

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2026
NAME OF PROVIDER OR SUPPLIER  Grand Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  2312 West 8th Street Los Angeles, CA 90057	

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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on interview and record review the facility failed to ensure Utility Nurses (licensed or unlicensed nursing support staff) had competency and skills assessment done upon hire and yearly for two of six sampled employees hired as Utility Nurses. This deficient practice had the potential to compromise the residents' safety when the Utility Nurses are not adequately trained. During a concurrent interview and record review on 1/7/26 at 11:19 a.m., the employee file of Utility Nurse 1 and Utility Nurse 2 was reviewed with the Director of Staff Development (DSD). The DSD stated Utility Nurse 1 was hired initially in the dietary department and started working as Utility Nurse on 2/25/25. DSD stated Utility Nurse 2 was initially hired in the dietary department and started working as Utility Nurse on 8/19/25. DSD stated Utility Nurse 1 and Utility Nurse 2 had competency/checklist for the dietary department but there was no checklist/competency for working as Utility Nurse. DSD stated the competency should be done upon hire and yearly to ensure Utility Nurse 1 and Utility Nurse 2 were doing the right procedure for resident care. During an interview on 1/7/26 at 12:27 p.m., the Director of Nursing (DON) stated it is important to have competency and skills done upon hire and yearly to ensure Utility Nurse 1 and Utility Nurse 2 were able to safely and competently perform their duties. During a review of the facility Policy and Procedures (P&amp;P) titled Utility Nurse revised on 1/25 indicated, Utility nurses shall receive orientation on call light response, resident safety and fall prevention, communication protocols, scope of practice and emergency procedures. Competency shall be assessed upon hire and annually.</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: 056244	If continuation sheet Page 1 of 1