours or as tolerated.</p> <p>RNA for sit to stand using hallway siderail, every day, five times per week as tolerated.</p> <p>RNA for application of left elbow splint for up to four hours or as tolerated with skin checks every two hours, every day five times per week.</p> <p>During a concurrent observation and interview on 2/6/2023 at 12:15 p.m. with Resident 28, Resident 28 was sitting up in a wheelchair wearing left hand and elbow splints. Resident 28 stated Restorative Nursing Aide (RNA 1) applied both splints for the resident earlier in the morning.</p> <p>During concurrent record reviews and interviews on 2/8/2023 at 11:37 a.m. and 2:20 p.m. with DSD, DSD stated RNA orders for Resident 28 included assisting the resident with sit to stand transfers in the hallway and to apply left hand and elbow splints. The DSD also stated Resident 28 did not have care plans to address RNA services including the application of the resident's splints.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. During a review of Resident 29's Face Sheet, the Face Sheet indicated Resident 29 was admitted to the facility on [DATE] with diagnoses including seizures (uncontrolled electrical activity in the brain that can cause changes in behavior and movements), acquired absence of the right leg below knee, and major depressive disorder (depression, a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily functioning).</p> <p>During a review of Resident 29's MDS dated [DATE], the MDS indicated Resident 29 required limited assistance to extensive assistance from staff for ADL's including bed mobility dressing, toileting, hygiene, and bathing.</p> <p>During a concurrent record review and interview on 2/7/2023 at 3:05 p.m. with MDS Nurse (MDS 1), MDS 1 stated the nursing staff was responsible for developing care plans for the residents. MDS 1 also stated care plans were important to guide a resident's care and all active care plans should be in a resident's clinical record. MDS 1 stated Resident 29 did not have a care plan for ADL's.</p> <p>d. During a review of Resident 55's Face Sheet, dated 2/8/2023, the Face Sheet indicated Resident 55 was admitted to the facility on [DATE] with diagnoses including polyarthritis (inflammation of five or more joints causing pain and stiffness), anemia (lack of red blood cells in the body), and knee pain. The Face Sheet also indicated Resident 55's primary language was Spanish.</p> <p>During a review of Resident 55's History and Physical (H&P) dated 9/30/2022, the H&P indicated Resident 55 could make own medical decisions.</p> <p>During a review of Resident 55's MDS dated [DATE], the MDS indicated Resident 55's preferred language was Spanish and was able to understand others and make himself understood.</p> <p>During a review of Resident 55's clinical record, the record did not include a care plan for communication.</p> <p>During an interview with Resident 55 on 2/6/2023 at 10:11 a.m., Resident 55 stated on 1/13/2023, there was no staff available that could speak Spanish at night when he needed a translator and could not get medication for his pain.</p> <p>During a concurrent record review and interview on 2/9/2023 at 9:59 a.m. with MDS 1, MDS 1 stated, if a resident did not speak English and they preferred another language besides English, there should be a care plan initiated to address the resident's communication needs. MDS 1 stated Resident 55 should have a care plan for language and communication since Resident 55's preferred language was Spanish however there was no documentation that this was completed.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Care Plans, Comprehensive Person-Centered, dated 12/2016, the P/P indicated the care planning process would include an assessment of the resident's strengths and needs and incorporate the resident's personal and cultural preferences in developing the goals of care. The P/P also indicated a comprehensive, person-centered care plan that included measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs was developed and implemented for each resident.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to provide communication tools to two of four sampled residents (Residents 2 and 23) by failing to:</p> <ul style="list-style-type: none"> a. Provide assistive devices such as a communication and letter board to Resident 2 b. Provide a translator to Resident 23 <p>These deficient practices had the potential to prevent Residents 2 and 23 from having their specific needs met. The deficient practice resulted in Resident 23 having feelings of frustration.</p> <p>Findings:</p> <ul style="list-style-type: none"> a. A review of Resident 2's Face Sheet (admission record) indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the right dominant side, aphasia (loss of ability to understand or express speech, caused by brain damage) following unspecified cerebrovascular disease (brain damage due to reduced blood flow), and attention to gastrostomy ([G-tube], tube placed directly into the stomach for feeding and medication administration). <p>A review of Resident 2's minimum data set ([MDS] a comprehensive assessment and care planning tool), dated 12/21/2022, indicated Resident 2 had adequate hearing, no verbal speech, rarely expressed ideas and wants, and rarely understood others. The MDS indicated Resident 2 was severely impaired for daily decision making.</p> <p>A review of Resident 2's care plan for communication problem, dated 1/13/2023, indicated Resident 2 had poor communication of needs due to cognitive (ability to think, understand, learn, and remember) impairment. Resident 2's care plan indicated to explore use of assistive devices including a communication board, letterboard, and memory book.</p> <p>During a concurrent observation and interview on 2/6/2023 at 1:04 PM in the Resident 2's room, Resident 2 appeared to respond to questions appropriately by nodding the head for no and nodding the head for yes. Resident 2 shrugged the shoulders when asked how Resident 2 communicated with staff. No communication board or device was present at Resident 2's bedside.</p> <p>During an observation and interview on 2/7/2023 at 12:48 PM in Resident 2's room, Resident 2 continued to shake the head or nod in response to questions. No communication board or device were present at the resident's bedside. Resident 2 was presented with a paper with largely written letters A, D, F, and G. Resident 2 independently pointed to the correct letter when prompted. Resident 2 nodded yes when asked if Resident 2 would like an assistive device to communicate with staff.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/7/2023 at 1:01 PM in the Resident 2's room, Certified Nursing Assistant 2 (CNA) 2 stated Resident 2 did not verbally communicate with CNA 2. CNA 2 stated Resident 2 communicated using body language.</p> <p>During an interview on 2/7/2023 at 1:03 PM in the Resident 2's room, CNA 3 stated Resident 2 understood both English and Spanish but was non-verbal. CNA 3 stated Resident 2 did not have any communication tool.</p> <p>During an interview on 2/7/2023 at 2:14 PM, the Activities Director (AD) stated Resident 2 was non-verbal. The AD stated Resident 2 communicated with gestures, nodding and or shaking the head.</p> <p>During an observation and interview on 2/7/2023 at 2:59 PM in Resident 2's room, the Occupational Therapist (OT) 1 stated Resident 2's receptive language (ability to understand) was intact, but the resident lacked expressive verbal language. OT 1 stated Resident 2 did not have anything in the room to assist in expressing Resident 2's needs.</p> <p>During an interview and record review on 2/8/2023 at 4:33 PM, the Director of Nursing (DON) stated per Resident 2's care plan for communication, the facility was supposed to use assistive devices. The DON stated the facility did not follow the resident's care plan because there was no communication device to ease communication between the resident and staff.</p> <p>3. During a review of Residents 23's Face Sheet the facesheet indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 23's diagnoses included dysphagia, oropharyngeal phase (difficult or abnormal swallowing) and unspecified protein-calorie malnutrition (lack of sufficient energy or protein to meet the body's demands.)</p> <p>A review of Resident 23's MDS dated [DATE], indicated Resident 23 had the ability to understand and be understood by others. The MDS indicated Resident 23 required set up only assistance for bed mobility, transfers, walking in room, locomotion (moving from place to place), dressing, eating, toilet use, and personal hygiene.</p> <p>During a review of Resident 23's History and Physical (H/P) dated 12/8/2022, the H/P indicated Resident 23 had fluctuating capacity to understand and make decisions.</p> <p>During a concurrent observation and interview with Resident 23 and CNA 5 on 2/7/2023 at 11:56 a.m. Resident 23 expressed feelings of frustration because he was not able to communicate with staff. Resident 23 stated sometimes the staff would just walk away because they could not understand him. Resident 23 pressed the call light and CNA 5 entered the room. CNA 5 stated she could not communicate with Resident 23 because she did not speak Spanish. CNA 5 stated she did not have anyone who spoke Spanish in the facility. CNA 5 stated she was going to get her charge nurse to assist with translation. CNA 5 returned with CNA 3 and CNA 3 stated she did not speak Spanish and that Resident 23 was able to communicate in basic English. Resident 23 requested for his table to be cleaned in Spanish, but CNA 3 and CNA 5 were not able to understand and assist the resident. CNA 3 stated the risk of not being able to communicate with Resident 23 was that the resident's needs could not be met.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL), Supporting, revised 3/2018, indicated Appropriate care and services will be provided for residents who were unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: .Communication (speech, language, and any functional communication systems.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45743</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an ongoing activity program designed to meet the interest and promote the physical, mental and psychosocial wellbeing of one of two sampled residents (Resident 2).</p> <p>This deficiency practice resulted in Resident 2 being left alone in her room and was not allowed to join other residents during activities</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included hemiplegia (paralysis that affects one side of the body), aphasia (a disorder that affects person's ability to speak), and gastrostomy (the surgical formation of an opening through the abdominal wall into the stomach for food and medication administration).</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 12/21/2022, indicated the resident was severely impaired with cognitive skill for daily decision making. The MDS indicated Resident 2 required extensive assistance with transfer, mobility, dressing, eating and personal hygiene.</p> <p>A review of Resident 2's History and Physical (H&P) dated 1/19/23 indicated Resident 2 was able to make decisions for activities of daily living.</p> <p>A review of resident 2 care plan on activity of daily living dated 1/4/23, indicated one of the approaches for the resident to become independent with activity of daily living was to encourage Resident 2 to get out of bed and participate in activities.</p> <p>During an observation, on 2/6/2023, Resident 2 was in her bed in her room from 9:10 a.m. to 4:30 p.m.</p> <p>During a concurrent observation and interview, on 2/7/2023 at 2:15 p.m., Resident 2 was in bed with the bed linen over her head. Resident 2 Shook her head indicating no, when asked if she had ever gotten out of her bed. Resident 2 shook her head indicating yes that she would like to get out of bed and participate in bingo (game in which players mark off numbers on cards as the numbers are drawn randomly by a caller, the winner being the first person to mark off five numbers in a row or another required pattern), which was going on.</p> <p>During an interview on 2/7/2023 at 4:00 p.m., with Activity Director (AD), the AD stated that the activity program designed for Resident 2 was room visit because the resident was on restrain with hand mittens. The AD stated that she could not remember the last time room visit activity was made for Resident 2.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility activity attendance record/room visit for the month of January 2023 had no indication that Resident 2 was out of bed and no indication the resident participated in general activities with other residents.</p> <p>A review of the facility's policy and procedures, revised 6/2018, titled, Activity Evaluation indicated to promote the physical, mental and psychosocial well-being of residents, an activity evaluation was conducted and maintained for each resident at least quarterly and with any change of condition that could affect his/her participation in planned activities.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of 46 sampled residents (Resident 5 and 28) were properly assessed for the provision of splints (material used to restrict, protect, or immobilize a part of the body to support function, assist and/or increase range of motion) and the application of splints in accordance with professional standards of practice for Occupational Therapy (OT, profession aimed to increase or maintain a person's capability of participating in everyday life activities [occupations]) and Physical Therapy (PT, profession aimed in the restoration, maintenance, and promotion of optimal physical function).</p> <p>a. The facility failed to ensure Resident 28 received a PT or OT evaluation prior to providing a left hand splint and left elbow splint. The facility also failed to determine Resident 28's wearing tolerance (length of time the splint was applied) of the left hand splint for four to six hours and the left elbow splint for four hours prior to having nursing apply the splint.</p> <p>b. The facility failed to ensure Resident 5 received a PT or OT evaluation prior to providing a left knee splint. The facility also failed to determine Resident 5's wearing tolerance of the left knee splint for four hours prior to having nursing apply the splint.</p> <p>These deficient practices had the potential to damage Resident 28 and Resident 5's skin integrity (relating to skin health), including but not limited to redness, bruising, swelling, and development of pressure sores (injuries to the skin and underlying tissue caused by prolonged pressure on the skin).</p> <p>Findings:</p> <p>During a review of a textbook titled, Occupational Therapy for Physical Dysfunction, fifth edition, published 2002, page 316, the textbook indicated the OT's role was to evaluate the need for a splint clinically and functionally; to select the most appropriate splint; to provide or fabricate (make) the splint; to assess the fit of the splint; to teach the patient and caregivers the purpose, care, and use of the splint. The Occupational Therapy for Physical Dysfunction textbook further indicated, page 316, the OT must consider, carefully monitor, and teach the patient and caregiver to report any of these problems related to orthotic use, including impaired skin integrity, pain, and swelling.</p> <p>During a review of a textbook titled, The Guide to Physical Therapist Practice, second edition, pages 76 and 77, revised 2003 by the American Physical Therapy Association, the textbook indicated a physical therapist used tests and measures to assess the need for orthotic (splint) devices in patients and evaluated the appropriateness and fit of the device. The Guide to Physical Therapy Practice textbook indicated physical therapists performed assessments to determine a patient's alignment and fit of the orthotic device, components of orthotic device, level of safety with device, and functional benefit of the device.</p> <p>a. During a review of Resident 28's Face Sheet (admission record), the admission record indicated Resident 28 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 28's Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 1/4/2023, the MDS indicated Resident 28's active diagnoses included squamous cell carcinoma of the skin (skin cancer), and hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side. The MDS indicated Resident 28 had clear speech, clearly expressed ideas and wants, clearly understood verbal content, and had moderately impaired cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 28 required limited (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) to extensive assistance required extensive (resident involved in activity, staff provide weight-bearing support) assistance from staff for activities of daily living (ADL) including bed mobility, transfers between surfaces, dressing, toileting, and bathing. The MDS also indicated Resident 28 had functional range of motion (ROM, full movement potential of a joint) limitations in one arm and one leg.</p> <p>During a review of Resident 28's physician's orders dated 1/19/2023 and 2/1/2023, the orders indicated the following to be completed for the resident:</p> <p>Restorative Nursing Aide ([RNA], nursing aid program that helped residents to maintain their function and joint mobility) for left hand splint application, every day four to six hours or as tolerated.</p> <p>RNA for application of left elbow splint for up to four hours or as tolerated with skin checks every two hours, every day five times per week.</p> <p>During a review of Resident 28's Rehabilitation Screen and Joint Mobility Assessment ([JMA], brief assessment of a resident's range of motion in both arms and both legs), the assessment indicated it was blank.</p> <p>During a concurrent observation and interview on 2/6/2023 at 12:15 p.m. with Resident 28, Resident 28 was awake, alert, and seated in a wheelchair wearing left hand and elbow splints. Resident 28 stated Restorative Nursing Aide 1 (RNA 1) applied both splints to his left arm earlier in the morning.</p> <p>During an interview on 2/8/2023 at 2:25 p.m. with OT 1, OT 1 stated the standard of practice for providing a splint to a resident included the physician or therapist recommendation for the specific type of splint then contacting an outside vendor to order the splint. OT 1 stated the therapist should fit the splint to the resident and establish the wearing tolerance, which included checking the splint every two hours to view the resident's skin. OT 1 also stated potential negative outcomes included swelling, redness, poor circulation, and skin integrity problems if a therapist did not establish the resident's splint wearing tolerance.</p> <p>During concurrent record review and interview on 2/8/2023 at 4:40 p.m. with Director of Nursing (DON), DON stated Resident 28's Rehabilitation Screen and JMA were blank and was unable to locate any documentation regarding the resident's left hand and elbow splints.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review and interview on 2/9/2023 at 11:08 a.m. with OT 2 and PT 1, OT 2 stated the standard of practice for providing a splint to a resident included a therapy evaluation to determine a resident's tolerance to wear the splint and to monitor for any redness or discomfort. OT 2 and PT 1 stated Resident 28 never received therapy services at the facility and there was no documentation a therapist evaluated and determined Resident 28's wearing tolerance for the left hand and left elbow splints.</p> <p>b. During a review of Resident 5's Face Sheet, the Face Sheet indicated the facility Resident 5 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 5's diagnoses included hemiplegia following a cerebral infarction affecting the left nondominant side, dysphagia (difficulty swallowing) following a cerebral infarction, and aphasia (loss of ability to understand or express speech, caused by brain damage).</p> <p>During a review of Resident 5's physician's orders, dated 7/23/2020 with a start date of 12/14/2021, the orders indicated for RNA to apply left knee splint for up to four hours with skin checks every two hours as tolerated, everyday five times per week to the resident.</p> <p>During a review of Resident 5's JMA dated 6/24/2022, 9/20/2022, and 12/20/2022, the JMA indicated Resident 5 had moderate (approximately 50-75% available ROM) ROM limitations in the left knee. Each JMA comment indicated for Resident 5 to continue with the RNA program as ordered and each JMA did not indicate the resident had a left knee splint.</p> <p>During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5 had unclear speech, sometimes expressed ideas, and wants, sometimes understood verbal content, and had severely impaired cognition. The MDS indicated Resident 5 required extensive assistance from staff for ADL's including bed mobility, transfers between surfaces, dressing, bathing and had functional range of motion limitations in one arm and one leg.</p> <p>During a concurrent observation and interview on 2/7/2023 at 9:56 a.m. with RNA 1 in the resident 5's room, Resident 5 had a splint applied to the left knee. RNA 1 stated Resident 5's left knee splint was applied at 8:00 a.m. in the morning.</p> <p>During an observation on 2/8/2023 at 12:23 p.m. in the resident's room, Resident 5 had a splint applied to the left knee.</p> <p>During an interview on 2/8/2023 at 2:25 p.m. with OT 1, OT 1 stated the standard of practice for providing a splint to a resident included the physician or therapist recommendation for the specific type of splint then contacting an outside vendor to order the splint. OT 1 stated the therapist should fit the splint to the resident and establish the wearing tolerance, which included checking the splint every two hours to view the resident's skin. OT 1 stated potential negative outcomes included swelling, redness, poor circulation, and skin integrity problems if a therapist did not establish the resident's splint wearing tolerance.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review and interview on 2/9/2023 at 11:08 AM with OT 2 and PT 1, OT 2 stated the standard of practice for providing a splint to a resident included a therapy evaluation to determine a resident's tolerance to wear the splint and to monitor for any redness or discomfort. OT 2 and PT 1 stated Resident 5 never received any therapy evaluations at the facility. PT 1 stated Resident 5's JMA assessments did not indicate Resident 5 had a left knee splint and was not able to locate any documentation a therapist evaluated and determined Resident 5's wearing tolerance for the left knee splint.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to provide intervention to maintain and improve mobility to six of 46 sampled residents (Resident 29, 28, 62, 5, 2, and 12) by failing to:</p> <p>a. Provide Resident 29 with interventions to maintain mobility, including getting out of bed to a wheelchair and providing range of motion ([ROM], full movement potential of a joint) exercises.</p> <p>b. Provide Resident 28 with a Restorative Nursing Aide ([RNA], nursing aide program that helps residents to maintain their function and joint mobility) program consistent with Resident 28's ability to walk and apply a left-hand splint (material used to restrict, protect, or immobilize a part of the body to support function, assist and/or increase range of motion) for multiple dates from December 2022 to February 2023 in accordance with the physician's order.</p> <p>c. Provide Resident 62 with RNA services for multiple dates from December 2022 to February 2023 in accordance with the physician's order to provide passive ROM ([PROM] movement of a joint through the ROM with no effort from patient) on both arms and legs.</p> <p>d. Provide Resident 5 with RNA services for multiple dates from December 2022 to February 2023 in accordance with the physician's order to provide PROM exercises on both arms and legs and to apply both hand splints and a left knee splint.</p> <p>e. Provide Resident 2 with RNA services for multiple dates from December 2022 to February 2023 in accordance with the physician's order to provide PROM, exercises on both arms and both legs.</p> <p>f. Provide Resident 12 with RNA services for multiple dates from December 2022 to February 2023 in accordance with the physician's order to provide active ROM (AROM, performance of ROM of a joint without any assistance or effort of another person) exercises on both arms and active assistive ROM ([AAROM], use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) exercises on both legs.</p> <p>These deficient practices had the potential for Residents 29, 28 62, 5, 2, and 12 to decline in functional mobility and develop ROM limitations, including contractures (chronic loss of joint motion associated with deformity and joint stiffness).</p> <p>Cross reference F842</p> <p>Findings:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. A review of Resident 29's Face Sheet (admission record) indicated Resident 29 was admitted to the facility on [DATE]. Resident 29's diagnoses included seizures (burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements like stiffness, twitching or limpness), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily functioning), and acquired absence of the right leg below knee.</p> <p>A review of Resident 29's physician's order, dated 7/18/2019, indicated RNA program for AROM exercises on both arms as tolerated, every day five times per week. Another physician's order, dated 7/18/2019, indicated to provide Resident 29 with an RNA program for AROM exercises to both legs as tolerated, every day five times per week.</p> <p>A review of Resident 29's Minimum Data Set ([MDS], a comprehensive assessment used as a care planning tool, dated 7/19/2019, indicated Resident 29 was moderately impaired for cognition (ability to think, understand, learn, and remember) and required extensive assistance (resident involved in activity, staff provide weight-bearing support) with two persons physical assistance for transfers between surfaces. The MDS indicated Resident 29 had functional ROM limitations in one leg. The MDS indicated Resident 29 required supervision with set-up help for locomotion on unit (how resident moves between locations in the room and adjacent corridor on the same floor. If in wheelchair, self-sufficiency once in chair) and locomotion off unit (how resident moves to and returns from off-unit locations. If in wheelchair, self-sufficiency once in chair.). The MDS further indicated Resident 29 used a wheelchair for mobility.</p> <p>A review of Resident 29's MDS, dated [DATE] and 4/17/2020, indicated Resident 29 had functional ROM limitations in one leg and required extensive assistance with two persons for transfers between surfaces. Both MDS assessments indicated Resident 29 required supervision with set-up for locomotion on the unit and locomotion off the unit using a wheelchair.</p> <p>A review of Resident 29's MDS, dated [DATE], indicated Resident 29 had functional ROM limitations in one leg and required extensive assistance with two persons for transfers between surfaces. Each MDS assessment indicated locomotion on the unit and locomotion off the unit did not occur for Resident 29 over the entire seven-day assessment period.</p> <p>A review of Resident 29's Joint Mobility Assessment ([JMA], brief assessment of a resident's range of motion ([ROM], full movement potential of a joint) in both arms and legs), dated 7/8/2022, indicated Resident 29 had a right leg below knee amputation ([BKA], loss or surgical removal of the leg below the knee). The JMA indicated Resident 29 experienced a decline in activities of daily living (ADLs, tasks related to personal care including bathing, dressing, hygiene, eating, and mobility) and decline in functional mobility performance. The JMA indicated for nursing to continue monitoring Resident 29.</p> <p>A review of Resident 29's MDS, dated [DATE] and 12/13/2022, indicated Resident 29 had functional ROM limitations in one leg and required extensive assistance with two persons for transfers between surfaces. Each MDS assessment indicated locomotion on the unit and locomotion off the unit occurred only once or twice over the entire seven-day assessment period.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 29's care plan titled, Fall related to diagnoses of right BKA and seizure disorder, revised on January 2023, indicated staff interventions were to refer Resident 29 to Physical Therapy ([PT], profession aimed in the restoration, maintenance, and promotion of optimal physical function) and Occupational Therapy ([OT], profession aimed to increase or maintain a person's capability of participating in everyday life activities [occupations]) as needed as ordered and provide an RNA program as ordered.</p> <p>A review of Resident 29's physician's orders for the month of February 2023 did not include any orders for PT, OT, and RNA services.</p> <p>During an observation and concurrent interview on 2/6/2023 at 10:12 a.m. in the resident's room, Resident 29 was observed awake, lying-in bed with the head-of-bed (HOB) elevated and watching television. Resident 29 stated he had previous surgery to remove the right foot. Resident 29 removed the bedding and was observed with a right below knee amputation. Resident 29 did not have a wheelchair observed in the room.</p> <p>During an observation and concurrent interview on 2/8/2023 at 9:11 a.m. in the resident's room, Resident 29 was observed awake, lying-in bed with the HOB elevated, and watching television. Resident 29 stated the facility did not assist him out-of-bed except for showers and did not provide a wheelchair. Resident 29 stated he used to have a wheelchair, which was positioned behind the bedroom door but not anymore.</p> <p>During an interview on 2/8/2023 at 9:51 a.m., Certified Nursing Assistant (CNA) 3 stated Resident 29 already had a right BKA upon admission to the facility. CNA 3 stated Resident 29 taught the staff how to transfer Resident 29 from the wheelchair to the bed using Resident 29's left arm and left leg. CNA 3 stated Resident 29 used to transfer with just one person's assistance but has gotten weaker over the years. CNA 3 stated Resident 29 now required two persons for transfers since Resident 29 was fearful of falling. CNA 3 stated Resident 29's decline in ability to transfer and increased fear of falling was not reported to the charge nurse since safety was the primary concern. CNA 3 stated Resident 29 was safer transferring with two persons.</p> <p>During an interview on 2/9/2023 at 1:51 p.m., Physical Therapist 1 (PT 1) and Certified Occupational Therapist Assistant 2 (COTA 2) stated Resident 29 had never received PT and OT services at the facility.</p> <p>During an interview and concurrent record review on 2/9/2023 at 2:23 p.m., the Director of Nursing (DON) stated Resident 29 had physician's orders, dated 7/18/2019, for RNA to provide AROM on both arms and both legs. The DON did not know the reason for discontinuing RNA services for Resident 29. The DON reviewed Resident 29's MDS from admission, dated 7/19/2019, which indicated Resident 29 was supervised for locomotion on and locomotion off the unit using the wheelchair. The DON reviewed Resident 29's MDS, dated [DATE], which indicated Resident 29 did not participate in locomotion on and off the unit. The DON stated Resident 29 should have at least been assessed for mobility.</p> <p>b. A review of Resident 28's Face Sheet (admission record) indicated Resident 28 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 28's MDS, dated [DATE], indicated Resident 28's active diagnoses included squamous cell carcinoma of the skin (skin cancer) and hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side. The MDS indicated Resident 28 had clear speech, clearly expressed ideas and wants, clearly understood verbal content, and was moderately impaired for cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 28 required limited assistance (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) for bed mobility and transfers between surfaces and required extensive assistance for dressing, toileting, and bathing. The MDS indicated Resident 28 had functional ROM limitations in one arm and one leg.</p> <p>A review of Resident 28's Restorative Record (record of RNA sessions) for the month of December 2022 indicated a physician's order, dated 3/17/2022 and discontinued on 12/1/2022, for the following:</p> <ul style="list-style-type: none"> -RNA program for ambulation (walking) using siderails as tolerated, every day, five times per week -RNA program for application of the left hand splint for up to four hours or as tolerated with skin checks every two hours, every day, five days per week -RNA program for PROM exercise on the left upper extremity ([LUE] upper arm) as tolerated, every day for five days per week <p>A review of Resent 28's Restorative Record for the month of December 2022 indicated a physician's order, dated 12/12/2022 and discontinued on 1/17/2023, for RNA for sit to stand using hallway siderail, every day five times per week or as tolerated. Resident 28's Restorative Record included an electronic signature for Restorative Nursing Aide (RNA) 1 indicating the completion of sit to stand exercises on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. An unknown username (Unknown) 1 electronically signed Resident 28's Restorative Record for sit to stand exercises from 12/19/2022 to 12/23/2022 and from 12/26/2022 to 12/30/2022 (10 days).</p> <p>A review of Resident 28's Restorative Record for the month of December 2022 indicated a physician's order, dated 12/12/2022 and discontinued on 1/17/2023, for RNA for left hand splint application every day for four to six hours or as tolerated. Resident 28's Restorative Record included RNA 1's electronic signature indicating the application of the left hand splint on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. Unknown 1 and two additional unknown usernames (Unknown 2 and Unknown 3) electronically signed Resident 28's Restorative Record for the left hand splint application from 12/18/2022 to 12/31/2022 (14 days).</p> <p>A review of RNA 1's timecard for the month of December 2022 indicated RNA 1 did not work at the facility on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 28's Restorative Record for the month of January 2023 indicated an unknown signature (Unknown) 1 electronically signed for sit to stand exercises from 1/2/2022 to 1/6/2022, 1/9/2022, 1/10/2022, and 1/13/2022 (a total of 8 days). Unknown 1 and Unknown 3 also electronically signed Resident 28's Restorative Record for the left hand splint application from 1/1/2022 to 1/10/2022 and 1/13/2022 to 1/15/2022 (a total of 13 days).</p> <p>A review of Resident 28's physician's orders, dated 1/19/2023, indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-RNA for left hand splint application, every day for four to six hours or as tolerated.</p> <p>-RNA for sit to stand using hallway siderail, every day, five times per week as tolerated.</p> <p>A review of Resident 28's Restorative Record for the month of January 2023 indicated Unknown 1 electronically signed for sit to stand exercises on 1/27/2023, 1/30/2023, and 1/31/2023. Unknown 1 also electronically signed Resident 28's Restorative Record for the left hand splint application from 1/27/2022 to 1/31/2022 (five days).</p> <p>A review of Resident 28's physician's orders, dated 2/3/2023, indicated RNA for application of left elbow splint for up to four hours or as tolerated with skin checks every two hours, every day, five times per week starting on 2/6/2023.</p> <p>A review of Resident 28's Restorative Record for the month of February 2023 indicated Unknown 1 and Unknown 2 electronically signed for sit to stand exercises on 2/1/2023, 2/2/2023, and 2/3/2023. Unknown 1 and Unknown 2 electronically signed Resident 28's Restorative Record for a left hand splint application from 2/1/2023 to 2/5/2023 (a total of 5 days).</p> <p>During an interview on 2/6/2023 at 10:36 a.m., RNA 1 stated she (RNA 1) was the main RNA for the facility. RNA 1 stated her scheduled workdays were Mondays, Tuesdays, Thursdays, and Fridays. RNA 1 stated two other RNAs performed RNA duties on Wednesdays. RNA 1 stated the RNA program was important to keep residents active, provide ROM, and apply splints on residents to prevent the residents from developing contractures.</p> <p>During an observation and concurrent interview on 2/6/2023 at 12:15 p.m., Resident 28 was observed awake, alert, and seated in a wheelchair wearing a left hand splint and left elbow splint. Resident 28 stated a nurse applied the left hand splint and left elbow splint that morning (2/6/2023). Resident 28 stated the nurse who applied the splints did not perform any exercises with Resident 28, including exercises for transferring from a sitting to a standing position. As RNA 1 walked past Resident 28's room during the interview, the resident stated RNA 1 was the nurse that applied both splints to the left arm that morning. Resident 28 stated RNA 1 never assisted Resident 28 with sit to stand exercises.</p> <p>During an observation on 2/8/2023 at 9:33 a.m., Resident 28 was observed fully dressed and seated in a wheelchair located in the hallway. RNA 2 placed a vinyl (non-porous material) gait belt (assistive device placed around a person's waist to assist with safe transferring between surfaces or while walking) around Resident 28's waist. RNA 2 assisted Resident 28 from a sitting to standing position. Resident 28 used the right hand to hold onto the hallway's handrail located on the right side. RNA 2 held onto the gait belt and stayed on Resident 28's left side as Resident 28 walked approximately four feet forward. Resident 28 was observed to have weakness in the left arm and left leg. RNA 2 remained on Resident 28's left side and asked Resident 28 to walk backward while holding onto the handrail located on the right side. Resident 28 walked forward and backward, four times, with RNA 2's assistance. RNA 2 assisted Resident 28 to transfer from standing to sitting in a wheelchair.</p> <p>During an interview on 2/8/2023 at 9:45 a.m., with Resident 28, Resident 28 stated that was the first time Resident 28 walked with RNA 2. Resident 28 stated Resident 28 previously walked using a cane in the right hand with another staff member who no longer worked at the facility anymore.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review on 2/8/2023 at 11:37 a.m., the Director of Staff Development (DSD) stated the DSD was the RNA supervisor. The DSD stated RNA 1 was the main RNA but two other RNAs, including RNA 2, provided RNA services on Wednesdays when RNA 1 was off. The DSD stated the RNAs were the only Certified Nursing Assistants (CNAs) in the facility with access to the facility's electronic documentation. The DSD stated the electronically signed RNA sessions indicated the RNA treatment was completed on the resident. The DSD reviewed Resident 28's Restorative Nursing records from December 2022 to February 2023, and stated the unknown usernames (Unknown 1, 2, and Unknown 3) were licensed nurses from a specific nurse registry (company that provides licensed nurses who are legally allowed to practice in the State on an as needed basis). The DSD stated the RNA was supposed to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 28's Restorative Record for the month of December 2022. The DSD stated RNA 1 was not physically present in the building during Resident 28's RNA sessions on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated she was unsure whether Resident 28 received RNA services from December 2022 to February 2023 due to inconsistencies in the documentation.</p> <p>During an interview on 2/9/23 at 12:47 p.m., RNA 1 stated RNA 1 was the only RNA with access to a residents' electronic clinical records. RNA 1 stated she marked the RNA sessions for residents as completed but did not verify the provision of RNA services with the other RNAs.</p> <p>During an interview and concurrent record review on 2/9/2023 at 11:08 a.m., with the Physical Therapist (PT) 1, PT 1 stated the RNA should have informed the therapy staff of Resident 28's order for sit to stand. PT 1 stated Resident 28 should be walking to maintain good mobility.</p> <p>c. A review of Resident 62's Face Sheet indicated Resident 62 was admitted to the facility on [DATE]. Resident 62's diagnoses included anoxic brain damage (complete lack of oxygen to the brain, which results in the death of brain cells), contractures of the right lower leg, and contractures of the left lower leg.</p> <p>A review of Resident 62's JMA, dated 11/25/2022, indicated Resident 62 had minimal ROM limitations (approximately 75-100% available ROM) on both knees.</p> <p>A review of Resident 62's MDS, dated [DATE], indicated Resident 62 had clear speech, clearly expressed ideas and wants, and clearly understood verbal content. The MDS indicated Resident 62 had severely impaired cognition and required extensive assistance with transfers between surfaces, dressing, eating, toilet use, and personal hygiene. The MDS indicated Resident 62 had functional ROM limitations in both legs.</p> <p>A review of Resident 62's physician's orders indicated the facility readmitted Resident 62 on 11/23/2022. The physician's orders, dated 11/29/2022, indicated the following:</p> <ul style="list-style-type: none"> -RNA for PROM on the right lower leg, five times per week every day as tolerated. -RNA for PROM on the left lower leg, five times per week every day as tolerated. -RNA for PROM on the right arm, five times per week every day as tolerated. -RNA for PROM on the left arm, five times per week every day as tolerated. <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 62's Restorative Records for the month of December 2022 indicated RNA 1 electronically signed for Resident 62's PROM exercises to the right lower leg, left lower leg, right arm, and left arm from 12/1/2022 to 12/17/2022 (17 consecutive days). Three different unknown usernames (Unknown 1, Unknown 2, and Unknown 3) electronically signed Resident 62's Restorative Record from 12/18/2022 to 12/31/2022 (14 consecutive days).</p> <p>A review of RNA 1's timecard for the month of December 2022 indicated RNA 1 did not work at the facility on 12/3/2022, 12/4/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 62's Restorative Records for the month of January 2023 indicated Unknown 1 and Unknown 3 electronically signed for PROM exercises to the right lower leg, left lower leg, right arm, and left arm from 1/1/2023 to 1/10/2023 (11 consecutive days), 1/13/2023, 1/14/2023, 1/15/2023, and from 1/27/2023 to 1/31/2023 (five consecutive days). RNA 1's electronic signature for Resident 62's Restorative Record included the following dates: 1/11/2023 (Wednesday) and from 1/16/2023 to 1/26/2023 (11 consecutive days).</p> <p>A review of Resident 62's Restorative Records for the month of February 2023 indicated Unknown 1 electronically signed for PROM exercises to Resident 62's right lower leg, left lower leg, right arm, and left arm on 2/1/2022, 2/2/2022, and 2/3/2022.</p> <p>During an interview on 2/6/2023 at 10:36 AM, RNA 1 stated RNA 1 was the main RNA for the facility. RNA 1 stated workdays included Mondays, Tuesdays, Thursdays, and Fridays. RNA 1 stated two other RNAs performed RNA duties on Wednesdays. RNA 1 stated the RNA program was important to keep the residents active, provide ROM, and apply splints to prevent the development of contractures.</p> <p>During an observation and concurrent interview on 2/6/2023 at 12:27 p.m. in the resident's room, Resident 62 was observed lying in bed with the HOB elevated. Resident 62 had deformities to both hands. Resident 62 demonstrated the ability to raise both arms slightly overhead and slowly lifted both legs. Resident 62 stated the facility staff did not perform exercises with Resident 62.</p> <p>During an observation and concurrent interview on 2/7/2023 at 9:16 a.m., in the resident's room, Resident 62 was observed lying in bed with the HOB elevated. RNA 1 assisted Resident 62 with ROM exercises on both arms and both legs. RNA 1 encouraged Resident 62 to perform ROM on the left wrist, but Resident 62 declined. Resident 62 stated he felt pain in the left wrist. RNA 1 stated RNA 1 did not assist with wrist ROM due to Resident 62's complaints of pain. RNA 1 left the room at the end of the RNA session to inform the licensed nurse of Resident 62's wrist pain.</p> <p>During an interview on 2/7/2023 at 9:33 a.m., Resident 62 stated the exercises with RNA 1 was the first time in a long time staff performed exercises with Resident 62.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review on 2/8/2023 at 10:37 and 11:37 a.m., the DSD reviewed Resident 62's Restorative Nursing records from December 2022 to February 2023. The DSD stated the unknown usernames (Unknown 1, Unknown 2, and Unknown 3) were licensed nurses from a specific nurse registry. The DSD stated the RNA was supposed to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 62's Restorative Record for the month of December 2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 2's RNA sessions on 12/3/2022, 12/4/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated she was unsure whether Resident 62 received RNA services from December 2022 to February 2023 due to inconsistencies in the documentation.</p> <p>During an interview on 2/9/23 at 12:47 p.m., RNA 1 stated RNA 1 was the only RNA with access to a resident's electronic clinical record. RNA 1 stated RNA 1 marked the RNA sessions for residents as completed but did not verify the provision of RNA services with the other RNAs.</p> <p>d. A review of Resident 5's Face Sheet (admission record) indicated the facility admitted Resident 5 on 12/25/2015 and readmitted on [DATE]. Resident 5's diagnoses included hemiplegia following a cerebral infarction affecting the left non-dominant side, dysphagia (difficulty swallowing) following a cerebral infarction, and aphasia (loss of ability to understand or express speech, caused by brain damage).</p> <p>A review of Resident 5's MDS, dated [DATE], indicated Resident 5 had unclear speech, sometimes expressed ideas and wants, sometimes understood verbal content, and had severely impaired cognition. The MDS indicated Resident 5 required extensive assistance for bed mobility, transfers between surfaces, dressing, and bathing. The MDS indicated Resident 5 had functional ROM limitations in one arm and one leg.</p> <p>A review of Resident 5's physician's orders, dated 7/23/2020 with a start date of 12/14/2021, indicated for the RNA to apply the left knee splint for up to four hours with skin checks every two hours as tolerated, every day five times per week. Further review of Resident 5's physician's orders, dated 8/4/2020 with a start date of 12/14/2021, indicated the following RNA program:</p> <ul style="list-style-type: none"> -PROM exercise to both arms, five times per week or as tolerated. -PROM exercise to both legs, five times per week or as tolerated. -application of hand rolls to both hands for up to four hours, five times per week or as tolerated. <p>A review of Resident 5's JMA, dated 12/20/2022, indicated Resident 5 had severe (approximately 0-25% available ROM) ROM limitations in the left hand, minimal (approximately 75-100% available ROM) ROM limitations in the left hip, and moderate (approximately 50-75% available ROM) ROM limitations in the left knee. The JMA indicated for Resident 5 to continue with the RNA program as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 5's Restorative Record for the month of December 2022 included an electronic signature from RNA 1 indicating the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. Two unknown usernames (Unknown 1 and Unknown 2) electronically signed Resident 5's Restorative Record from 12/19/2022 to 12/23/2022 and from 12/26/2022 to 12/30/2022 (10 days).</p> <p>A review of RNA 1's timecard for the month of December 2022 indicated RNA 1 did not work at the facility on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 5's Restorative Record for the month of January 2023 indicated Unknown 1 electronically signed for the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs from 1/2/2023 to 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023, 1/27/2023, 1/30/2023, and 1/31/2023 (11 days). RNA 1's electronic signature for Resident 5's Restorative Record included the following dates: 1/11/2023 (Wednesday), from 1/16/2023 to 1/20/2023 (five consecutive days), and 1/25/2023 (Wednesday).</p> <p>A review of Resident 5's Restorative Record for the month of February 2023 indicated Unknown 1 and Unknown 2 electronically signed for the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs on 2/1/2023, 2/2/2023, and 2/3/2023.</p> <p>During an interview on 2/6/2023 at 10:36 a.m., RNA 1 stated RNA 1 was the main RNA for the facility. RNA 1 stated workdays included Mondays, Tuesdays, Thursdays, and Fridays. RNA 1 stated two other RNAs performed RNA duties on Wednesdays. RNA 1 stated the RNA program was important to keep the residents active, provide ROM, and apply splints to prevent the development of contractures.</p> <p>During an observation and concurrent interview on 2/6/23 at 11:37 a.m. in the resident's room, Resident 5 was observed awake, alert, verbal, and communicated with simple English words. All of Resident 5's fingers on the left hand were bent and in a fixed position. Resident 5 demonstrated the ability to lift the left hip but Resident 5's left knee was also bent in a fixed position. Resident 5 was not wearing any splints on either hand or on the left knee. Resident 5 stated Resident 5 received exercises once per week.</p> <p>During an interview and concurrent record review on 2/8/2023 at 10:37 and 11:37 a.m., with the DSD, Resident 5's Restorative Nursing records from December 2022 to February 2023 was reviewed. The DSD stated the unknown usernames (Unknown 1, Unknown 2, and Unknown 3) were licensed nurses from a specific nurse registry. The DSD stated the RNA was supposed to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 5's Restorative Record for the month of December 2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 5's RNA sessions on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated the DSD was unsure whether Resident 5 received RNA services from 12/2022 to 2/2023 due to inconsistencies in the documentation.</p> <p>During an interview on 2/9/23 at 12:47 p.m., RNA 1 stated RNA 1 was the only RNA with access to a resident's electronic clinical record. RNA 1 stated RNA 1 marked the RNA sessions for residents as completed but did not verify the provision of RNA services with the other RNAs.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. A review of Resident 2's Face Sheet (admission record) indicated the facility originally admitted Resident 2 on 1/4/2015 and readmitted on [DATE]. Resident 2's diagnoses included but was not limited to hemiplegia following a cerebral infarction affecting the right dominant side, aphasia following unspecified cerebrovascular disease (brain damage due to reduced blood flow), and attention to gastrostomy (G-tube, tube placed directly into the stomach for long-term feeding).</p> <p>A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had adequate hearing, no verbal speech, rarely expressed ideas and wants, and rarely understood others. The MDS indicated Resident 2 was severely impaired for daily decision making and required extensive assistance for dressing, hygiene, and bathing. The MDS indicated Resident 2 had no functional ROM limitations in both arms and both legs.</p> <p>A review of Resident 2's Restorative Record for the month of December 2022 indicated a physician's order, dated 11/16/2022 and discontinued on 1/7/2023, for PROM to both legs every day, five times per week as tolerated and PROM to both arms every day, five times per week as tolerated. Resident 2's Restorative Record included an electronic signature from RNA 1 for PROM exercises to both arms and both legs on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. An unknown username (Unknown 1) electronically signed Resident 2's Restorative Records from 12/19/2022 to 12/23/2022 and 12/26/2022 to 12/30/2022 (10 days).</p> <p>A review of RNA 1's timecard for the month of December 2022 indicated RNA 1 did not work at the facility on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 2's Restorative Record for the month of January 2023 indicated Unknown 1 electronically signed for PROM exercises on both arms and both legs on 1/2/2023 to 1/6/2023 (five days).</p> <p>A review of Resident 2's physician's orders, dated 1/21/2023, indicated:</p> <ul style="list-style-type: none"> -RNA program for PROM on both legs every day, five times per week as tolerated. -RNA program for PROM on both arms every day, five times per week as tolerated. <p>Further review of Resident 2's Restorative Record for the month of January 2023 indicated Unknown 1 electronically signed for PROM exercises on both arms and both legs on 1/26/23, 1/27/23, 1/30/23, and 1/31/23.</p> <p>A review of Resident 2's Restorative Record for the month of February 2023 indicated Unknown 1 electronically signed for PROM on both arms and both legs on 2/1/2023, 2/2/2023, and 2/3/2023.</p> <p>During an interview on 2/6/2023 at 10:36 a.m., RNA 1 stated RNA 1 was the main RNA for the facility. RNA 1 stated workdays included Mondays, Tuesdays, Thursdays, and Fridays. RNA 1 stated two other RNAs performed RNA duties on Wednesdays. RNA 1 stated the RNA [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Hyde Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 West Blvd. Los Angeles, CA 90043	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to ensure the safety of one of 46 sampled residents (Resident 28), who was a high risk for fall, during a Restorative Nursing Aide (RNA, nursing aide program that helps residents to maintain their function and joint mobility) session. The facility staff did not lock the wheelchair brakes prior to assisting Resident 28 to stand and sit. The facility staff also had Resident 28 walk backward while holding onto a handrail.</p> <p>This deficient practice had the potential to lead to fall and serious bodily injury for Resident 28.</p> <p>Findings:</p> <p>During a review of Resident 28's Face Sheet (admission record), the Face Sheet indicated Resident 28 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>During a review of Resident 28's Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 1/4/2023, the MDS indicated Resident 28's diagnoses included squamous cell carcinoma of the skin (skin cancer), and hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side.</p> <p>The MDS indicated Resident 28 had clear speech, clearly expressed ideas and wants, clearly understood verbal content, had moderately impaired cognition (ability to think, understand, learn, and remember) and required limited (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) to extensive (resident involved in activity, staff provide weight-bearing support) assistance from staff for activities of daily living (ADL) including bed mobility, transfers between surfaces, dressing, toileting, and bathing.</p> <p>During a review of Resident 28's Admission Fall Risk assessment dated [DATE], the Assessment indicated Resident 28 scored a total of 18 (10 or above is high risk; 5-9 is moderate risk; 0-4 is low risk).</p> <p>During a review of Resident 28's physician's orders, dated 1/19/2023, the orders indicated RNA to perform sit to stand using the hallway siderail, every day, five times per week as tolerated with the resident.</p> <p>During a concurrent observation and interview on 2/8/2023 at 9:33 a.m. with RNA 2, RNA 2 placed a vinyl (non-porous material) gait belt (assistive device placed around a person's waist to assist with safe transferring between surfaces or while walking) on Resident 28 and assisted the resident from sitting to standing. Resident 28 was observed to have weakness on the left arm and left leg. Resident 28 walked forward and backward four times while holding onto the handrail located on the resident's right side. RNA 2 also assisted the resident to transfer from standing to sitting in the wheelchair without locking the brakes. RNA 2 stated the wheelchair brakes should have been locked during resident transfers to stand and sit for safety.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/8/2023 at 11:37 a.m. with Director of Staff Development (DSD), DSD stated the wheelchair brakes should be locked when transferring a resident from sit to stand. The DSD also stated it was unsafe for Resident 28 to walk backward due to the resident's left sided weakness and skin cancer to the eye, which could have affected Resident 28's vision.</p> <p>During a review of the facility's policy and procedure (P/P) titled, Safe Lifting and Movement of Residents, revised 7/2017, the P/P indicated the facility used appropriate techniques to move residents to protect the safety and well-being of staff and residents and to promote quality care.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45743</p> <p>Based on observation, interview and record review, the facility failed to ensure one of one sampled resident (Resident 34) received appropriate care to prevent a Urinary Tract Infection ([UTI], an infection in any part of the urinary system, kidneys, bladder, or urethra) by failing to ensure the external urinary catheter (device used to collect urine) bag was placed below the resident's bladder.</p> <p>This deficient practice had the potential to result in backflow of urine which could cause a UTI for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident's 34 Face Sheet (Admission Record), the Admission Record indicated the resident was admitted to the facility on [DATE] with the diagnoses including cerebral infarct (blocked blood supply to the brain resulting in tissue death) affecting the right side, muscle spasms (sudden contraction of a muscle group), cachexia (loss of body weight and muscle mass) and major depressive disorder.</p> <p>During a review of Resident 34's Minimum Data Set ([MDS], a standardized assessment and care screening tool) dated 12/22/2022, the MDS indicated the resident needed extensive assistance (staff provide guided maneuvering of limbs or other non-weight bearing assistance) from staff for activities of daily living (ADL) including bed mobility, transfer, toilet use and personal hygiene. The MDS also indicated the resident had an external catheter.</p> <p>During an observation on 2/6/2023 at 10:11 a.m. in Resident 34's room, the resident's urinary catheter bag was observed hanging from the bedrail adjacent to the resident's right hip and at the same level of the resident's bladder.</p> <p>During a concurrent observation and interview on 2/06/2023 at 1:50 p.m. with Licensed Vocational Nurse (LVN) 4 in Resident 34's room, the resident's urinary catheter bag remained hanging from the bedrail adjacent to the resident's right hip, at the same level of the resident's bladder. LVN 4 stated the resident's catheter bag should have been placed below the resident's bladder to prevent backflow of urine which can cause an infection, however, was not done.</p> <p>During a record review of the facility's policy and procedure (P/P) titled Catheter Care, Urinary revised September 2014, the P/P indicated the purpose of the procedure was to prevent catheter-associated UTI which included guidelines for maintaining unobstructed urine flow; the urinary drainage bag must be always held or positioned lower than the bladder to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to provide nutritional supplements (a product that is added to the diet and contains one or more dietary ingredient (such as vitamin, and herbs) to prevent weight loss for two of six sampled resident (Resident 4 and 23) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 4 received House Protein Nutrition ([HPN] a liquid that provides nutrients, including carbohydrates, proteins, fats, vitamins, minerals, and electrolytes) with meals as recommended by the Registered Dietitian ([RD], food, and nutrition expert) and Resident 4's physician's order, to meet the recommended daily nutritional intake and prevent severe weight loss (a loss of greater than 5 percent [%-unit of measurement] in one month). 2. Conduct a comprehensive nutritional assessment for Resident 4 per the facilities policies and procedures(P&P) titled Nutritional Assessment. 3. Ensure Resident 23 received Glucerna (shake used as meal or partial meal replacement to support weight loss plan) per the RD's recommendations and physician's order dated 1/19/2023, to meet the recommended daily nutritional intake and prevent severe weight loss. 4. Ensure Resident 23 received HPN, as ordered by the physician, to meet the recommended daily nutritional intake and prevent severe weight loss. <p>As a result, Resident 4 had a total weight loss of 22 pounds ([lbs] unit of measurement) of the resident's usual weight within 27 days (from 1/6/2023 to 2/3/2023) and placed the resident, already experiencing impaired nutrition, for further decline in nutritional status.</p> <p>Resident 23 had a total weight loss of 8 pounds or 6.8% of the usual weight within 29 days (from 12/6/2022 to 1/3/2023) and placed the resident, already experiencing impaired nutrition, for further decline in nutritional status.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Residents 4's Face Sheet (admission record), the Face Sheet indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Residents 4's diagnoses included gastro-esophageal reflux disease without esophagitis (heart burn without inflammation of the esophagus) and unspecified severe protein-calorie malnutrition (low energy intake, weight loss, loss of subcutaneous fat, loss of muscle mass, fluid accumulation, and decreased hand grip strength). <p>During a review of Resident 4's Nutritional assessment dated [DATE] at 3:18 p.m., the assessment indicated Resident 4's ideal body weight was 110-130 lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 4's Minimum Data Set ([MDS] a standardized assessment and care planning tool) dated 1/23/2023, the MDS indicated Resident 4 had the ability to understand and be understood by others. The MDS indicated Resident 4 required a one-person assist for bed mobility, transfers, walking in the room, locomotion (moving from place to place), dressing, toilet use, and personal hygiene. The MDS indicated Resident 4 required set up assistance for eating. The MDS indicated Resident 4 was on a therapeutic diet but did not indicate the resident's weight loss. The MDS also indicated Resident 4 had a stage two pressure ulcer.</p> <p>During a review of Resident 4's Care plan titled Nutrition Care Plan dated 12/8/2022, the care plan's interventions indicated the staff will provide Resident 4 with four (4) ounces ([oz], unit of measurement) of HPN three times daily (TID) with meals.</p> <p>During a review of Resident 4's History and Physical (H/P) dated 1/25/2022, the H/P indicated Resident 4 could not make decisions but could make her needs known.</p> <p>During a review of Resident 4's Physician Orders dated 1/19/2023 the orders indicated HPN, 4 oz, TID with meals.</p> <p>During a review of Resident 4's Registered Nurse Assistant (RNA) Admission Weight Log dated 1/6/2023 to 2/3/2023 the log indicated:</p> <ol style="list-style-type: none"> 1. 1/6/2023 = 115 lbs 2. 1/20/2023 = 100 lbs. 2. 1/27/2023 = 98 lbs. 3. 2/3/2023 = 93 lbs (a total of 22 lbs weight loss in 27 days) <p>During a concurrent observation and interview on 02/06/2023 at 12:27 p.m., with Certified Nurse Assistant (CNA) 4, in Resident 4's room, there were no supplements observed on Resident 4's lunch meal tray. CNA 4 stated he was not aware the resident was supposed to have any supplements. CNA 4 stated he always fed Resident 4 without any supplements.</p> <p>During a concurrent observation and interview 02/07/2023 at 12:41 p.m., with CNA 5 and Resident 4, Resident 4's lunch tray and meal ticket was observed with no HPN as ordered by the physician. CNA 5 stated Resident 4's tray did not have any supplements. CNA 5 stated the resident ate 75% of her lunch. Resident 4 stated she was not aware she was supposed to have supplements and was not given any supplements for over two months.</p> <p>During a concurrent interview and observation on 02/08/2023 at 12:58 p.m., with CNA 6, Resident 4's lunch tray and meal ticket were observed with no HPN. CNA 6 stated Resident 4 ate 60% of her meal and that the resident did not have any supplements on the tray.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 02/08/2023 at 2:13 p.m., with Licensed Vocational Nurse (LVN) 2, Resident 4's physician's orders dated 1/19/2023 were reviewed and indicated the resident was to have HPN TID. LVN 2 stated on 2/6/2023, 2/7/2023, and 2/8/2023 she was Resident 4's assigned nurse and did not verify if Resident 4 was served HPN for breakfast and lunch on all three days. LVN 2 stated Resident 4 was at risk for skin breakdown and weight loss, if she did not get the supplements as ordered.</p> <p>During an interview on 02/08/2023 at 3:11 p.m., the Dietary Supervisor (DS) stated he did not have an order in the kitchen to provide HPN for Resident 4.</p> <p>During a concurrent interview and record review on 2/9/2023 at 10:27 a.m., with the RD, Resident 4's Dietary Assessment record was reviewed. The RD stated she could not find a readmission dietary assessment for Resident 4 and did not remember the last time she assessed Resident 4. The RD stated on 1/6/2023 Resident 4 weighed 115 lbs and on 2/3/2023 the resident weighed 93 lbs. The RD stated Resident 4 lost a total of 22 lbs within 29 days. The RD stated Resident 4 should have been given 4 oz of HPN to meet the resident's nutritional needs and prevent weight loss.</p> <p>2. During a review of Residents 23's Face Sheet the face sheet indicated Resident 23 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 23's diagnoses included dysphagia (difficult or abnormal swallowing) and unspecified protein-calorie malnutrition.</p> <p>During a review of Resident 23's MDS dated [DATE], the MDS indicated Resident 23 had the ability to understand and be understood by others. The MDS indicated Resident 23 only required set up for bed mobility, transfers, walking in room, locomotion, dressing, eating, toilet use, and personal hygiene. The MDS indicated Resident 23 was on a therapeutic diet but did not indicate the resident's admission weight.</p> <p>During a review of Resident 23's H/P dated 12/8/2022, the H/P indicated Resident 23 had a fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 23's Physician Orders dated 12/20/2022 the physician orders indicated Glucerna 4 oz TID with meals for nourishment.</p> <p>During a review of Resident 23's Nutritional assessment dated [DATE] at 3:28 p.m., the assessment indicated Resident 23's ideal body weight was 142 lbs. The Nutritional Assessment indicated Resident 23 was to have a fortified puree diet with honey thickened liquids and 4 oz HPN TID.</p> <p>During a review of Resident 23's RNA Admission Weight Log dated 12/6/2022 to 1/3/2023, the log indicated:</p> <ol style="list-style-type: none"> 1. 12/6/2022 = 118 lbs 2. 12/13/2023 = 115 lbs 3. 12/20/2023 = 112 lbs 4. 12/27/2023 = 110 lbs <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>5. 1/3/2023 = 110 lbs (a total of 8 lbs weight loss in 29 days)</p> <p>During a review of Resident 23's Care plan titled Weight Change dated 1/12/2023, the care plan's intervention indicated to provide Resident 23's diet as ordered by the physician.</p> <p>During an interview on 02/06/2023 at 12:08 p.m. with Resident 23, Resident 23 stated he was worried because he was losing weight. Resident 23 stated he did not receive any shake or supplement on his meal tray.</p> <p>During a concurrent observation and interview on 02/07/2023 at 11:56 a.m., with CNA 5 and Resident 23, in the resident's room, Resident 23's meal tray ticket indicated sugar free shake. There was no HPN, or sugar free shake observed on the tray. CNA 5 stated there was no Glucerna, HPN or shake on Resident 23's lunch tray. Resident 23 stated he did not know what Glucerna, and sugar free shakes were and had not had any.</p> <p>During an interview on 02/07/2023 at 12:42 p.m., with CNA 5, CNA 5 stated Resident 23 ate 60% of his meal.</p> <p>During an observation on 02/08/2023 at 12:28 p.m., of Resident 23's lunch tray, there was no Glucerna on the resident's lunch tray.</p> <p>During an interview on 02/08/2023 at 12:55 p.m., with CNA 2, CNA 2 stated there was no Glucerna or HPN on Resident 23's lunch tray. CNA 2 stated Resident 23 ate 40-50% of his lunch.</p> <p>During an interview and record review on 02/08/2023 at 2:13 p.m., with LVN 2, Resident 23's Physician's Orders dated 12/20/2022 were reviewed. The Physician's Orders indicated Resident 23 will receive 4 oz Glucerna, TID, with meals. LVN 2 stated she did not verify if Resident 23 had Glucerna for breakfast and lunch. LVN 2 stated Resident 23 was at risk for skin breakdown and weight loss if the resident did not get the supplements as ordered.</p> <p>During a concurrent observation and interview on 2/09/2023 at 7:22 a.m., and with CNA 6, four containers were observed on Resident 23's breakfast tray. Two of the containers were labeled nectar thick ([NTK] liquid thicker than water fall slowly from a spoon and are sipped through a straw or from a cup) and the other two containers were unlabeled. CNA 6 stated NTK was thickened juice to prevent Resident 23 from choking. CNA 6 stated there was no Glucerna, sugar free shake, or HPN on the resident's meal tray. CNA 6 stated Resident 23's meal tray ticket indicated sugar free shake.</p> <p>During an interview with LVN 2 on 2/09/2023 at 7:22 a.m., LVN 2 stated LVN 1 informed her days prior that the facility did not have Glucerna. LVN 2 stated she forgot to notify the physician that the facility did not have Glucerna.</p> <p>During an interview with LVN 1 on 2/09/2023 at 8:14 a.m., LVN 1 stated the Central Supply Supervisor (CSS) oversaw the ordering Glucerna for the residents. LVN 1 stated Resident 23's physician ordered Glucerna for the resident. LVN 1 stated Resident 23 did not have an order for HPN. LVN 1 also stated she will get an order for HPN from Resident 23's physician since the facility did not have Glucerna.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Dietary Supervisor (DS) on 2/9/2023 at 8:20 a.m., the DS stated there were no additional additives or nutritional value in the nectar thickened fluids. The DS stated Resident 23's meal tray did not have any supplements such as Glucerna and HPN. The DS stated the facility has not had Glucerna in several months.</p> <p>During an interview with CSS on 2/9/2023 at 9:20 a.m., CSS stated he was not responsible for ordering Glucerna, and that it was a nursing responsibility.</p> <p>During an interview with the RD on 2/9/2023 at 9:41 a.m., the RD stated she saw Resident 23 on 12/15/2022 due to the resident's weight of 118 lbs which was below his ideal body weight of 142 lbs. The RD stated Resident 23 had a diagnosis of malnutrition. The RD stated severe weight loss could lead to malnutrition, cause the resident to be bed bound and affect Resident 23's quality of life. The RD stated she recommended a sugar free house protein and Glucerna for Resident 23 and was informed by a staff that the facility did not have Glucerna, in December 2022. The RD stated Resident 23's breakfast tray had no supplements. The RD stated Resident 23's nutritional needs would not be met, and the resident was at risk of further weight loss. The RD also stated that Resident 23's weight loss of 8 lbs was because the resident was not getting the supplements as ordered.</p> <p>During a review of the facility's P&P titled, Nutritional Assessment revised in 2017, the P&P indicated the dietitian in conjunction with nursing staff and healthcare practitioners should conduct a nutritional assessment for each resident upon admission and as indicated by a change in condition that placed the resident at risk for impaired nutrition.</p> <p>During a review of the facility's P&P titled House Nourishments Revised on 2/2023, the P&P indicated the purpose of supplementation was to increase protein and/or calories for maintaining nutritional status. The P&P indicated the facility's policy was that all Residents requiring a nourishment as ordered by their physician would receive a house nourishment if the commercial nourishment ordered was unavailable.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure one (1) of 19 sampled residents (Resident 27) would not run out of medication for seizure (uncontrolled electrical activity in the brain that can cause changes in behavior and movements) and depression.</p> <p>This deficient practice had the potential for medication errors and negatively affect Resident 27's health condition.</p> <p>Findings:</p> <p>Cross referenced to F760</p> <p>During a review of Residents 27's physician orders dated 11/16/2022, the orders indicated to administer the following medications for the resident:</p> <p>Keppra 500 milligrams (mg) twice daily for seizure disorder</p> <p>Fluoxetine 20 milligrams (mg) once a day for depression.</p> <p>During a concurrent observation and interview on 2/6/2023 at 10:23 a.m., with Licensed Vocational Nurse (LVN 2) during medication administration, LVN 2 presented two empty medication bubble packs (blister cards with sealed compartments designed to help keep track of dosing) and stated, two of Resident 27's morning medication were not available for administration to the resident.</p> <p>During a review of the labels of the two empty medication bubble packs for Resident 27, the labels indicated the medications were Resident 27's levetiracetam ([Keppra], a medication to treat seizures) 500 milligrams (mg) tablets and fluoxetine ([Prozac], a medication to treat depression) 20 mg. The packs also had blue stickers of cycle med (medication on a fill program that automatically sent resident's medication to the facility on a regular basis) next to the labels.</p> <p>During an interview on 2/6/2023 at 10:36 a.m. with LVN 2, LVN 2 stated she could not find newly delivered cycle meds for Resident 27.</p> <p>During an interview on 2/6/23 at 2:15 p.m. with Registered Nurse (RN 1), RN 1 stated she faxed a request for Resident 27's Keppra to the pharmacy in the morning and would be delivered by pharmacy later (on 2/6/2023).</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure its medication error rate was not five (5) percent (%) or greater. The medication administration observations at the facility produced an error rate of 6.9% (2 errors out of 29 opportunities) due to 2 medications omitted or not available for administration, for Resident 27.</p> <p>These deficient practices had the potential of negatively affecting residents' health conditions.</p> <p>Findings:</p> <p>During an observation of medication administration on 2/06/23 at 10:23 a.m., Licensed Vocational Nurse (LVN 2) was preparing Resident 27's morning medications outside resident's room. LVN 2 pulled out Resident 27's medications packaged in bubble packs (blister cards with sealed compartments designed to help keep track of dosing) from the medication cart; two of the bubble packs appeared to be empty, with all the blister compartments already opened. LVN showed the surveyor the 2 emptied bubble packs. Thus, Resident 27 did not receive 2 medications that was scheduled for administration.</p> <p>During a review of Residents 27's physician orders dated 11/16/2022, the orders indicated to administer the following medications to the resident:</p> <p>Keppra 500 milligrams (mg) twice daily for seizure disorder</p> <p>Fluoxetine 20 milligrams (mg) once a day for depression.</p> <p>During an interview on 2/6/23 at 2 p.m. with Director of Nursing (DON), DON stated she could not find Resident 27's Keppra and fluoxetine medications.</p> <p>During an interview on 2/6/23 at 2:15 p.m. with Registered Nurse (RN 1), RN 1 stated she was in the process of retrieving Keppra out of an emergency medication kit for Resident 27 due to the delay of pharmacy delivery.</p> <p>During a review of the facility policy and procedure (P/P) titled, Medication Administration - General Guidelines dated 4/2019, the P/P indicated medications should be administered within 60 minutes of scheduled time.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure one (1) of 19 sampled residents (Resident 27) was free of any significant medication error. As a result, Resident 27 did not receive two (2) medications due to omission and/or unavailability of medications at the time of medication administration.</p> <p>This deficient practice had the potential for adverse events that may affect resident 27's health condition.</p> <p>Finding:</p> <p>(Cross referenced to F755 and F759)</p> <p>During a concurrent observation and interview on 2/6/2023 at 10:23 a.m., with Licensed Vocational Nurse (LVN 2) during medication administration, LVN 2 presented two emptied medication bubble packs (blister cards with sealed compartments designed to help keep track of dosing) and stated, two of Resident 27's morning medications were not available for administration to the resident.</p> <p>During a review of Resident 27's physician orders dated 11/16/2022, the orders indicated to administer Keppra 500 milligrams (mg) twice daily for seizure disorder and fluoxetine 20 mg once a day for depression to the resident.</p> <p>During a review of Resident 27's Medication Administration Records (MAR) dated 2/6/2023, the MAR indicated the resident missed one dose of Keppra and one dose of fluoxetine.</p> <p>During an interview on 2/6/23 at 2:15 p.m. with Director of Nursing (DON), DON stated missing a dose of Keppra could potentially put the resident at risk of having seizure.</p> <p>During a review of the facility policy and procedure (P/P) titled, Medication Administration - General Guidelines dated 4/2019, the P/P indicated medications shall be administered in accordance with written orders of the attending physician.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38740</p> <p>Based on observation, interview, and record review, the facility failed to follow the lunch menu as written for residents on mechanical soft diet. Residents on mechanical soft diet received less protein than residents on regular textured diet.</p> <p>This deficient practice had the potential to result in delayed recovery from illness or injury and weight loss due to inadequate caloric intake for 13 residents who were on mechanical soft diet.</p> <p>Findings:</p> <p>During a review of the facility's lunch menu dated 2/6/2023, the menu indicated the following items will be served for residents on mechanical soft diet: Southern style beef patty (ground) (#8 scoop) 1/2 cup; Cream gravy; mashed potatoes 1/2 cup; garlic parmesan spinach 1/2 cup; ambrosia pudding with chopped mandarin oranges and milk.</p> <p>During an observation of the tray line service for lunch on 2/6/2023 at 12:20 p.m., Cook (1) served the ground beef patty with a tong (type of tool used to grip and lift objects instead of holding them directly with hands) instead of utilizing 1/2 cup scoop or spoon per menu for residents who were on mechanical soft diet. Most of the ground beef was observed to be falling out of the tong and Cook 1 placed small portions of ground beef on the plate.</p> <p>During an interview on 2/6/2023 at 12:30 p.m. with Cook 1, Cook 1 stated that he was rushing and grabbed the tong instead of the appropriately sized scoop. Cook 1 also stated the tong was not the right tool to serve the ground beef and the residents did not get the right portion of food because he could not grab enough meat with the tong. Cook 1 stated he did not provide 1/2 cup of ground beef to residents per menu.</p> <p>During an interview on 2/6/2023 at 12:40 p.m. with Dietary Supervisor (DS), DS stated that he didn't know why cook 1 used tongs to serve ground beef and the correct scoop sizes and utensils should be used when serving. DS also stated, recipes and menu should be followed to ensure the correct portion was served to residents.</p> <p>During a review of the facility's Policy and Procedure (P/P) titled, Menu Planning dated 2020, the P/P indicated, the menus were planned to meet nutritional needs of residents in accordance with established national guidelines and physician's orders. The P/P also indicated the menus would provide a variety of foods in adequate amount and if foods were served in recommended amounts, then the facility would ensure menu would meet the recommended daily dietary allowances.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38740</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices were followed in the kitchen by failing to:</p> <ol style="list-style-type: none"> 1. Ensure dry storage area was free of trash under the shelves and corner of the room, food thickener container was free of white powder dust, and rice and sugar were stored in a container free of cracked and open lids. 2. Ensure raw chicken was stored in the refrigerator with thaw date, defrosted ground pork stored in the refrigerator was labeled with correct date and raw chicken, ground beef and pork were stored in separate shelves. 3. Ensure food brought by residents from outside the facility and stored in the resident food refrigerator was labeled or dated, and resident refrigerator freezer section door was not left open with ice cream melting on the shelf. 4. Ensure Dietary Aid (DA 1) changed gloves and washed hands before handling resident ready to eat cooked food. <p>These deficient practices had the potential to result in harmful bacteria growth and cross-contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness in 65 of 67 residents who received food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 2/6/2023 at 9:15 a.m. in the dry storage area with Dietary Supervisor (DS), the following were observed: <p>Plastic beverage stir sticks, packages of condiments, plastic wrappers, and white powdery food debris were observed under the shelves.</p> <p>Sugar and rice were stored in a large plastic container with plastic lids that were broken</p> <p>Food thickener lid was covered with white thickener powder.</p> <p>DS stated the facility swept the kitchen and dry storage area every day and have not done it yet. DS stated that containers and lids were old, and he would replace them. DS also stated the lids were not closed tight because they had cracks and food was exposed.</p> <p>During a review of the facility's Policy and Procedure (P/P) titled, Storage of Food and Supplies dated 2020, the P/P indicated the storeroom should be always clean, routine cleaning and pest control procedure should with developed and followed, and dry bulk foods (flour, sugar, dry beans, food thickener, spices, etc.) should be stored in seamless metal or plastic containers with tight covers.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a concurrent observation and interview on 2/6/2023 at 9:30 a.m. in the kitchen with DS, the following were observed:</p> <p>One large box with raw chicken thawing in the refrigerator with no thaw date.</p> <p>Three large logs of soft, defrosted raw ground pork stored on the bottom shelf with thaw date of 2/6/2023 to be used by 2/9/2023. Raw ground beef, ground pork, whole cuts of pork and chicken breast thawing on the same shelf in the refrigerator.</p> <p>DS stated that the large box of raw chicken was delivered on 2/3/2023 however he did not know when it was stored in the refrigerator. DS stated proper storage of raw meat was important to prevent cross contamination of food and every item should have thaw date to monitor the number of days in the refrigerator per thawing policy. DS stated that the three large logs of pork were defrosted, thawed, and the correct thaw date was 2/4/2023.</p> <p>During a review of facility's P/P titled, Food Preparation Thawing of meats dated 2018, the P/P indicated, thawing of meat properly can be done in a refrigerator at 41 degrees or colder. The P/P also indicated to allow two to three days to defrost and label defrosting meat with pull and use by date.</p> <p>During a review of facility's P/P titled, Food Preparation Refrigerated Storage and Storage of Frozen Food dated 2018, the P/P indicated, to store raw meat, poultry, and fish in the order from top to bottom to prevent cross contamination and order was based on the required minimum internal cooking temperature of each food; 1. whole fish, 2. Whole cuts of beef and pork, 3. Ground meat and fish, 4. Whole and ground poultry.</p> <p>During a review of facility's P/P titled, Procedure for refrigerated storage dated 2019, the P/P indicated, once thawed, cooked meat was to be used within two days.</p> <p>3. During a concurrent observation and interview on 2/6/2023 at 10:30 a.m. of the resident refrigerator located in the resident activity room with Activity Director (AD), the following were observed:</p> <p>One package of sliced salami was stored in the refrigerator with no date or label</p> <p>Two vanilla flavored shakes with no date</p> <p>One left-over pudding and a banana cake with no label or date stored in the refrigerator.</p> <p>Two packages of food in a to-go box unlabeled with its contents.</p> <p>Freezer door was open with ice cream melting inside on the shelves</p> <p>AD stated that all food stored inside the refrigerator should be labeled, dated and all items brought in from outside the facility for residents should be labeled, dated then stored. AD also stated Items were kept for three days then discarded.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of facility's P/P titled, Foods Brought by Family/Visitors dated 2017, the P/P indicated, perishable foods must be stored in container with tightly fitting lids in a refrigerator and container would be labeled with the resident's name, the item, and the use by date.</p> <p>4. During a concurrent observation and interview on 2/6/2034 at 12:15 p.m. during lunch service with DA 1, DA 1 was observed opening the refrigerator door and touching the counters with gloved hands. DA 1 then proceeded to help Cook 1 in taking food temperatures and picked up ground meat with the same gloved hands to insert the food thermometer in the cooked ground meat. DA 1 stated he made a mistake and forgot to change gloves and wash his hands after touching the counter and other surfaces and prior to handling cooked food.</p> <p>During an interview on 2/6/2023 at 12:30 p.m. with DS, DS stated that he provided multiple boxes of gloves around the food preparation area and staff should not touch ready to eat food with hands or gloves that have been contaminated.</p> <p>During a review of facility's P/P titled, Food Handling dated 2018, the P/P indicated gloves should be changed before handling washed food items and employees should use suitable utensils such as deli tissue, spatulas, tongs, or single use gloves.</p> <p>During a review of facility's P/P titled, Glove use policy dated 2020, the P/P indicated gloved hands were considered a food contact surface that can get contaminated or soiled. Disposable gloves were a single use item and should be discarded after each use, and especially before handling clean food items. The P&P also indicated gloves needed to be changed before beginning a different task as soon as they become soiled and did not need to be used for non-food tasks.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to provide an Occupational Therapy ([OT], profession aimed to increase or maintain a person's capability of participating in everyday life activities) evaluation in accordance with the physician's order for one of seven sampled residents (Resident 62) with limited range of motion ([ROM], full movement potential of a joint).</p> <p>This deficient practice prevented Resident 62 from receiving an OT evaluation to improve Resident 62's ROM and activities of daily living ([ADLs], tasks related to personal care including bathing, dressing, hygiene, eating, and mobility).</p> <p>Findings:</p> <p>A review of Resident 62's Face Sheet (admission record) indicated Resident 62 was admitted to the facility on [DATE]. Resident 62's diagnoses included anoxic brain damage (complete lack of oxygen to the brain, which results in the death of brain cells), contractures (chronic loss of joint motion associated with deformity and joint stiffness) of right lower leg, and contractures of left lower leg.</p> <p>A review of Resident 62's minimum data set ([MDS] a comprehensive assessment and care planning tool), dated 12/1/2022, indicated Resident 62 had clear speech, clearly expressed ideas and wants, and clearly understood verbal content. The MDS indicated Resident 62 had severely impaired cognition (ability to think, understand, learn, and remember) and required extensive assistance (resident involved in activity, staff provide weight-bearing support) with transfers between surfaces, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 62's physician's orders dated 11/23/2022, indicated Physical Therapy ([PT], profession aimed in the restoration, maintenance, and promotion of optimal physical function) and OT evaluate and treat Resident 62 as indicated.</p> <p>A review of Resident 62's Joint Mobility Assessment ([JMA], brief assessment of a resident's range of motion in both arms and legs), dated 11/25/2022, indicated Resident 62 had a decline in ADLs and functional mobility. The JMA further indicated Resident 62 required PT and OT services.</p> <p>A review of Resident 62's PT Evaluation, dated 11/25/2022, and a PT Discharge Summary, dated 12/1/2022 did not indicate an OT Evaluation in 11/2022.</p> <p>During an observation and interview on 2/6/2023 at 12:27 PM in the Resident 62's room, Resident 62 was lying in bed with the head-of-bed elevated. Resident 62 was observed with deformities to both hands. Resident 62 stated that she could not push the call light.</p> <p>During an interview on 2/7/2023 at 2:48 PM, Occupational Therapist (OT) 1 stated residents with physician's orders for therapy should receive an evaluation within 72 hours.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 2/7/2023 at 9:16 AM in the resident's room, Resident 62 had full active range of motion ([AROM], performance of ROM of a joint without any assistance or effort of another person) in the fingers of both hands despite the presence of the hand deformities. Resident 62's thumbs had limited movement and did not move away from the palms.</p> <p>During an interview and record review on 2/8/2023 at 10:59 AM, with the OT 2 and Certified Occupational Therapy Assistant (COTA) 1 of Resident 62's PT Evaluation and PT Discharge Summary, COTA 1 stated Resident 62 had a PT Evaluation on 11/25/2022, and PT Discharge Summary on 12/1/2022. OT 2 stated Resident 62 never received OT services from December 2022 till February 2023.</p> <p>During an interview and record review on 2/8/2023 at 4:33 PM, with the Director of Nursing (DON), Resident 62's JMA dated 11/25/2022 was reviewed. The DON stated Resident 62's JMA indicated PT and OT evaluations were not completed.</p> <p>During a telephone interview on 2/9/2023 at 12:20 PM, OT 2 stated Resident 62's OT Evaluation was not completed since OT 2 was on vacation at that time.</p> <p>A review of the facility's policy and procedure (P&P) titled, Specialized Rehabilitative Services, revised December 2009, indicated the facility will provide rehabilitation services to residents upon the written order of the resident's Attending Physician.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36943</p> <p>Based on observation, interview, and record review, the facility failed to maintain complete and accurate clinical records and provide services as documented for seven of 46 sampled residents (Resident 2, 4, 5, 12, 23, 28 and 62) by failing to:</p> <ol style="list-style-type: none"> 1). Ensure the licensed nurse did not willfully and falsely document that Resident 4 was receiving Home Protein Nutrition ([HPN] a liquid that provides nutrients, including carbohydrates, proteins, fats, vitamins, minerals, and electrolytes) as recommended by the Registered Dietitian ([RD], food, and nutrition expert) and per Resident 4's physician's orders, to meet the recommended daily nutritional intake and prevent severe weight loss (a loss of weight greater than [$>$] 5 percent [%] in one month) when the kitchen did not have an order and the HPN was not provided to Resident 4. 2). Ensure the licensed nurse did not willfully and falsely document that Resident 23 received Glucerna (shake used as meal or partial meal replacement to support weight loss plan) per the RD's recommendations and the physician's order to meet the recommended daily nutritional intake and prevent severe weight loss when there was no Glucerna in the facility. 3). Ensure the licensed nurse did not willfully and falsely document that Resident 23 was receiving HPN to meet the recommended daily nutritional intake and prevent severe weight loss. 4). Accurately document the actual provision of Restorative Nursing Aide (RNA, nursing aide program that helps residents to maintain their function and joint mobility) sessions from 12/2022 to 2/2023 for Residents, 5, 2, and 12 28, 62. <p>This deficient practice had the potential to result in Residents 28, 62, 5, 2 and 12 to experience an avoidable decline in range of motion (ROM, full movement potential of a joint) in the residents' arms and legs, including the development of contractures (chronic loss of joint motion associated with deformity and joint stiffness). Additionally, these deficient practices resulted in Resident 4's weight loss of seven pounds ([lbs] unit of measurement) or 7% of the usual weight within 14 days (from 1/20/2023 to 2/3/2023) and placed the resident at risk for further decline in nutritional status and a delay in healing of the resident's sacral (tailbone) pressure ulcer (full-thickness skin loss potentially extending into the subcutaneous [under the skin] tissue layer) and Resident 23's weight loss of eight pounds or 6.8% of the usual weight within 29 days (from 12/6/2022 to 1/3/2023) and placed the resident at risk for further decline in nutritional status.</p> <p>Cross reference F688</p> <p>Findings:</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a). During a review of Residents 4's Face Sheet (admission record), the Face Sheet indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Residents 4's diagnoses included gastro-esophageal reflux disease without esophagitis (heart burn without inflammation of the esophagus) and unspecified severe protein-calorie malnutrition (low energy intake, weight loss, loss of subcutaneous fat, loss of muscle mass, fluid accumulation, and decreased hand grip strength).</p> <p>During a review of Resident 4's Minimum Data Set ([MDS] a standardized assessment and care planning tool) dated 1/23/2023, the MDS indicated Resident 4 had the ability to understand and be understood by others. The MDS indicated Resident 4 required a one-person assist for bed mobility, transfers, walking in the room, locomotion (moving from place to place), dressing, toilet use, and personal hygiene. The MDS indicated Resident 4 required set up assistance for eating. The MDS indicated Resident 4 was on a therapeutic diet but did not indicate the resident's weight loss. The MDS also indicated Resident 4 had a stage two pressure ulcer.</p> <p>During a review of Resident 4's Care plan titled Nutrition Care Plan dated 12/8/2022, the care plan's interventions indicated the staff will provide Resident 4 with four (4) ounces ([oz], unit of measurement) of HPN three times daily (TID) with meals.</p> <p>During a review of Resident 4's History and Physical (H/P) dated 1/25/2022, the H/P indicated Resident 4 could not make decisions but could make her needs known.</p> <p>During a review of Resident 4's Physician Orders dated 1/19/2023 the orders indicated HPN 4 oz TID with meals.</p> <p>During a review of Resident 4's Registered Nurse Assistant (RNA) Admission Weight Log dated 1/6/2023 to 2/3/2023 the log indicated the following weights:</p> <ol style="list-style-type: none"> 1. 1/6/2023 = 115 lbs. 2. 1/20/2023 = 100 lbs. 2. 1/27/2023 = 98 lbs. 3. 2/3/2023 = 93 lbs. (a total of 22 lbs weight loss in 28 days) <p>During a concurrent interview and record review with Licensed Vocational Nurse (LVN) 2 on 2/8/2023 at 2:13 p.m., LVN 2 stated on 2/6/2023, 2/7/2023, and 2/8/2023 she was Resident 4's assigned nurse and did not verify if Resident 4 was served HPN for breakfast and lunch on all three days. LVN 2 stated she documented Resident 4 received HPN even though the resident never got it. LVN 2 stated the order for HPN should have been treated as a medication order and she should have not documented as given if she did not give it. LVN 2 stated Resident 4 was at risk for skin breakdown and weight loss, if she did not receive the supplements as ordered.</p> <p>During a concurrent interview and record review with the Dietary Supervisor (DS) on 2/8/2023 at 3:11 p.m., DS stated he did not have an order in the kitchen to provide HPN for Resident 4.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with Registered Nurse (RN) 1 on 2/9/2023 at 8:10 a.m., RN 1 stated documenting a supplement that was not given was considered falsification of records and would give a false outcome of treatment.</p> <p>During a concurrent interview with Registered Nurse (RN) 2 and DS on 2/9/2023 3:26 p.m. RN 2 stated she did not know why HPN was documented as given from 1/19/2023 to 2/8/2023 in the Electronic Medical Record (eMAR) when there was no order in the kitchen, and the kitchen was not serving it for Resident 4.</p> <p>b). During a review of Resident 23's Face Sheet, the face sheet indicated Resident 23 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 23's diagnoses included dysphagia (difficult or abnormal swallowing) and unspecified protein-calorie malnutrition.</p> <p>During a review of Resident 23's H/P dated 12/8/2022, the H/P indicated Resident 23 had a fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 23's Physician Orders dated 12/20/2022 the physician orders indicated to administer Glucerna 4 oz TID with meals for nourishment.</p> <p>During a review of Resident 23's RNA Admission Weight Log dated 12/6/2022 to 1/3/2022, the weight log indicated:</p> <ol style="list-style-type: none"> 1. 12/6/2022 = 118 lbs. 2. 12/13/2023 = 115 lbs. 3. 12/20/2023 = 112 lbs. 4. 12/27/2023 = 110 lbs. 5. 1/3/2023 = 110 lbs. (a total of an eight (8 lbs weight loss in 29 days) <p>During a review of Resident 23's Care plan titled Weight Change dated 1/12/2023, the care plan intervention indicated to provide Resident 23's diet as ordered by the physician.</p> <p>During an interview on 2/6/2023 at 12:08 p.m. with Resident 23, Resident 23 stated he was worried because he was losing weight. Resident 23 stated he did not receive any shakes or supplements on his meal tray.</p> <p>During an interview on 2/8/2023 at 12:55 p.m., with CNA 2, CNA 2 stated there was no Glucerna or HPN on Resident 23's lunch tray. CNA 2 stated Resident 23 ate 40-50% of his lunch.</p> <p>During an interview and record review on 2/8/2023 at 2:13 p.m., with LVN 2, Resident 23's Physician's Orders dated 12/20/22 were reviewed. The Physician's Orders indicated Resident 23 will receive 4 oz of Glucerna, TID, with meals. LVN 2 stated she did not verify if Resident 23 had Glucerna for breakfast and lunch. LVN 2 stated she documented Resident 23 received HPN and she should not have documented HPN as given if she did not give Resident 23 HPN.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with LVN 2 on 2/9/2023 at 7:22 a.m., LVN 2 stated LVN 1 informed her that morning that the facility did not have Glucerna.</p> <p>During a concurrent interview and record review on 2/9/23 at 8:50 a.m., with LVN 2, Resident 23's Medication Administration Record (MAR) dated 2/6/23 and 2/7/2023 at 12:00 p.m., was reviewed. LVN 2 stated on 2/6/2023 and 2/7/2023, she did not provide Resident 23 with Glucerna because the facility did not have any Glucerna. LVN 2 stated</p> <p>RN 1 instructed her to document that the resident received the Glucerna, and she (LVN 2) did. LVN 2 stated she was not supposed to document Glucerna as given in Resident 23's MAR because it was considered falsification.</p> <p>During an interview on 2/9/23 at 8:10 a.m. RN 1 stated she gave Resident 23's MAR to LVN 2 to initial because she was at the facility, and she was supposed to document only for the days she worked. RN 1 stated she did not ask or see LVN 2 provide Glucerna to Resident 23. RN 1 stated at the end of LVN 2's shift she was supposed to sign the eMAR. RN 1 further stated documenting care that was not given was considered falsification of records and would give a false outcome of treatment to residents.</p> <p>During an interview on 2/9/2023 at 1:56 p.m. RN 2 stated she did not know why the Glucerna was documented on the eMAR as given from 12/20/2022 to 2/8/2023 because the facility did not have Glucerna in the facility.</p> <p>During a review of the facility's P&P titled, Charting and Documentation revised in 2017, the P&P indicated documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>c. A review of Resident 28's Face Sheet (admission record) indicated the facility admitted Resident 28 on 3/17/2022 and readmitted on [DATE].</p> <p>A review of Resident 28's minimum data set (MDS, a comprehensive assessment used as a care planning tool), dated 1/4/2023, indicated Resident 28's active diagnoses included but was not limited to squamous cell carcinoma of the skin (skin cancer) and hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side. The MDS indicated Resident 28 had clear speech, clearly expressed ideas and wants, clearly understood verbal content, and was moderately impaired in cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 28 required limited assistance (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) for bed mobility and transfers between surfaces and required extensive assistance (resident involved in activity, staff provide weight-bearing support) for dressing, toileting, and bathing. The MDS indicated Resident 28 had functional ROM limitations in one arm and one leg.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 28's Restorative Record for 12/2022 indicated a physician's order, dated 12/12/2022 and discontinued on 1/17/2023 for RNA, for sit to stand using hallway siderail, every day five times per week or as tolerated. Resident 28's Restorative Record included an electronic signature for Restorative Nursing Aide 1 (RNA 1) indicating the completion of sit to stand exercises on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. An unknown username (Unknown 1) electronically signed Resident 28's Restorative Record for sit to stand exercises from 12/19/2022 to 12/23/2022 and from 12/26/2022 to 12/30/2022 (10 days).</p> <p>A review of Resident 28's Restorative Record for 12/2022 indicated a physician's order, dated 12/12/2022 and discontinued on 1/17/2023, for the RNA to apply a left-hand splint (material used to restrict, protect, or immobilize a part of the body to support function, assist and/or increase range of motion) application every day for four to six hours or as tolerated. Resident 28's Restorative Record included RNA 1's electronic signature indicating the application of the left-hand splint on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. Unknown 1 and two additional unknown usernames (Unknown 2 and Unknown 3) electronically signed Resident 28's Restorative Record for the left-hand splint application from 12/18/2022 to 12/31/2022 (14 days).</p> <p>A review of RNA 1's timecard for 12/2022 indicated RNA 1 did not work at the facility on 12/12/22, 12/13/22, 12/14/22, and 12/15/22.</p> <p>A review of Resident 28's Restorative Record for January 2023 indicated Unknown 1 electronically signed for the sit to stand exercises from 1/2/2022 to 1/6/2022, 1/9/2022, 1/10/2022, and 1/13/2022 (eight (8) days). Unknown 1 and Unknown 3 also electronically signed Resident 28's Restorative Record for the left-hand splint application from 1/1/2022 to 1/10/2022 and 1/13/2022 to 1/15/2022 (13 days).</p> <p>A review of Resident 28's physician's orders upon re-admission, dated 1/19/2023, indicated the following:</p> <ul style="list-style-type: none"> - RNA for left hand splint application, every day four to six hours or as tolerated. - RNA for sit to stand using hallway siderail, every day, five times per week as tolerated <p>A review of Resident 28's Restorative Record for January 2023 indicated Unknown 1 electronically signed for sit to stand exercises on 1/27/2023, 1/30/2023, and 1/31/2023. Unknown 1 also electronically signed Resident 28's Restorative Record for the left-hand splint application from 1/27/2022 to 1/31/2022 (five days).</p> <p>A review of Resident 28's physician's orders, dated 2/3/2023 with a start date on 2/6/2023, indicated RNA for application of left elbow splint for up to four hours or as tolerated with skin checks every two hours, every day five times per week.</p> <p>A review of Resident 28's Restorative Record for February 2023 indicated Unknown 1 and Unknown 2 electronically signed for sit to stand exercises on 2/1/2023, 2/2/2023, and 2/3/2023. Unknown 1 and Unknown 2 electronically signed Resident 28's Restorative Record for the left-hand splint application from 2/1/2023 to 2/5/2023 (five days).</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 2/6/2023 at 12:15 PM, Resident 28 was awake, alert, and seated in a wheelchair wearing a left-hand splint and left elbow splint. Resident 28 stated RNA 1 applied both splints to the left arm this morning. Resident 28 stated RNA 1 never assisted Resident 28 with sit to stand exercises.</p> <p>During an interview and record review on 2/8/2023 at 10:37 AM and 11:37 AM, the Director of Staff Development (DSD) stated the DSD was the RNA supervisor. The DSD stated RNA 1 was the main RNA, but two other RNA staff provided RNA services on Wednesdays when RNA 1 was off. The DSD stated the RNAs were the only Certified Nursing Assistants in the facility with access to the facility's electronic documentation. The DSD stated the electronically signed RNA sessions indicated the RNA treatment was completed on the resident. The DSD reviewed Resident 28's Restorative Nursing records from 12/2022 to 2/2023. The DSD stated the unknown usernames (Unknown 1, Unknown 2, and Unknown 3) were licensed nurses from a specific nurse registry (company that provides licensed nurses who are legally allowed to practice in the State on an as needed basis). The DSD stated the RNA was expected to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 28's Restorative Record for 12/2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 28's RNA sessions on 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated the DSD was unsure whether Resident 28 received RNA services from 12/2022 to 2/2023 due to inconsistencies in the documentation.</p> <p>d. A review of Resident 62's Face Sheet (admission record) indicated the facility admitted Resident 62 on 3/3/2022. Resident 62's diagnoses included but was not limited to anoxic brain damage (complete lack of oxygen to the brain, which results in the death of brain cells), contractures of the right lower leg, and contractures of the left lower leg.</p> <p>A review of Resident 62's minimum data set (MDS, a comprehensive assessment used as a care planning tool), dated 12/1/2022, indicated Resident 62 had clear speech, clearly expressed ideas, and wants, and clearly understood verbal content. The MDS indicated Resident 62 had severely impaired cognition (ability to think, understand, learn, and remember) and required extensive assistance (resident involved in activity, staff provide weight-bearing support) with transfers between surfaces, dressing, eating, toilet use, and personal hygiene. The MDS indicated Resident 62 had functional ROM limitations in both legs.</p> <p>A review of Resident 62's physician's orders indicated the facility readmitted Resident 62 on 11/23/2022. The physician's orders, dated 11/29/2022, indicated the following:</p> <ul style="list-style-type: none"> - RNA for Passive ROM (PROM, movement of a joint through the ROM with no effort from patient) on the right lower leg, five times per week every day as tolerated - RNA for PROM on the left lower leg, five times per week every day as tolerated. - RNA for PROM on the right arm, five times per week every day as tolerated. - RNA for PROM on the left arm, five times per week every day as tolerated. <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 62's Restorative Records (record of RNA sessions) for 12/2022 indicated Restorative Nursing Aide 1 (RNA 1) electronically signed for Resident 62's PROM exercises to the right lower leg, left lower leg, right arm, and left arm from 12/1/2022 to 12/17/2022 (17 consecutive days). Three different unknown usernames (Unknown 1, Unknown 2, and Unknown 3) electronically signed Resident 62's Restorative Record from 12/18/2022 to 12/31/2022 (14 consecutive days).</p> <p>A review of RNA 1's timecard for 12/2022 indicated RNA 1 did not work at the facility on 12/3/2022, 12/4/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 62's Restorative Records for January 2023 indicated Unknown 1 and Unknown 3 electronically signed for PROM exercises to the right lower leg, left lower leg, right arm, and left arm from 1/1/2023 to 1/10/2023 (11 consecutive days), 1/13/2023, 1/14/2023, 1/15/2023, and from 1/27/2023 to 1/31/2023 (five consecutive days). RNA 1's electronic signature for Resident 62's Restorative Record included the following dates: 1/11/2023 (Wednesday) and from 1/16/2023 to 1/26/2023 (11 consecutive days).</p> <p>A review of Resident 62's Restorative Records for February 2023 indicated Unknown 1 electronically signed for PROM exercises to the right lower leg, left lower leg, right arm, and left arm on 2/1/2022, 2/2/2022, and 2/3/2022.</p> <p>During an observation and interview on 2/6/2023 at 12:27 PM in the resident's room, Resident 62 was lying in bed with the head-of-bed (HOB) elevated. Resident 62 stated the facility staff did not perform exercises with her.</p> <p>During an observation and interview on 2/7/2023 at 9:16 AM in the resident's room, Resident 62 was lying in bed with the head-of-bed (HOB) elevated. RNA 1 assisted Resident 62 with ROM exercises on both arms and both legs.</p> <p>During an interview on 2/7/2023 at 9:33 AM, Resident 62 stated the exercises with RNA 1 was the first time in a long time a facility staff member performed exercises with Resident 62.</p> <p>During an interview and record review on 2/8/2023 at 10:37 and 11:37 AM, the Director of Staff Development (DSD) stated the DSD was the RNA supervisor. The DSD stated RNA 1 was the main RNA but two other RNA staff provided RNA services on Wednesdays when RNA 1 was off. The DSD stated the RNAs were the only Certified Nursing Assistants in the facility with access to the electronic documentation. The DSD stated the electronically signed RNA sessions on the Restorative Records indicated the RNA treatment was completed on the resident. The DSD reviewed Resident 62's Restorative Nursing records from 12/2022 to 2/2023. The DSD stated the unknown usernames (Unknown 1, Unknown 2, and Unknown 3) were licensed nurses from a specific nurse registry (company that provides licensed nurses who are legally allowed to practice in the State on an as needed basis). The DSD stated the RNA was expected to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 62's Restorative Record for 12/2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 62's RNA sessions on 12/3/2022, 12/4/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated the DSD was unsure whether Resident 62 received RNA services from 12/2022 to 2/2023 due to inconsistencies in the documentation.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. A review of Resident 5's Face Sheet (admission record) indicated the facility admitted Resident 5 on 12/25/2015 and readmitted on [DATE]. Resident 5's diagnoses included hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side, dysphagia (difficulty swallowing) following a cerebral infarction, and aphasia (loss of ability to understand or express speech, caused by brain damage).</p> <p>A review of Resident 5's minimum data set (MDS, a comprehensive assessment used as a care planning tool), dated 1/7/2023, indicated Resident 5 had unclear speech, sometimes expressed ideas, and wants, sometimes understood verbal content, and had severely impaired cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 5 required extensive assistance (resident involved in activity, staff provide weight-bearing support) for bed mobility, transfers between surfaces, dressing, and bathing. The MDS indicated Resident 5 had functional ROM limitations in one arm and one leg.</p> <p>A review of Resident 5's physician's orders, dated 7/23/2020 with a start date of 12/14/2021, indicated, for the RNA, to apply the left knee splint (material used to restrict, protect, or immobilize a part of the body to support function, assist and/or increase range of motion) for up to four hours with skin checks every two hours as tolerated, every day five times per week. Further review of Resident 5's physician's orders, dated 8/4/2020 with a start date of 12/14/2021, indicated the following RNA program:</p> <ul style="list-style-type: none"> - Passive ROM (PROM, movement of a joint through the ROM with no effort from patient) exercise to both arms, five times per week and as tolerated - PROM exercise to both legs, five times per week and as tolerated - application of hand rolls to both hands for up to four hours, five times per week or as tolerated. <p>A review of Resident 5's Restorative Record (record of RNA sessions) for 12/2022 included an electronic signature from Restorative Nursing Aide (RNA 1) indicating the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. Two unknown usernames (Unknown 1 and Unknown 2) electronically signed Resident 5's Restorative Record from 12/19/2022 to 12/23/2022 and from 12/26/2022 to 12/30/2022 (10 days).</p> <p>A review of RNA 1's timecard for 12/2022 indicated RNA 1 did not work at the facility on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 5's Restorative Record for 1/2023 indicated Unknown 1 electronically signed for the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs from 1/2/2023 to 1/6/2023, 1/9/2023, 1/10/2023, 1/13/2023, 1/27/2023, 1/30/2023, and 1/31/2023 (11 days). RNA 1's electronic signature for Resident 5's Restorative Record included the following dates: 1/11/2023 (Wednesday), from 1/16/2023 to 1/20/2023 (five consecutive days), and 1/25/2023 (Wednesday).</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 5's Restorative Record for 2/2023 indicated Unknown 1 and Unknown 2 electronically signed for the application of the left knee splint, application of hand rolls to both hands, and PROM exercises to both arms and both legs on 2/1/2023, 2/2/2023, and 2/3/2023.</p> <p>During an observation and interview on 2/6/23 at 11:37 AM in the resident's room, Resident 5 was awake, alert, verbal, and communicated with simple English words. Resident 5 stated Resident 5 received exercises once per week.</p> <p>During an interview and record review on 2/8/2023 at 10:37 and 11:37 AM, the Director of Staff Development (DSD) stated the DSD was the RNA supervisor. The DSD stated RNA 1 was the main RNA but two other RNA staff provided RNA services on Wednesdays when RNA 1 was off. The DSD stated the RNAs were the only Certified Nursing Assistants in the facility with access to the electronic documentation. The DSD stated the electronically signed RNA sessions on the Restorative Records indicated the RNA treatment was completed on the resident. The DSD reviewed Resident 5's Restorative Nursing records from 12/2022 to 2/2023. The DSD stated the unknown usernames (Unknown 1, Unknown 2, and Unknown 3) were licensed nurses from a specific nurse registry (company that provides licensed nurses who are legally allowed to practice in the State on an as needed basis). The DSD stated the RNA was expected to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 5's Restorative Record for 12/2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 5's RNA sessions on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated the DSD was unsure whether Resident 5 received RNA services from 12/2022 to 2/2023 due to inconsistencies in the documentation.</p> <p>f. A review of Resident 2's Face Sheet indicated the facility originally admitted Resident 2 on 1/4/2015 and readmitted on [DATE]. Resident 2's diagnoses included but was not limited to hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the right dominant side, aphasia (loss of ability to understand or express speech, caused by brain damage) following unspecified cerebrovascular disease (brain damage due to reduced blood flow), and attention to gastrostomy (G-tube, tube placed directly into the stomach for long-term feeding).</p> <p>A review of Resident 2's minimum data set (MDS, a comprehensive assessment used as a care planning tool), dated 12/21/2022, indicated Resident 2 had adequate hearing, no verbal speech, rarely expressed ideas and wants, and rarely understood others. The MDS indicated Resident 2 was severely impaired for daily decision making and required extensive assistance (resident involved in activity, staff provide weight-bearing support) for dressing, hygiene, and bathing. The MDS indicated Resident 2 had no functional ROM limitations in both arms and both legs.</p> <p>A review of Resident 2's Restorative Record (record of RNA sessions) for 12/2022 indicated a physician's order, dated 11/16/2022 and discontinued on 1/7/2023, for passive ROM (PROM, movement of a joint through the ROM with no effort from patient) to both legs every day, five times per week as tolerated and PROM to both arms every day, five times per week as tolerated. Resident 2's Restorative Record included an electronic signature from Restorative Nursing Aide 1 (RNA 1) for PROM exercises to both arms and both legs on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. An unknown username (Unknown 1) electronically signed Resident 2's Restorative Records from 12/19/2022 to 12/23/2022 and 12/26/2022 to 12/30/2022 (10 days).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hyde Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 West Blvd. Los Angeles, CA 90043	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of RNA 1's timecard for 12/2022 indicated RNA 1 did not work at the facility on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022.</p> <p>A review of Resident 2's Restorative Record for 1/2023 indicated Unknown 1 electronically signed for PROM exercises on both arms and both legs on 1/2/2023 to 1/6/2023 (five days).</p> <p>A review of Resident 2's physician's orders, dated 1/21/2023, indicated:</p> <ul style="list-style-type: none"> - RNA program for PROM on both legs every day, five times per week as tolerated - RNA program for PROM on both arms every day, five times per week as tolerated <p>Further review of Resident 2's Restorative Record for 1/2023 indicated Unknown 1 electronically signed for PROM exercises on both arms and both legs on 1/26/23, 1/27/23, 1/30/23, and 1/31/23.</p> <p>A review of Resident 2's Restorative Record for 2/2023 indicated Unknown 1 electronically signed for PROM on both arms and both legs on 2/1/2023, 2/2/2023, and 2/3/2023.</p> <p>During an observation and interview on 2/6/2023 at 1:04 PM in the resident's room, Resident 2 appeared to respond to questions appropriately with shaking of the head for No and nodding of the head for Yes. Resident 2 was asked whether Resident 2 received exercises five days per week. Resident 2 bent the neck toward each shoulder and wrinkled the forehead. Resident 2 was asked if she inconsistently received exercises and she nodded Yes.</p> <p>During an interview and record review on 2/8/2023 at 10:37 AM and 11:37 AM, the Director of Staff Development (DSD) stated the DSD was the RNA supervisor. The DSD stated RNA 1 was the main RNA but two other RNA staff who provided RNA services on Wednesdays when RNA 1 was off. The DSD stated the RNAs were the only Certified Nursing Assistants (CNAs) in the facility with access to the electronic documentation. The DSD stated the electronically signed RNA sessions on the Restorative Records indicated the RNA treatment was completed on the resident. The DSD reviewed Resident 2's Restorative Nursing records from 12/2022 to 2/2023. The DSD stated Unknown 1 was a licensed nurse from a specific nurse registry (company that provides licensed nurses who are legally allowed to practice in the State on an as needed basis). The DSD stated the RNA was supposed to provide the RNA program, not the licensed nurses from the registry. The DSD stated no one informed the DSD about the RNA documentation. The DSD also reviewed RNA 1's timecard and Resident 2's Restorative Record for 12/2022. The DSD acknowledged RNA 1 was not physically in the building during Resident 2's RNA sessions on 12/7/2022, 12/8/2022, 12/9/2022, 12/12/2022, 12/13/2022, 12/14/2022, and 12/15/2022. The DSD stated the DSD was unsure whether Resident 28 received RNA services from 12/2022 to 2/2023 due to inconsistencies in the documentation.</p> <p>g. A review of Resident 12's Face Sheet indicated the facility admitted Resident 12 on 3/8/2021 and readmitted on [DATE]. Resident 12's diagnoses included generalized arthritis (painful inflammation and stiffness or joints) and type 2 diabetes mellitus (high blood sugar).</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 12's minimum data set (MDS, a comprehensive assessment used as a care planning tool), dated 12/2/2022, indicated Resident 28 had clear speech, clearly expressed ideas and wants, usually understood verbal content, and was moderately impaired in cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 12 required extensive assistance (resident involved in activity, staff provide weight-bearing support) for bed mobility, transfers between surfaces, dressing, and toilet use. The MDS further indicated Resident 12 did not have any limitations in range of motion (ROM, full movement potential of a joint) in both arms and both legs.</p> <p>A review of Resident 12's physician's order, dated 12/24/2021, indicated RNA program for active ROM (AROM, performance of ROM of a joint without any assistance or effort of another person) on both arms and active assistive ROM (AAROM, use of muscles surrounding the joint to perform the exercise but requires some help from a person or equipment) on both legs, everyday five times per week as tolerated.</p> <p>A review of Resident 12's Restorative Record for 1 [TRUNCATED]</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45743</p> <p>Based on observation, interview, and record review, the facility failed to implement appropriate infection control for three of 19 sampled residents (Resident 12, 22, 28), by failing to:</p> <ul style="list-style-type: none"> a. Perform hand hygiene after emptying Resident 12's urinal (container used to urinate) and placing the urinal on Resident 12's bedside table. b. Ensure clean linens were transported from the dryer to the facility's folding area in a sanitary manner. c. Disinfect a vinyl (non-porous material) gait belt (assistive device placed around a person's waist to assist with safe transferring between surfaces or while walking) after use with Resident 28. d. Maintain a clean medication room. <p>These deficient practices had the potential to cause and spread infection throughout the facility.</p> <p>Findings:</p> <p>A. A review of Resident 12's Face Sheet (admission record) indicated Resident 12 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 12's diagnoses included generalized arthritis (painful inflammation and stiffness of the joints) and type 2 diabetes mellitus (abnormal blood sugar).</p> <p>A review of Resident 12's minimum data set ([MDS], a comprehensive assessment and care planning tool), dated 12/2/2022, indicated Resident 12 required extensive assistance (resident involved in activity, staff provide weight-bearing support) for bed mobility, transfers between surfaces, dressing, and toilet use. The MDS indicated Resident 12 did not have any limitations in range of motion ([ROM], full movement potential of a joint) in both arms and both legs.</p> <p>During an observation on 2/7/2023 at 9:42 AM Resident 12 urinated into a urinal and a Restorative Nursing Aide (RNA 1 emptied the urinal and placed the urinal on Resident 12's bedside table. RNA 1 proceeded to perform exercises with Resident 12 without performing hand hygiene. RNA 1 finished exercising with Resident 12, removed his dirty gloves, held the gloves in one hand, walked down the hallway and threw them in a trash can. RNA 1 stated he place Resident 12's urinal on the table within the resident's reach. RNA 1 stated he did not perform hand hygiene after handling Resident 12's urinal and did not throw the dirty gloves in the resident's trash can. RNA 1 stated washing hands and changing gloves after handling a urinal and not walking outside a resident's room with dirty gloves was important to prevent infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 2/7/2023 at 12:01 PM, the Infection Prevention (IP) Nurse stated urinal bottles should not be placed on a resident's bedside table. The IP Nurse stated the urinal should be labeled and ideally placed in the resident's bathroom. The IP Nurse stated most of the facility's residents preferred to have their urinals within reach. The IP Nurse stated the urinal should then be placed in a urinal holder within each resident's reach. The IP Nurse went to Resident 12's room, observed Resident 12 did not have a urinal holder, and attached a urinal holder to Resident 12's bed rail. The IP Nurse stated the facility staff should sanitize their hands with an alcohol-based hand sanitizer or wash with soap and water after handling a urinal, for infection control because urine could contain all kinds of infection.</p> <p>A review of the facility policy and procedure (P&P) titled, Infection Control Guidelines for All Nursing Procedures, revised 8/2012, indicated Employees must wash their hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: a. Before and after direct contact with residents; b. When hands were visibly soiled with blood or other body fluids, c. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; d. After removing gloves.</p> <p>B. During an observation on 2/6/2023 at 9:14 AM, of the laundry area there were two closet spaces, one for folding and sorting clean linen and the other for a washer and dryer. There were two wired baskets on wheels in the laundry area with a sign attached, indicating Clean Linen.</p> <p>During an observation on 2/7/2023 at 12:21 PM, the Housekeeping and Laundry Supervisor (HS) had the door opened while folding and sorting clean linen in the closet. On 2/7/2023 at 12:24 PM, HS opened the doors to the closet containing the washer and dryer, put on a disposable gown and gloves prior to removing the clean linen from the dryer and placed the line in a large, wired cart. Multiple residents walked by or maneuvered their wheelchairs in the same hallway directly next to the wired cart as HS emptied the dryer.</p> <p>During an interview on 2/7/2023 at 12:30 PM with HS and the Infection IP Nurse in the hallway, HS and IP Nurse stated clean linen should be covered to protect it from contamination. The IP Nurse stated the wired Clean Linen cart had holes which could potentially contaminate the clean linen during transportation from the dryer to the folding closet.</p> <p>A review of the facility's policy and procedure titled, Laundry and Linen Handling, revised 12/8/2022, indicated When taking clean linen to the floor to stock closets or clean linen carts, keep the linen or clothes covered.</p> <p>C. A review of Resident 28's Face Sheet indicated Resident 28 was admitted to the facility on [DATE] and readmitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 28's MDS, dated [DATE], indicated Resident 28's active diagnoses included but was not limited to squamous cell carcinoma of the skin (skin cancer), and hemiplegia (weakness on one side of the body) following a cerebral infarction (brain damage due to a loss of oxygen to the area) affecting the left nondominant side. The MDS indicated Resident 28 had clear speech, clearly expressed ideas, and wants, clearly understood verbal content, and had moderately impaired cognition (ability to think, understand, learn, and remember). The MDS indicated Resident 28 required limited assistance (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance) for bed mobility and transfers between surfaces. The MDS also indicated Resident 28 required extensive assistance for dressing, toileting, and bathing. The MDS indicated Resident 28 had functional ROM limitation in one arm and one leg.</p> <p>During an observation and interview on 2/8/2023 at 9:33 AM in the hallway, RNA 2 placed a vinyl gait belt around Resident 28's waist while seated in the wheelchair. RNA 2 assisted Resident 28 to walk along the hallway while Resident 28 held onto the handrail. RNA 2 assisted Resident 28 back to the wheelchair, removed the vinyl gait belt from Resident 28's waist and placed the gait belt in RNA 2's front shirt pocket. RNA 2 did not disinfect the gait belt. RNA 2 stated the gait belt should be removed from the resident's waist and disinfected after use.</p> <p>During an interview on 2/8/2023 at 2:11 PM, the Infection Prevention (IP) Nurse stated vinyl gait belts should be disinfected after every use or when soiled with bodily fluids. The IP Nurse stated the vinyl gait belt should have been disinfected prior to placing it into RNA 2's pocket.</p> <p>A review of the facility policy and procedure titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 7/2014, indicated Reusable items were cleaned and disinfected or sterilized between residents.</p> <p>D. On 2/6/2023 at 2:16 PM during an inspection of the medication room with the Director of Nursing (DON), there were multiple stains and residues on the countertop next to the sink. The soap dispenser above the sink was out of order. During a concurrent interview, the DON stated the countertop was filthy.</p> <p>A review of the facility policy and procedure, Storage of Medications (effective 2019) indicated . Medication storage areas shall be kept clean . free of clutter . Medication storage conditions shall be monitored on a monthly basis and corrective action taken .</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>45743</p> <p>Based on observation, interview and record review, the facility failed to ensure resident rooms measured at least 80 square feet ([sq ft], unit of measurement) per resident in multi-resident bedrooms for 21 of 24 residents' bedrooms. Rooms 101, 102, 103, 104, 105, 106, 107, 109, 110, 111, 112, 114, 115, 118, 119, 120, 121, 122, 123, 126, 127 measured less than 80 sq. ft. per resident or less than 100 sq. ft. per single resident room.</p> <p>This deficient practice had the potential to negatively affect the well-being, safety, and ability to provide care for residents housed in these rooms.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 02/06/2023, at 9:52 a.m. with Administrator (ADM), the following resident rooms were observed: Rooms 101, 102, 103, 104, 105, 106, 107, 109, 111, 112, 114, 115, 118, 119, 120, 121, 122, 123, 126, 127. Residents were able to move in and out of their rooms and there was space for resident beds, side tables and resident care equipment.</p> <p>During a review of the facility's 'Waiver of Room Size and/or beds per room' submitted by ADM dated 9/6/2023, the waiver request letter indicated the facility was requesting a room waiver for rooms that did not meet the required sq. ft. The letter also indicated there was enough space to provide each resident's care without affecting their health and safety.</p> <p>During a review of the facility's Client Accommodation Analysis form, dated 2/7/2023, the analysis form indicated the actual square footage of the following resident's rooms did not meet the requirement of 80 sq ft per resident.</p> <p>Room Number Floor Square Footage (sq ft) Number of Beds Square feet per Resident (sq ft)</p> <p>101 215 3 71</p> <p>102 215 3 71</p> <p>103 215 3 71</p> <p>104 215 3 71</p> <p>105 215 3 71</p> <p>106 215 3 71</p> <p>107 215 3 71</p> <p>109 215 3 71</p> <p>(continued on next page)</p>		

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F 0912	110 215 3 71
Level of Harm - Potential for minimal harm	111 212 3 71
Residents Affected - Some	112 215 3 71
	114 215 3 71
	115 215 3 71
	116 215 3 71
	117 147 2 73.5
	118 215 3 71
	119 215 3 71
	120 215 3 71
	121 215 3 71
	122 215 3 71
	123 215 3 71
	125 215 3 71
	126 215 3 71
	127 216 3 71
	The minimum sq. ft. for a two bedroom was 160 sq. ft.
	The minimum sq. ft. for a three bedroom was 240 sq. ft.