

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 12/10/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50379</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 3 sampled residents ' (Resident 1) personal wheelchair was accounted for, in the resident ' s inventory list (a document where a resident ' s personal belongings are listed/ added when received), as indicated in the facility ' s policy and procedure (P&P) titled, Inventory List, Resident ' s Personal.</p> <p>This failure had the potential to result in Resident 1 ' s wheelchair lost or stolen.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 9/26/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a concurrent observation and interview on 12/10/2024 at 9:12 a.m. with Licensed Vocational Nurse (LVN 1) in the Rehabilitation Room, Resident 1 ' s identifying information was observed on an orange tag on Resident 1 ' s wheelchair. LVN 1 stated the tag was present on the wheelchair to identify Resident 1 is the wheelchair ' s owner.</p> <p>During an interview on 12/10/2024 at 9:16 a.m., the Assistant Director of Rehabilitation (ADOR) stated, Resident 1 ' s wheelchair was Resident 1 ' s personal property and did not belong to the facility.</p> <p>During a concurrent interview and record review on 12/10/2024 at 9:19 a.m. with LVN 1, Resident 1 ' s undated Inventory List was reviewed. The Inventory List did not indicate Resident 1 had a personal wheelchair. LVN 1 stated nursing or rehabilitation department staff should have updated Resident 1 ' s Inventory List to include Resident 1's wheelchair.</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 0584</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 on 12/10/2024 at 9:59 a.m. with LVN 2, the facility ' s undated P&P titled Inventory List, Resident ' s Personal and Resident 1 ' s undated Inventory List were reviewed. LVN 2 stated the P&P indicated all durable medical equipment must be included on the inventory list and signed by the resident or the resident ' s representative. LVN 2 stated Resident 1 ' s Inventory List did not indicate a signature from Resident 1, or Resident 1 ' s representative. LVN 2 stated Resident 1 ' s Inventory List did not follow the P&P because it did not include Resident 1 ' s wheelchair and was not signed by the resident or a second facility witness. LVN 2 stated Resident 1 ' s wheelchair had the potential to be lost or stolen because Resident 1 ' s Inventory List did not indicate that Resident 1 owned a wheelchair that is in the facility.</p> <p>During a concurrent interview and record review on 12/10/2024 at 11:04 a.m. with the Social Services Director (SSD), Resident 1 ' s Standard Written Order dated 8/7/2023 was reviewed. The SSD stated Resident 1 ' s Standard Written Order indicated Resident 1 had an order for a wheelchair with footplates, cushions, and accessories. The SSD stated Resident 1's Inventory List should have been updated when Resident 1 received the wheelchair in August 2023. The SSD stated, residents had the potential to have their rights violated if personal properties are missing and inventory lists are not completed, as indicated in the facility ' s P&P.</p> <p>During a review of the facility ' s undated P&P titled, Inventory List, Resident ' s Personal, the P&P indicated the purpose of inventory lists was to protect residents ' personal property and prevent loss. The P&P indicated all personal items and durable medical equipment must be indicated on the resident ' s inventory list and signed by the resident or resident representative.</p>		