

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  08/28/2025
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide comfortable room temperature for one of four sampled residents (Resident 1). For Resident 1, the facility failed to ensure Resident 1's room had a room temperature between 71 degrees ( ) Fahrenheit (F, measurement of temperature) to 81 F. Resident 1's room had a room temperature of 84 F on 8/28/25. This deficient practice resulted in Resident 1 stating his room .gets hot and stated he felt uncomfortable. During a review of the admission Record indicated the facility admitted Resident 1 on 6/5/21 and re-admitted on [DATE] with diagnoses including end stage renal disease (kidneys [body organ that remove waste and balance body's fluids] no longer work to meet the body's needs) and depression. During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 6/1/25 indicated Resident 1 was cognitively intact. Resident 1 needed moderate assistance (helper does less than the effort) with toileting hygiene, shower/bathe, lower body dressing, putting on/taking off footwear, supervision with upper body dressing, personal hygiene and set-up with eating and oral hygiene. During an interview on 8/28/25 at 12:10 p.m. Resident 1 stated his room's temperature . gets hot and uncomfortable. Resident 1 stated he uses the electric fan but .it helps a little bit. to cool down the room temperature. During observation and concurrent interview on 8/28/25 at 12:39 p.m. the room temperature was measured by the maintenance supervisor (MS) using the facility's infrared thermometer. The following residents' rooms have the following temperature: room [ROOM NUMBER] - 84 F room [ROOM NUMBER] (where Resident 1 lives) - 84 F [NAME] 106 - 84 F [NAME] 105 - 84 F During concurrent interview on 8/28/25 at 12:39 p.m., the MS stated the residents' room temperature should be between 71 F to 81 F. During a review of the facility's policy and procedures (P&amp;P) titled Homelike Environment reviewed on 1/16/25, the P&amp;P indicated residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximize to the extent possible the characteristics of the facility that reflect a personalized, homelike setting. These characteristics included comfortable and safe temperature (71 F to 81 F.)</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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