

PRINTED: 01/22/2020
FORM APPROVED
OMB NO. 0938-0891

POC accepted 2/4/2020
36395 HFTN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (ON) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 088208		NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTHCARE CENTER	
A. BUILDING B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE 230 E ADAMS BLVD LOS ANGELES, CA 90011	
DATE SURVEY COMPLETED 01/22/2020		C	

QIG ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DESIGNATED AS A DEFICIENCY)	QIG DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a Complaint visit. Complaint Number: 66585-Substantiated Representing the Department #36395, HFTN The inspection was limited to the specific complaints / facility-reported-issues investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number 66585. Safe/Functional/Sanitary/Comfortable Environ CFR(9): 493.900 §493.900 Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide maintenance and housekeeping services to maintain a clean and orderly environment for one of three sampled residents, Resident 1. This deficient practice resulted in Resident 1 stating, "I do not want to spend time in my room". Findings:	F 000	Corrective action for residents found to have been affected by this deficiency. Resident 1's room was swept and buffed on 12/16/19, the same day the issue was brought to our attention, to get rid of the "small black pieces of dirt observed scattered on the floor" and the "black stains on the floor." Resident 1's bathroom was also cleaned to remove the "black marks" on the floor. The door frame of resident 1's bathroom was also patched and painted to remove the "multiple small holes." The "hallway from the rehabilitation room to the nursing station" was also swept and buffed to a sheen and addressed the issue on being "dull and dirty with wheelchair skid marks." Corrective Action for Residents that May be Affected by this deficiency. The Housekeeping Supervisor made her rounds on 12/17/19 to check other rooms that may be affected by	12/16/19 12/16/19 12/16/19 12/16/19
F 921	921 Safe/Functional/Sanitary/Comfortable Environ CFR(9): 493.900 §493.900 Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide maintenance and housekeeping services to maintain a clean and orderly environment for one of three sampled residents, Resident 1. This deficient practice resulted in Resident 1 stating, "I do not want to spend time in my room". Findings:	F 921	The Housekeeping Supervisor made her rounds on 12/17/19 to check other rooms that may be affected by	12/17/19

LABORATORY DEFICIENCIES OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
TITLE
QIG DATE
12/16/19
12/16/19
12/16/19
12/16/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 066206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2020
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 E ADAMS BLVD LOS ANGELES, CA 90011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 921	<p>Continued From page 1</p> <p>During a review of Resident 1's Admission Record indicated on 7/17/19, the resident was admitted with diagnoses including paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease), anemia (blood does not have enough healthy red blood cells) and abnormal posture.</p> <p>During a review of the Minimum Data Set (care and screening tool) assessment record dated 10/22/19, indicated Resident 1 was oriented to year, month and day. Resident 1 needed one person physical assistance with bed mobility, transfer, dressing, toilet use, personal hygiene and bathing.</p> <p>During an observation on 12/16/19, at 9:45 a.m., the floor in the hall from the Rehabilitation room to the nursing station was observed dull and dirty with wheelchair skid marks.</p> <p>During a concurrent observation and interview on 12/16/19, at 11:20 a.m., in Resident 1's room, there were small black pieces of dirt observed scattered on the floor around Resident 1's bed. There were black stains on the floor. Resident 1 stated, "I do not want to spend time in my room because it was dirty".</p> <p>During a concurrent observation and interview with the Social Services Designee (SSD) and maintenance supervisor in Resident 1's bathroom on 12/16/19, at 11:37 a.m., the bathroom floor was observed with black marks and the bottom of the door frame had multiple small holes. The SSD and maintenance supervisor stated, that the bathroom was dirty. The Maintenance supervisor said, the floor needed to be stripped and waxed.</p>	F 921	<p>this issue.</p> <p>The Maintenance Supervisor also made his rounds to identify issues with the maintenance of facility fixtures, i.e. door frames, closets, etc.</p> <p>The facility acquired another buffer for efficiency of buffing the floors in the facility.</p> <p>Measures that will be put in place to ensure that this deficiency do not recur.</p> <p>The Housekeeping Supervisor in-serviced the housekeeping personnel on 1/8/20 on the housekeeping daily tasks, deep cleaning requirements, and the monthly deep cleaning schedule that covers all the rooms in the facility.</p> <p>The Housekeeping Supervisor will make random checks of five rooms for each station of the two stations to make sure that the rooms and bathrooms are in order and clean to exude a home-like environment. The Housekeeping Supervisor will keep a log for this purpose.</p> <p>The Maintenance Supervisor will make a thorough monthly rounds of</p>	<p>12/17/20</p> <p>1/8/20</p> <p>standing 2/1/20 and on</p>	

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NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 E ADAMS BLVD LOS ANGELES, CA 90011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 921	<p>Continued From page 2</p> <p>The maintenance supervisor also said, the bathroom door frame needed to be repainted.</p> <p>During a concurrent observation and interview on 12/16/19, at 11:44 a.m., in the hallway near the rehabilitation room leading to the nurse's station, the Administrator stated, the floor was dirty.</p> <p>During a review of the facility's Policy and Procedure titled, quality of Life - Homelike Environment, with a revised date of 5/17, indicated the facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflects a personalized, homelike setting including a clean, sanitary and orderly environment.</p>	F 921	<p>half the number of rooms for each station in the facility to identify quick-fix and long-term projects that may be needed for the upkeep of fixtures/furniture in the rooms and patient bathrooms. The Maintenance Supervisor will keep a log for this purpose and make a schedule for the proper maintenance and repair.</p> <p>All mentioned measures in this POC that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>The Housekeeping Supervisor will report its findings on a monthly basis to the Administrator to determine if there are other further actions needed to address this concern.</p> <p>The Maintenance Supervisor will submit, on a monthly basis, to the Administrator the schedule for the maintenance of fixtures/furniture in the patient rooms and bathrooms. The Administrator will make sure that the schedule is religiously followed.</p>	<p>starting 2/1/20 and on</p> <p>starting 2/1/20 and on</p> <p>starting 2/1/20 and on</p>	