

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 08/27/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 ensure residents that had a fall were assessed by the physical therapist (PT, health professionals that evaluate and take measures to enhance a person 's physical function for two of two sampled residents (Resident 1 and Resident 2). The facility failed to ensure a PT evaluation was done for Resident 1 after Resident 1 had an unwitnessed fall on 8/12/24. The facility also failed to perform a PT evaluation for Resident 2 when Resident 2 had an unwitnessed fall on 8/14/24.</p> <p>These deficient practices had the potential for the facility not to identify the causative factors of the fall and ensure Resident 1 and Resident 2 were provided with safety awareness and interventions to prevent further falls.</p> <p>Findings:</p> <p>1. During a review of the Admission Record indicated the facility admitted Resident 1 on 9/2/22 with diagnoses including hemiplegia (one sided muscle paralysis or weakness) and hemiparesis (one sided muscle weakness) following cerebral infarction (loss of blood flow to part of the brain) affecting left side, generalized muscle weakness and abnormal posture.</p> <p>During a review of the Minimum Data Set (MDS, standardized care and health screening tool) dated 6/1/24 indicated Resident 1 had severely impaired cognitive skills. Resident 1 needed substantial assistance (helper does more than half the effort) with oral hygiene, toileting hygiene, shower, upper/lower body dressing, putting on/taking off footwear, personal hygiene, and supervision with eating.</p> <p>During a review of the Change of Condition dated 8/12/24 at 2:59 a.m., indicated Resident 1 had unwitnessed fall on 8/12/24 at 2:59 a.m. Resident 1 was found on the floor and had a bump on right side of the forehead above the eyebrow. The primary physician was notified.</p> <p>2. During a review of the Admission Record indicated the facility admitted Resident 2 on 6/13/23 with diagnoses including right hip osteoarthritis (when the tissues that lines the joints are worn down and bones rub against each other), abnormal posture and lack of coordination.</p> <p>During a review of the MDS dated [DATE] indicated Resident 2 had severely impaired cognitive skills. Resident 2 needed substantial assistance with eating, oral hygiene, toileting hygiene, shower, upper/lower body dressing, putting on/taking off footwear and personal hygiene.</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
---	-------	-----------

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 08/27/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the COC dated 8/14/24 at 10:04 p.m., indicated Resident 2 had unwitnessed fall on 8/14/24. Resident 2 was found on the mat beside his bed with laceration on his left cheek and the right thumbnail was partially detached. The COC indicated Resident 2 was unable to remember why he fell . Resident 2 ' s primary physician was notified and had no new orders.</p> <p>During an interview on 8/27/24 at 11:13 a.m., the director of rehabilitation (DOR) stated all falls should be reported to the rehabilitation department. DOR stated there was no PT evaluation done for Resident 1 after she had a fall on 8/12/24 and no PT evaluation for Resident 2 after he had a fall on 8/14/24. DOR stated PT evaluation is done after the fall to increase Resident 1 ' s and Resident 2 ' s safety awareness and ensure that Resident 1 and Resident 2 will not hopefully, fall again.</p> <p>During an interview on 8/27/24 at 11:29 a.m., the director of nursing (DON) stated there was no PT evaluation done for Resident 1 after Resident 1 fell on [DATE]. DON also stated there was no PT evaluation done for Resident 2 after he had a fall on 8/14/24. DON stated Resident 1 and Resident 2 should have PT evaluation after the fall for safety awareness.</p> <p>During a review of the facility's policy and procedures titled Assessing Falls and Their Causes reviewed on 8/15/24 indicated performing a post fall evaluation included: after a first fall, a nurse and/or physical therapist will watch the resident attempt to rise from a chair without using his or her arms, walk several paces and return to sitting and will document the results of this effort. If the individual has no difficulty or unsteadiness, no further evaluation is needed at that time. If the individual has difficulty or is unsteady in performing this test, additional evaluation may be initiated as warranted.</p>		