

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 09/18/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to: 1. Follow Enhanced Barrier Precautions ([EBP] - an infection control intervention designed to reduce transmission of multi-drug-resistant organisms) for one of four sampled residents (Resident 4). This deficient practice had the potential to result in cross contamination (the process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effect) and an increased risk of developing and spreading infection to Resident 4 and other residents and staff in the facility. Findings: During a review of Resident 4's admission Record, the admission Record indicated, Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 4's diagnoses included hepatic encephalopathy (condition that occurs when the liver is unable to properly filter toxins from the blood), chronic obstructive pulmonary disease ([COPD] - a chronic lung disease causing difficulty in breathing), and dementia (a progressive state of decline in mental abilities). During a review of Resident 4's History and Physical (H&P), dated 2/4/2025, the H&P indicated, Resident 4 did not have the mental capacity to make medical decision. During a review of Resident 4's Minimum Data Set ([MDS] - a resident assessment tool), dated 8/11/2025, the MDS indicated, Resident 4 had severely impaired cognitive skills (problems with ability to think, use judgement, and reason) for daily decision making. The MDS indicated, Resident 4 was totally dependent (helper does all of the effort) on staff with eating, oral hygiene, and toileting hygiene. The MDS indicated, Resident 4 had one stage 4 pressure ulcer (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) that was present upon admission. During an observation on 9/18/2025 at 9:25 a.m., in Resident 4's room, Certified Nurse Assistant 1 (CNA 1) was not wearing a gown while administering Activities of Daily Living ([ADL's] - activities such as bathing, dressing and toileting a person performs daily) to Resident 4. During an interview on 9/18/2025 at 10:40 a.m., with CNA 1, CNA 1 stated Resident 4 was on EBP because she had an open wound on her body. CNA 1 stated she forgot to use a gown when she administered ADL care to Resident 4. During an interview on 9/18/2025 at 11:54 a.m. with the Director of Staff Development (DSD), the DSD stated EBP is practiced on residents that have a medical device such as gastrostomy tube ([GT] - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), foley catheter (a thin, flexible tube inserted into the bladder to drain urine) or have a wound. The DSD stated when providing care for residents under EBP, staff are supposed to wear gloves, mask, and gown to protect the residents from acquiring and spreading multi-drug-resistant organisms ([MDRO] - microorganisms, predominantly bacteria that are resistant to one or more classes of antimicrobial agents). During an interview on 9/18/2025 at 12:19 p.m., with the Director of Nursing (DON), the DON stated staff need to wear a gloves, mask, and gown when performing care for residents on EBP to prevent the spread of infection and cross contamination. During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precaution, dated 6/2022, the P&P indicated, It is the policy of the facility to ensure that the isolation procedure standard is based on the most up-to-date infection control practice. The P&P also indicated to use EBP for high-contact resident care activities by using gown and glove during dressing, bathing/showering, transferring, providing hygiene, changing linen, and changing briefs or assisting with toileting.</p>		