

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 11/08/2024
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 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</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 notify the resident ' s representative when resident was moved from one room to another for one of two sampled residents (Resident 1). For Resident 1 who was moved from Room A to Room B on 10/11/24, the facility failed to inform Resident 1 ' s responsible party (RP) and the reason for the change of rooms before moving Resident 1 on 10/11/24.</p> <p>This deficient practice resulted in Resident 1 and Resident 1 ' s RP not given their right to know and the reason for the move before moving Resident 1 from Room A to Room B.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including cerebral infarction (when the blood supply to the part of the brain is blocked or reduced) affecting the right side and developmental disorder of speech and language.</p> <p>During a review of the Minimum Data Set (MDS, federally mandated resident assessment tool) dated 8/1/24 indicated Resident 1 had severely impaired cognitive (mental ability to make decisions of daily living) skills. Resident 1 needed substantial assistance (helper does more than half of the effort) with oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear, personal hygiene, and moderate assistance (helper does less than the effort) with eating.</p> <p>During a review of the Social Service Note dated 10/14/24 at 4:08 p.m., the notes indicated Resident 1 ' s room was changed from Room A to Room B on 10/11/24. The notes did not indicate Resident 1 ' s RP was notified nor indicated the reason why Resident 1 was transferred from Room A to Room B.</p> <p>During a telephone interview on 11/8/24 at 11:24 a.m., the social service designee (SSD) stated before moving the resident, the resident and the family should be notified.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/8/24 at 1 p.m., the social service assistant (SSA) stated on 10/11/24 the SSD informed the SSA that Resident 1 will be moved from Room A to Room B. SSA stated prior to moving Resident 1, Resident 1 ' s RP should be notified first. SSA stated she tried calling the RP but was unable to leave a message. SSA stated she did not document in the progress notes that she called the RP to inform the RP that Resident 1 will be moved from Room A to Room B.</p> <p>During a review of the facility Policy and Procedures (P&P) titled Change in a Resident ' s Condition or Status reviewed on 8/15/24 indicated unless otherwise instructed by the resident, a nurse will notify the resident ' s representative that included when there is a need to change the resident ' s room assignment.</p> <p>During a review of the facility P&P titled Transfer, Room to Room reviewed on 8/15/24 indicated orient the resident to the transfer in a form and manner that the resident can understand. Provide the resident with information that included that his or her family and visitors will be informed of the room change and why the transfer is taking place.</p>		