

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 10/11/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>(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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure one of five (5) sampled residents (Resident 1), who was confused with diagnoses including schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions), suicidal ideations (thoughts, wishes, or preoccupations with death or self-harm), bipolar disorder (a mental condition marked by alternating periods of elation and depression), major depressive disorder (mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities) and diabetes mellitus (DM, abnormal blood sugar level), did not elope from the facility on 9/25/2025. The facility failed to: 1. Ensure Resident 1's elopement risk assessment included the resident's cognition (ability to think and process information) and poor judgement (inability to make decision that prioritize safety) as indicated in the facility's Nursing Procedures titled, Wandering (aimlessly walking around) & Elopement (likelihood of resident leaving the facility supervised) Risk Assessment. 2. Follow its Policy and Procedure (P&P) titled, Elopement Behavior Management, which indicated the facility will ensure each resident at risk for elopement was identified, assessed and provided appropriate interventions and supervision. 3. Ensure Resident 1 was reassessed for wandering and elopement risk on 9/24/2025 after Resident 1 had a Change of Condition ([COC] a clinical deviation from a resident's baseline). 4. Ensure Resident 1's physician's recommendation to the Director of Nursing (DON) to initiate a 5150 hold (a hold that allows a qualified person to involuntarily detain a patient for up to 72 hours for psychiatric evaluation if they are a danger to themselves, a danger to others, or gravely disabled [unable to provide for their basic needs] due to a mental disorder), to allow for immediate psychiatric evaluation (a comprehensive assessment conducted by a mental health professional to understand a patient's mental health condition) and stabilization (a short-term care provided for patients struggling with a mental health crisis) was followed. As a result, on 9/25/2025 at 2:40 a.m., Resident 1 eloped from the facility and as of 10/20/2025 (25 days later), Resident 1 had not been found. There was a likelihood for Resident 1 to be exposed to medical complications such as malnutrition (lack of proper nutrition), dehydration (when the body doesn't have enough fluid to function properly), hypoglycemia (low blood sugar), exposure to harsh (severe) environmental conditions such as cold weather, fire, possible motor vehicle accident, self-harm and/or possible death. On 10/9/2025 at 4:26 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation has cause, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of Administrator (ADM), Assistant Administrator (AADM), DON, and Clinical Resource Registered Nurses (RN), due to the facility's failure to ensure Resident 1 did not leave the facility on 9/25/2025. On 10/11/2025 at 3:27 p.m., the facility submitted an acceptable IJ removal plan ([IJRP] interventions to immediately correct the deficient practices). After verification of IJRP implementation through interview, and record review, the IJ was removed on 10/11/2025 at 4:42 p.m., in the presence of the ADM. The IJRP included the following immediate actions: On 9/25/2025, at 2:40 a.m., Elopement Code was activated (Code Green) to alert staff to immediately search for Resident 1 inside and outside the facility and its vicinity was completed. Acute hospitals were contacted to check for Resident 1's presence. The elopement involving Resident 1 was reported to Los Angeles Police Department (LAPD), California Department of Public Health (CDPH), and the local Long-Term Care (LTC) Ombudsman on 9/25/2025. On 9/25/2025, the DON and/or DSD, initiated an in-service for facility nursing staff and Interdisciplinary Team ([IDT] group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) every shift on F689 Free of Accident Hazards/ Supervision and Monitoring focused on Elopement and was completed on. On 9/25/2025, the IDT which included Social Worker (SW,) DON and Activities Director (AD) conducted record review and reassessed 65 out of 65 residents for wandering and elopement. A total of 4 residents were identified as high risk for elopement. The IDT updated the plan of care for all 4 residents. On 9/27/2025 and 9/28/2025, the facility's DON and Director of Staff Development (DSD) provided Licensed Vocational Nurse (LVN), door monitor Certified Nursing Assistant (CNA) and CNA assigned to Resident 1 on 9/25/2025, 11:00 p.m., to 7:00 a.m., one on one education on F689 Free of Accident Hazards/ Supervision and Monitoring focused on Elopement. On 9/27/2025, the DON and/or DSD provided staff in-service on regular rounding for patient safety and daily safety huddles. On 9/27/2025 the facility's DSD observed CNAs during their shift when caring for 4 of 4</p>		