

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 05/14/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</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 safely discharge one of three sampled residents (Resident 1) when:</p> <p>1. The facility discharged Resident 1 from the facility, without his knowledge, request, or consent, against medical advice (AMA), on 5/2/2025.</p> <p>This deficient practice placed the resident at risk for avoidable physical and psychosocial harm due to their discharge without confirmation of his whereabouts and/or safety.</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] and readmitted on [DATE]. Resident 1 ' s diagnoses included schizophrenia (a mental disorder characterized by disturbances in thought), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 4/11/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] -a resident assessment tool), dated 3/30/2025, the MDS indicated Resident 1 had the ability to express ideas and wants, and the ability to understand others. The MDS indicated the resident was independent with indoor mobility (the ability to move or be moved freely).</p> <p>During a review of Resident 1 ' s Care Plan Report dated 3/31/2025, the care plan indicated Resident 1 was an elopement risk related to history of attempts to exit facility.</p> <p>During a review of Resident 1 ' s Wandering & Elopement Risk Assessment, the assessment indicated Resident 1 had a score of three out of four (Significant Actual Risk).</p> <p>During a review of Resident 1 ' s physician order, dated 4/24/2025, the order indicated Resident 1 was permitted to leave the facility, one time only, out on pass (OOP), not to exceed four hours.</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 0627</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 physician order, dated 4/25/2025, the order indicated Resident 1 was permitted to leave the facility, OOP.</p> <p>During a review of Resident 1 ' s Progress Note dated 5/1/2025 7:10 am, the progress note indicated Resident 1 was on monitoring for increased agitation, yelling, screaming, and talking to himself. The progress note also indicated Resident 1 went to the smoking patio and snatched a cigarette out of another residents ' mouth and the police came but nothing was resolved.</p> <p>During a review of Resident 1 ' s Release for Temporary Absence log, the log indicates dates from 4/24/2025 through 5/1/2025. The 5/1/2025 entry consists of the date and time 8:30 only. The fields for resident signature, phone number, destination, anticipated time of return, date and actual time returned with facility representative signature, were blank.</p> <p>During a review of the Interdisciplinary Team (IDT) Note dated 5/2/2025, the IDT Note indicated the resident would be considered a discharge AMA.</p> <p>During a review of the Notice of Proposed Transfer/discharge date d 5/2/2025, and the Physician Discharge Summary dated 5/2/2025, both indicated an effective date of 5/2/2025 discharge to AMA after out on pass.</p> <p>During an interview and concurrent record review on 5/14/2025 at 8:04 am, with Certified Nursing Assistant (CNA) 1, Resident 1 ' s Release for Temporary Absence log was Reviewed. CNA 1 stated, on 5/1/2025 at 8:30 am, Resident 1 stopped at the designated desk to sign the log. CNA 1 stated he did not notice that Resident 1 did not complete the log before leaving. CNA 1 stated Resident 1 stated he was going to the post office.</p> <p>During an interview on 5/14/2025 at 8:37 am, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she previously asked Resident 1 to inform her when he was leaving, but that he gets verbally aggressive often when she spoke to him and she was concerned about him becoming physical.</p> <p>During an interview on 5/14/2025 at 3:00 pm, with the Assistant Administrator (AADM), the AADM stated Resident 1 went out on pass and did not return, so we considered he left Against Medical Advice (AMA). The AADM stated Resident 1 did not have a phone and attempts to reach his emergency contact were unsuccessful. The AADM stated the facility did not know Resident 1 ' s whereabouts, or the reason he did not return within the four-hour timeframe when the facility discharged him.</p> <p>During a review of the facility Policy and Procedure (P&P) titled Resident on Pass, dated 12/2016, the P&P indicated all residents leaving the facility must be signed out. Resident 1 did not sign out from the facility.</p>		