

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Huntington Park Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6425 Miles Avenue Huntington Park, CA 90255	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46505</p> <p>Based on interview and record review, the facility failed to ensure an accurate assessment was conducted on the lower extremities for one of three sampled residents (Resident 1).</p> <p>This failure had the potential that proper interventions necessary for an individualized care plan will not be identified and had the potential to provide poor quality care to the affected resident.</p> <p>Findings</p> <p>During a review of Resident 1's admission record, dated 3/28/2024, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including fracture (broken bone) of lower end of left femur (thigh), fracture of lower end of right femur, and osteoporosis (a condition in which bones become weak and brittle).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 8/26/2023, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 9/5/2023, the MDS indicated Resident 1 understood and was able to be understood by others. The MDS indicated Resident 1 had impairments on both lower extremities. The MDS indicated Resident 1 was dependent on staff for rolling left and right, sitting to lying, and lying to sitting on edge of bed.</p> <p>During a review of Resident 1's N Adv-Skilled Evaluation (Evaluation), dated 11/3/2023, the evaluation indicated Resident 1 was able to move all extremities with no impairment to the upper extremity (arms) range of motion and had a check mark next to amputation.</p> <p>During a review of Resident 1's N Adv-Skilled Evaluation (Evaluation), dated 11/4/2023, the evaluation indicated Resident 1 was able to move all extremities with no impairment to the upper extremity and lower extremity (legs) range of motion and had a check mark next to amputation.</p> <p>During a review of Resident 1's N Adv-Skilled Evaluation (Evaluation), dated 11/5/2023, the evaluation indicated Resident 1 was able to move the right and left upper extremities with no impairment to the upper extremity range of motion and impairment on both lower extremities range of motion and had a check mark next to amputation.</p> <p>(continued on next page)</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 1's Evaluations with the MDS nurse (MDSN) on 3/28/2024 at 2:19 p.m., the MDSN stated the documentation of the assessment was inconsistent and it was based on whoever assessed the resident at the time. The MDSN stated at the time he performed the MDS assessment, Resident 1 had impairments on both lower extremities.</p> <p>During a concurrent phone interview and record review of Resident 1's Evaluations with the Director of Nursing (DON) on 4/3/2024, the DON stated a check mark meant the selection applied. The DON stated it meant that Resident 1 had an amputation. The DON stated he did not think Resident 1 had an amputation and the evaluation was not correct. The DON stated the evaluation were an assessment of the resident and if the assessment were not correct, it can lead to improper interventions for the resident.</p> <p>During a review of the facility's policy and procedure (P&P), titled Care Plan, Comprehensive, dated 2018, the P&P indicated the care plan is based on using information gathered by the MDS, resident assessment protocols (RAP protocols) and information gathered through regular observation and assessment. The P&P indicated the care plan becomes tool for the interdisciplinary team to use as a reference for resident specific problems and approaches to establish guidance on meeting the individual needs of the resident.</p>		