

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  09/22/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure services provided to the resident meet professional standard of practice for one of three sampled residents (Resident 1).For Resident 1 the facility failed to ensure the certified nursing assistant (CNA 1) and CNA 1's friend did not ask for money from Resident 1.This deficient practice may potentially expose Resident 1 to financial abuse (willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish). During a review of the admission Record indicated the facility admitted Resident 1 on 2/19/08 and re-admitted on 6/8 /23 with diagnoses including quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and anemia (a condition where the body does not have enough healthy red blood cells).During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 8/1/25 indicated Resident 1 was cognitively intact. Resident 1 was totally dependent on oral hygiene, toileting hygiene, shower, upper/lower body dressing, putting on/taking off footwear, personal hygiene and substantial assistance (helper does more than half the effort) with eating.During a telephone interview on 9/22/25 at 8:30 a.m., Resident 1's next of kin (NOK) stated Resident 1 had been giving money to CNA 1. During an interview on 9/22/25 at 9:05 a.m., certified nursing assistant (CNA 2) stated it is wrong to ask money from Resident 1. CNA 2 stated .it is wrong because we are here to help. Resident 1.During an interview on 9/22/25 at 9:11 a. m., CNA 3 stated it is inappropriate to ask money from Resident 1 .because it is financial abuse.During an interview on 9/22/25 at 9:44 a.m., the social service designee (SSD) stated it was CNA 1's friend who owed Resident 1 \$3000.00 in 2020. CNA 1's friend had not paid back Resident 1. SSD further stated Resident 1 refused to give more information about CNA 1's friend and the money. During a telephone interview on 9/22/25 at 4:24 p.m., the administrator (ADM) stated Resident 1 lent \$3,000.00 to CNA 1's friend in 2020, but CNA 1's friend only paid back Resident 1 \$200. 00. ADM stated the facility learned about the money owed to Resident 1 on 9/6/25. ADM stated CNA 1 had five years to report that CNA 1's friend owed Resident 1 money. ADM stated CNA 1 should have reported the incident to the facility. During a review of the facility's policy and procedures (P&amp;P) titled Identifying Exploitation, Theft and Misappropriation of Resident Property reviewed on 1/16/25 indicated staff and providers are expected to report suspected exploitation, theft or misappropriation of resident property. During a review of the facility's P&amp;P titled Compliance and Ethics Program - Code of Conduct and Statement of Purpose reviewed on 1/16/25, indicated the objective of the compliance and ethics program included:1.increase the likelihood of identifying and preventing unlawful and unethical behavior2. encourage employees to report potential problems and provide mechanisms for internal inquiry and corrective actions.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056206
		If continuation sheet Page 1 of 1