

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 05/14/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 36395</p> <p>Based on interview and record review the facility failed to implement the care plan for one of three sampled residents (Resident 1). For Resident 1, who had altered skin integrity in the right antecubital space (part of the arm in front of the elbow) and the bilateral inner thigh, the facility failed to:</p> <ol style="list-style-type: none"> 1. Assess Resident 1 ' s right antecubital space and bilateral inner thigh every shift as indicated in the comprehensive care plan. 2. Assess Resident 1 ' s skin condition when Resident 1 was readmitted to the facility on [DATE]. <p>These deficient practices had the potential for the Resident 1 to have infection on the antecubital space, the inner thigh, and the skin graft site.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 12/27/23 and readmitted Resident 1 on 4/19/24 with diagnoses including schizophrenia (serious mental illness that affects how a person thinks, feels, and behaves) and anxiety disorder.</p> <p>During a review of the Minimum Data Set (MDS, standardized care and health screening tool) dated 4/1/24 indicated Resident 1 was cognitively intact. Resident 1 needed set-up (helper sets up or cleans up, resident completes activity) with eating, oral hygiene, toileting hygiene, shower, upper and lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During a review of Resident 1 ' s care plan initiated on 3/29/24 and revised on 4/3/24, indicated Resident 1 had altered skin integrity secondary to coffee spill: redness on bilateral inner thigh and right antecubital space. The care plan goal indicated the redness will resolve without complications. The interventions included to assess the skin every shift to determine skin status.</p> <p>During an interview on 5/14/24 at 10:43 a.m., licensed vocational nurse (LVN 1) treatment nurse stated Resident 1 had suffered a burn on Resident 1 ' s right antecubital space and bilateral inner thighs. LVN 1 stated the skin assessment are done by the other LVNs when they apply the Neosporin (medication applied to the skin to prevent infections in minor cuts, scrapes or burns) to the burn sites.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/14/24, at 10:48 a.m., Resident 1 stated she suffered a burn on her right antecubital space and her inner thighs due to coffee spill. Resident 1 also stated a skin graft (surgical procedure that involves removing healthy skin from one area of the body to another) was taken from her left thigh and placed on the burn site on her right antecubital space.</p> <p>During concurrent interview and record review, on 5/14/24 at 1:48 p.m., Resident 1 ' s Admission Assessment on 4/19/24 for the skin was reviewed with the Director of Nursing (DON). DON stated the skin assessment was not completed on re-admission on 4/19/24 and DON also stated she was unable to find skin assessment for Resident 1 ' s burn sites and skin graft. DON stated it is important to perform skin assessment to ensure the skin condition will not have complications such as infection.</p> <p>A review of the facility's policy and procedures (P &P) titled Care Plans, Comprehensives Person-Centered reviewed on 10/23 indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>A review of the facility's P & P reviewed on 10/23 titled Admission Assessment and Follow Up: Role of the Nurse indicated upon resident ' s admission conduct a physical assessment that included the skin. The same Policy indicated conduct supplemental assessments (following facility forms and protocol) that included skin assessment.</p> <p>A review of the facility's P & P titled Pressure Ulcers/Skin Breakdown - Clinical Protocol, reviewed on 10/23 indicated the staff will examine the skin of a new admission for ulcerations or alterations in skin.</p>		