

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2024
NAME OF PROVIDER OR SUPPLIER University Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 E Adams Blvd Los Angeles, CA 90011	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48661</p> <p>Based on interview and record review, the facility failed to protect the resident ' s right to be free from physical abuse (intentional bodily injury) for one sampled resident (Resident 1). Resident 1 and Resident 2 were not supervised while in the facility's smoking patio. As a result, on 4/21/2024 Resident 2 picked up a sign and hit Resident 1 in the head with the sign, resulting in Resident 1 having a small abrasion (superficial rub or wearing off the skin, usually caused by a scrape) to the right side of his head.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 1/9/2024, with diagnoses including metabolic encephalopathy (problem in the brain caused by a chemical imbalance in the blood), diabetes mellitus (a disease in which the body does not control the amount of glucose, which is a type of sugar in the blood and the kidneys make a large amount of urine), and neuropathy (nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body).</p> <p>A review of Resident 1 ' s History and Physical (H&P) dated 1/10/2024, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- standardized assessment and care planning tool) dated 1/15/2024, indicated Resident 1 ' s cognition was intact and Resident 1 required partial/moderate assistance from facility staff with upper body dressing, showering, and showering transfers. Resident 1 required supervision or touching assistance from facility staff with oral/toileting/personal hygiene, lower body dressing, and chair transfers. The MDS indicated Resident 1 required setup/clean-up assistance from facility staff for eating.</p> <p>A review of Resident 1 ' s Change of Condition (COC) Record dated 4/21/2024, indicated Resident 1 had a physical altercation with another resident. The COC indicated Resident 1 was hit on the right side of the head with an object, resulting in a scrape (skin wound that rub or tear off skin) because Resident 1 would not give a cigarette to the other resident. The COC indicated the physician ordered Resident 1 be sent to the hospital.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Social Service Note dated 4/21/2024, indicated a psychosocial (mental, emotional, social, and spiritual health) room visit was conducted by the Social Services Director (SSD). The Social Service Note indicated Resident 1 was calm during the time of visit and still felt safe.</p> <p>A review of Resident 1 ' s Psychiatric Progress Note dated 4/21/2024, indicated the resident did not want to go to the hospital and Resident 1 felt safe. The Psychiatric Progress Note indicated Resident 1 displayed self-control during the situation and medication adjustments were not warranted.</p> <p>A review of Resident 1 ' s Care Plan regarding physical aggression received from another resident dated 4/21/2024, indicated the goal of the care plan was to have no psychosocial distress. The care plan interventions indicated to provide first aid, neuro check (assessment for signs of brain injury) initiation, and nursing monitoring for 72 hours for any physical, mental, behavioral, psychological changes and to report those changes to the physician promptly.</p> <p>During an interview on 4/29/2024 at 11:31 AM, Resident 1 stated Resident 2 asked for a cigarette and when Resident 1 refused, Resident 2 then took a Wet Floor sign and hit Resident 1 on the right side of the head. Resident 1 stated there was a little bit of bleeding and staff put a bandage on the wound. Resident 1 was informed the physician ordered the resident to be transferred to acute care for evaluation, but Resident 1 refused.</p> <p>A review of Resident 2 ' s Admission Record indicated the facility admitted the resident on 2/10/2024, with diagnoses including encephalopathy (a change in how your brain functions), lack of coordination (not able to move different parts of the body together well or easily), and alcohol dependence (chronic disease in which a person craves drinks that contain alcohol and is unable to control his or her drinking).</p> <p>A review of Resident 2 ' s H&P dated 2/10/2024, indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 2 ' s MDS dated [DATE], indicated Resident 2 had moderate cognitive impairment, required partial/moderate assistance with sitting to lying, lying to sitting on the side of the bed, sitting to standing, chair/toilet transfers, and walking 10 to 50 feet with two turns.</p> <p>During an interview on 4/29/2024 at 1:50 PM, the Licensed Vocation Nurse (LVN) 1 stated a resident being physical against another resident was considered abuse. LVN 1 stated the altercation between Resident 1 and Resident 2 could have been prevented if more staff were monitoring the smoking area. LVN 1 stated the smoking patio had cameras and if staff were monitoring those cameras the altercation could have been prevented.</p> <p>During an interview on 4/29/2024 at 1:59 PM, the Registered Nurse Supervisor (RNS) stated the altercation between Resident 1 and Resident 2 was considered resident to resident abuse. The RNS stated most of the abuse incidents took place in the smoking patio and the altercation would have been prevented if residents did not have access to the smoking area outside of the designated smoking times.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/2024 at 2:40 PM, the Director of Nursing (DON) stated a patient-to-patient altercation was considered abuse. The DON stated the altercation between Resident 1 and Resident 2 could have been prevented if staff would have noticed the resident ' s going to the smoking patio and supervised Resident 1 and Resident 2.</p> <p>A review of the facility ' s policy and procedures titled, Abuse Prevention Program, dated 4/11/2024, indicated residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This included but was not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident ' s symptoms. The policy indicated as part of the resident abuse prevention, the administration will: Protect our residents from abuse by anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual.</p>		