

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 02/24/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to notify the physician for one of five sampled residents (Resident 4), who had a purple skin discoloration on the right upper arm. This deficient practice resulted in the physician being unaware of the resident's condition and had the potential to delay the care and services the resident will need. Findings: During a concurrent observation and interview on 2/24/2026 at 11:40 a.m., with Resident 4 in her room, Resident 4 was observed with a purple skin discoloration on her right upper arm, measuring approximately, more than an inch. Resident 4 stated, I am not sure why I have the bruise. Maybe when I went to the bathroom the other day, I hit myself in the bathroom. Resident 4 stated she was not sure if the nurse was aware of the bruise and that the nurses had not applied anything to it. During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE]. Resident 4's diagnoses included diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) hypertension (HTN-high blood pressure) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 4's History and Physical (H&P) dated 1/10/2026, the H&P indicated Resident 4 had the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 1/21/2026, the MDS indicated Resident 4 had intact cognition. Resident 4 required assistance with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer and mobility. During a review of Resident 4's care plan titled, Potential for skin breakdown / pressure ulcer development related to thin fragile skin, dated 8/17/2025, the interventions indicated to do daily body checks, monitor/ document/ report to the doctor when needed, for any changes in skin status, appearance, color, size and notify the nurse of a new area of skin breakdown, like redness, blisters, bruises or discolorations noted during bath or daily care. During an interview on 2/24/2026 at 1:54 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 she was not informed about Resident 4's bruises (an injury appearing as an area of discolored skin on the body, caused by a blow or impact rupturing underlying blood vessels) on the arm and the physician was not notified about the bruise. LVN 1 stated the bruise should have been assessed for dimensions, redness, or hardness, determine if the resident was on blood thinner medications and identify the cause of the bruise. During a review of facility Policy and Procedures (P&P) titled, Skin and Wound Monitoring and Management, dated 4/2025, the P&P indicated the licensed nurse must assess/evaluate a resident's skin at least weekly and document in the nursing notes, all areas of breakdown, excoriation, or discoloration, or other unusual findings. The CNA should observe resident skin and identify any areas of skin breakdowns, discolorations, tears or redness and communicate the findings to the licensed nurse verbally. The Licensed nurses should acknowledge findings, document pertinent information on resident's clinical records and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 056144	Facility ID: 056144 If continuation sheet Page 1 of 2

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	response/ obtain and implement treatment order as appropriate.		