

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 01/15/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide respiratory care and services consistent with professional standards of practice for one of seven Residents (Resident 1) by failing to ensure: Licensed nurses clarified Resident 1's oxygen (O2) orders when the physician ordered O2 3 liters per minute (l/min) every shift for Resident 1 without indicating frequency (to be administered continuously or as needed). This deficient practice had the potential to result in respiratory failure (a condition in which the respiratory system cannot maintain adequate gas exchange, leading to insufficient oxygen in the tissues [hypoxia]) for Resident 1 and could negatively impact the Residents' health and safety. Findings: During a concurrent observation and interview on 1/15/2026, at 11:00 a.m., in Resident 1's room, Resident 1 was observed sitting in her wheelchair without O2 on. No O2 concentrator (a medical device that provides supplemental oxygen) nor oxygen tubing (a flexible plastic tube that connects an oxygen supply device to the resident) was observed in the room. Resident 1 stated she had chronic obstructive pulmonary disease (COPD- a chronic lung disease that causes difficulty breathing) and would sometimes get short of breath (SOB). Resident 1 stated, she had not been provided with O2 since and there had been no O2 tank nor tubing provided for her since she had been re-admitted to the facility (on 1/8/2026). During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE]. The admission Record indicated Resident 1's diagnoses included COPD, Respiratory Disorder (a range of conditions affecting the lungs and airways, including asthma, COPD, pneumonia, and lung cancer, significantly impacting breathing and overall health) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/17/2025, the MDS indicated Resident 1 had impairment cognition (ability to think and reason). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds the trunk or limbs and provides more than half the effort) with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfers and bed mobility. During a review of Resident 1's Physicians Orders dated 1/9/2026, the Orders indicated the physician ordered O2 3 l/min every shift related to COPD disease for Resident 1. During a concurrent interview and record review on 01/15/2026 at 2:00 p.m., with Registered Nurse (RN) 1, Resident 1's physician's order dated 1/9/2026 was reviewed. RN 1 stated Resident 1's O2 order did not specify whether it should be administered continuously or as needed. RN 1 stated that it was important to clarify the order with the physician and until the order was clarified, an O2 concentrator should have been available in Resident 1's room for immediate use. RN 1 stated that it was crucial to follow the physician's orders, especially for Resident 1, who has a diagnosis of COPD. RN 1 stated without O2 availability, Resident 1's health could be compromised, and her O2 saturation could drop at any time. During an interview on 01/15/2026 at 4:38 p.m., with the Director of Nursing (DON),</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the DON stated Resident 1 had a physician's order for O2 on 1/9/2026 and it was essential to follow the physician's orders for the Resident. The DON stated Resident 1 could be at risk of respiratory distress if O2 was not available for immediate use. During a review of the facility's Policy and Procedures (P&P) titled, Oxygen Administration Delivery Device dated 8/2017, the P&P indicated it is the policy of the facility to provide O2 support when indicated via appropriate delivery device to achieve or maintain adequate oxygenation to the respiratory compromised resident. During a review of the facility's P&P titled, Physician Order for Respiratory Modality dated 8/2017, the P&P indicated it is the policy of this facility to ensure all respiratory modality will be performed physician order. The P&P indicated all physician's orders to include modality, medication with dosage and diluent, frequency/day, duration (#days), who does the intervention, treatment diagnosis and other skilled interventions to be provided.</p>		