

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  04/10/2025
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 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> 45657</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of seven sampled Residents (Resident 3 and Resident 7) were provided a clean homelike environment by failing to ensure the residents bed linen were changed daily or when soiled.</p> <p>This deficient practice had the potential to spread of infection and placed the residents at risk for physical discomfort.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and re admitted on [DATE]. Resident 3 ' s diagnoses included schizophrenia (a mental illness that can affect thoughts, mood and behavior), anxiety disorder (excessive worry, fear, and other physical and behavioral symptoms that interfere with daily life), unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).</p> <p>During a review of Residents 3 ' s Minimum Data Set (MDS - a resident assessment tool) dated 1/21/2025, the MDS indicated Resident 3 was able to understand and be understood by others. The MDS indicated Resident 3 required partial to moderate assistance for Activities of Daily Living (ADLs) such as bed mobility, transfers, walking, eating, personal hygiene and toileting.</p> <p>During a concurrent observation and interview on 4/10/2025 at 10:07 p.m. with Resident 3, in Resident 3 ' s room. Resident 3 ' s bed linen was observed covered with black and brown spots across the bottom half of the bed. Resident 3 stated the nurses had not changed his linen for a long time. Resident 3 stated the nurses did not change his linen every day. Resident stated he did not feel comfortable laying down in dirty linen.</p> <p>During an interview on 4/10/2025 at 1:20 p.m. with Certified Nurse Assistant (CNA) 2, CNA 2 stated Resident 2 ' s bed linen was dirty, and she did not know when the resident ' s bed linen was last changed. CNA 2 stated it was not acceptable that Residents laid down on soiled linen and it was important to keep the linen nice and clean for the residents. CNA 2 stated it was a resident ' s right to be in a clean environment.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of resident 7 ' s Admission Record, the Admission Record indicated Resident 7 was originally admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), muscle waste and atrophy (weakening, shrinking, and loss of muscle), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of residents 7 ' s MDS dated [DATE], the MDS indicated Resident 7 was able to understand and be understood by others. The MDS indicated Resident 7 required substantial/maximal assistance for ADLs such as bed mobility, transfer, walking, eating, personal hygiene and toileting.</p> <p>During an interview on 4/10/2025 at 11:51 a.m. with Certified Nurse Assistance (CNA) 3, CNA 3 stated Resident 7 ' s bed linen was dirty. CNA 3 stated the bed linen needed to be changed daily and. it was the facility ' s policy to apply clean linen in Residents beds.</p> <p>During an observation on 4/10/2025 at 12:30 p.m. in Resident 7 ' s room, Resident 7 ' s bed linen was dirty with dry black and red spots.</p> <p>During an interview on 4/10/2025 at 3:30 p.m. with the Director of Nursing (DON), the DON stated the bed linens should be changed daily. The DON stated it was important due to infection control, prevention of skin breakdown, skin irritations and Resident dignity. The DON stated it was the facility ' s responsibility to maintain a home like environment for Residents such as keeping ensuring residents had clean linen on their beds.</p> <p>During a review of the facility's Certified Nursing Assistant- Job Description dated 5/2017, specific areas of responsibility included providing resident hygiene and comfort measures, making both occupied and unoccupied beds.</p> <p>During a review of the facility ' s policy and procedures (P&amp;P) titled, Resident ' s Homelike Environment dated 12/2017, the P&amp;P indicated, the facility staff and management shall maximize, to the extended possible, the characteristics of the facility that reflect a personalized, homelike setting, cleanliness and order.</p>		