

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Hyde Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 West Blvd. Los Angeles, CA 90043	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49906</p> <p>Based on interview and record review, the facility failed to report to the California Department of Public Health (CDPH), a fall that resulted in a hip fracture (broken bone) after it was reported to the facility by a general acute care hospital (GACH).</p> <p>This deficient practice had the potential to lead to severe complications, including prolonged pain, blood clots (semi-solid masses that form and could block blood flow), and potentially death.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included paraplegia (paralysis in the lower half of the body), muscle wasting and atrophy (loss of muscle and strength), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had cognitive (ability to think and reason) impairment and to the resident monitor for safety and function.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] -a resident assessment tool), dated [DATE], the MDS indicated Resident 1 had the ability to express ideas and wants, and the ability to understand others. The MDS indicated Resident 1 was totally dependent (full staff performance) on staff with a two-person physical assist for transfer (how the resident moves between surfaces) and activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1's Change in Condition (COC) Evaluation report, dated [DATE] at 11:45 a.m., the COC indicated on [DATE], Resident 1 reported to staff that he fell to the floor and hit his knees while being assisted by CNA 1 (Certified Nursing Assistant) during a transfer from bed to chair.</p> <p>During a review of the facility's document titled Risk Management, dated [DATE] at 12:25 p.m., the document indicated Resident 1 complained of knee pain at a level of 8 out of 10 (,d+[DATE] on the pain scale [a numerical tool used to assess the intensity of pain] indicates severe pain).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056435
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's progress note dated [DATE] at 10:08 a.m., the progress note indicated Resident 1 continued to complain of right knee pain at a level of 8 out of 10. Resident 1's physician was notified and ordered Resident 1 be transferred to a general acute care hospital (GACH) for further evaluation.</p> <p>During a review of Resident 1's GACH emergency room (ER) admission record, dated [DATE] at 11:08 p.m., the GACH ER admission record indicated Resident 1 was had a fall with pain to the right lower extremity (leg).</p> <p>During a review of Resident 1's GACH records, Resident 1 was admitted to the GACH on [DATE]. The GACH ER X-ray (machine that creates an image of the inside of the body) Reports dated [DATE] at 11:00 p. m., and [DATE] at 8:55 a.m., indicated there was an acute (immediate) fracture (broken bone) through the right femoral neck (part of the thigh bone below the hip joint). Resident 1 was discharged from the GACH on [DATE].</p> <p>During an interview on [DATE] at 11:45 a.m., with Resident 1, Resident 1 stated on [DATE], CNA 1 was transferring him from the bed to a Geri-chair (a supportive reclining chair that provides more support and comfort than a wheelchair) using a Hoyer Lift (mechanical lift- a device used to transfer residents from a bed to a chair or other similar places) without assistance from a second person. Resident 1 stated the battery died on the lift and CNA 1 lowered the resident back on the bed to go get batteries. Resident 1 stated, CNA 1 returned and on the second attempt, he fell to the floor on his knees. Resident 1 stated CNA 1 helped him back into the bed and left the room.</p> <p>During an interview on [DATE] at 2:17 p.m. with the Director of Nursing (DON), the DON stated the GACH called the facility, while Resident 1 was still admitted , to report Resident 1 had a fracture. The DON stated the incident was not reported to CDPH because the fall was witnessed by CNA 1.</p> <p>During an interview on [DATE] at 3:02 p.m. with the Assistant Administrator (AADM), the AADM stated there was no need to report the incident to CDPH because it was a witnessed fall. The AADM also stated once the GACH reported the injury to the facility, he thought the GACH would also report to CDPH.</p> <p>During a review of the facility's P&P titled Incident Reporting for Residents or Visitors, dated [DATE], the P&P indicated the facility will report to federal and state agencies as defined by those agencies. The P&P also indicated the facility will report an event involving a resident with undesirable results or outcomes.</p>		

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<p>F 0689</p> <p>Level of Harm - 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** 49906</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services to prevent a fall for one of three sampled residents (Resident 1) by failing to:</p> <p>1. Ensure Certified Nursing Assistant (CNA) 1 provided a two-person physical assist (help from two persons) when using a Hoyer Lift (mechanical lift- a device used to transfer residents from a bed to a chair or other similar places) to transfer Resident 1 from the bed to a Geri-chair (padded chair to provide comfort and support for people with limited mobility).</p> <p>This deficient practice caused Resident 1 to fall and sustain an acute (immediate) fracture (broken bone) of the right femoral neck (part of the thigh bone below the hip joint). Resident 1 was transferred to a general acute care hospital (GACH) for evaluation and treatment five days after the fall.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included paraplegia (paralysis in the lower half of the body), muscle wasting and atrophy (loss of muscle and strength), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had cognitive impairment and to monitor for safety and function.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] -a resident assessment tool), dated [DATE], the MDS indicated Resident 1 had the ability to express ideas and wants, and the ability to understand others. The MDS indicated Resident 1 was totally dependent (full staff performance) on staff with a two-person physical assist for transfer (how the resident moves between surfaces) and activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1's care plan titled, The resident has an alteration in musculoskeletal status related to paraplegia ., dated [DATE], the care plan indicated interventions to assist Resident 1 with the use of supportive devices (primarily used to assist residents with moving from one place to another and with personal care).</p> <p>During a review of Resident 1's Physical Therapy (PT) Report, Progress Report & Updated Therapy Plan, dated [DATE] - [DATE], the report indicated Resident 1 should be transferred between surfaces using a Hoyer Lift.</p> <p>During a review of Resident 1's Change in Condition Evaluation (COC) report, dated [DATE] at 11:45 a.m., the COC indicated on [DATE], Resident 1 reported to staff that he fell to the floor and hit his knees while being assisted by CNA 1 (Certified Nursing Assistant) during a transfer from bed to chair.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's progress note dated [DATE] at 12:14 p.m., the progress note indicated on [DATE], Resident 1 reported that while transferring from bed to chair with CNA 1, he fell to his knees. The progress note indicated Resident 1 had complaints of knee pain and a small skin tear (a traumatic wound that occurs when the layers of the skin separate due to friction, removal of adhesive, or blunt force) to the right knee. The progress noted indicated all findings were reported to the physician, and given an order of an X-Ray (machine that creates an image of the inside of the body), to both knees.</p> <p>During a review of the facility's document titled Risk Management, dated [DATE] at 12:25 pm, the document indicated Resident 1 complained of knee pain at a level of 8 out of 10 (,d+[DATE] on the pain scale [a numerical tool used to assess the intensity of pain] indicates severe pain).</p> <p>During a review of Resident 1's progress note dated [DATE] at 10:08 a.m., the progress note indicated Resident 1 continued to complain of right knee pain at a level of 8 out of 10. Resident 1's physician was notified and ordered Resident 1 be transferred to a general acute care hospital (GACH) for further evaluation.</p> <p>During a review of Resident 1's GACH emergency room (ER) admission record, dated [DATE] at 11:08 p.m., the GACH ER admission record indicated Resident 1 was evaluated for a fall with complaints of pain in the right lower extremity (leg).</p> <p>During a review of Resident 1's GACH records, Resident 1 was admitted to the GACH on [DATE]. The GACH ER X-ray Reports dated [DATE] at 11:00 p.m., and [DATE] at 8:55 a.m., indicated there was an acute fracture through the right femoral neck (part of the thigh bone below the hip joint). Resident 1 was treated for severe pain with medication while in the GACH. Resident 1 was discharged from the GACH on [DATE] with instructions to repeat hip x-ray in four to six weeks to evaluate healing.</p> <p>During a review of Resident 1's facility progress note, dated [DATE] at 4:35 p.m., the progress note indicated Resident 1 returned to the facility from the GACH.</p> <p>During an observation on [DATE] at 11:45 a.m., in Resident 1's room, Resident 1 was observed asleep. The bed was in a high position, the side table was to the right of Resident 1 with a radio, headphones, and a bottle of water on the table.</p> <p>During an interview on [DATE] at 11:45 a.m., with Resident 1, Resident 1 stated on [DATE], CNA 1 was transferring him from the bed to a Geri-chair (a supportive reclining chair that provides more support and comfort than a wheelchair) using a Hoyer Lift without assistance from a second person. Resident 1 stated the battery died on the lift and CNA 1 lowered the resident back on the bed to go get batteries. Resident 1 stated, on the second attempt, he fell to the floor on his knees. Resident 1 stated CNA 1 helped him back into the bed and left the room. Resident 1 stated CNA 1 had not transferred him before.</p> <p>During an interview on [DATE] at 12:03 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on [DATE] around noon, Resident 1's call light was on. LVN 1 stated she went to the room and Resident 1 stated he fell out the bed earlier and CNA 1 put him back in. LVN 1 stated Resident 1 was always transferred using a Hoyer Lift and a required two persons assist.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:00 p.m., with CNA 2, in Resident 1's room, CNA 2 stated there should always be two staff available to lift or transfer a resident for safety reasons. CNA 2 stated CNA 1 had worked at the facility a few months and had never asked her for help with the Hoyer Lift.</p> <p>During an interview on [DATE] at 1:20 p.m. with the Maintenance Supervisor (MS), the MS stated the Hoyer Lift ran on electricity and changing the battery was only for the built in weighing scale used to get a residents' weight. The MS stated if the lift stopped working, it would need to be plugged in to charge before continuing use.</p> <p>During an interview on [DATE] at 3:02 p.m. with the Assistant Administrator (AA), the AA stated Hoyer Lifts should be operated by two people.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Fall Prevention Program, dated [DATE], the P&P indicated the facility will make the environment as free of accident hazards as possible. The P&P indicated the facility's priority was resident safety, supervision, and assistance to prevent accidents.</p> <p>During a review of the facility's P&P titled Lifting Procedures Using a Mechanical Lift, dated [DATE], the P&P indicated the facility will protect the safety and well-being of residents and staff. The P&P indicated the facility will promote quality care, use appropriate techniques and devices to lift and transfer residents.</p> <p>During a review of an undated Manufacturer's User Manual titled Protekt 600 Lift Power Patient Lift Model: 33600 the user manual indicated a recommendation to use two persons assist for lifting and transferring procedures.</p> <p>During a review of the facility's Certified Nursing Assistant (CNA) Job Description, undated, the CNA Job Description indicated responsibilities and accountabilities include implementing care according to the care plan. The CNA Job Description indicated helping residents with their ADLs, and proper lifting and transitioning from bed to wheelchair, wheelchair to bed, etc.</p>