| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055115 | A. Building<br>B. Wing | 01/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hollenbeck Palms | 573 S. Boyle Ave.<br>Los Angeles, CA 90033 |

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) |
|---|---|
| F 0808<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility (Facility 1) failed to clarify and continue the therapeutic diet (a specially prescribed meal plan that modifies normal eating to treat a medical condition, managing nutrients, calories, textures, or allergies for health improvement, often prescribed by doctors and planned by dietitians for things like diabetes, heart disease, kidney issues, or post-surgery recovery) for one (1) of four (4) sampled residents (Resident 1) upon admission to the facility on 9/19/2025. This failure resulted in Resident 1 receiving the incorrect diet for three (3) days (9/19/2025 to 9/23/2025) upon admission to the facility.During a review of Resident 1's admission Record, the admission Record indicated the resident was initially admitted to the facility on [DATE] with diagnoses of chronic (long-term) congestive heart failure (a condition where the heart muscles become too weak or stiff to pump blood efficiently causing fluid to back up in the lungs and body) and Alzheimer's disease (a disease characterized by a progressive decline in mental abilities). During a review of Resident 1'S Minimum Data Set (MDS - a resident assessment tool), dated 9/25/2025, the MDS indicated the resident was severely impaired (never/rarely made decision) with cognitive (ability to think, remember, and reason) skills for daily decision making. The MDS indicated, Resident 1 was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of two [2] or more helpers is required for the resident to complete the activity) with walking 50 feet, going from lying down to sitting on the side of the bed, rolling left and right in bed, upper and lower body dressing (the ability to dress and undress above and below the waist), putting on/taking off footwear, personal hygiene and eating. It also indicated, Resident 1 needed substantial/maximal assistance (helper does more than half the effort) with walking 10 feet, chair/bed-to-chair transfers and going from sitting to standing.During a concurrent interview and record review on 1/27/2026 at 1:25 PM with Assistant Director of Nursing (ADON), Resident 1's Order Summary Report dated 9/19/2025 was reviewed. Resident 1's Order Summary Report indicated an order from 9/19/2025 at 2:36 PM indicating the order confirmed by ADON for pureed diet (foods blended, whipped or mashed into a smooth, thick, pudding-like consistency that requires no chewing), pureed texture, thin liquids consistency (the consumption of liquids that have the same consistency as water an flow quickly requiring no thickeners to be added). ADON stated when she received report from Resident 1's previous skilled nursing facility (SNF 2), the report she received from an unknown staff member was that Resident 1 was on a pureed diet. During an interview on 1/27/2026 at 3:45 PM with SNF 2's Registered Nurse (RN), RN stated Resident 1's diet upon discharge from their facility was fortified (foods that have vitamins and minerals added to them that are not naturally present or were lost during processing and aims to improve nutritional quality, boost nutrient density), soft and bite sized texture and thin liquids.During an interview on 1/27/2026 at 4:11 PM with ADON, ADON stated on 9/19/2025 when she was receiving report from an<br><br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055115 | A. Building<br>B. Wing | 01/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hollenbeck Palms | 573 S. Boyle Ave.<br>Los Angeles, CA 90033 |

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) |
|---|---|
| F 0808<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | unknown staff member from SNF 2, she was told that Resident 1 would need one on one feeding assistance and was on a pureed diet. ADON stated a speech therapy (ST) evaluation (a clinical assessment to determine if a person can eat and drink safely without choking, or inhaling food into their lungs) was then ordered on 9/22/2025 when Resident 1's family member told them Resident 1 was not on a pureed diet at SNF 2. During a review of Resident 1's ST Evaluation Note dated 9/23/2025, Resident 1's ST Evaluation Note indicated the ST screen was completed per nursing for a possible diet upgrade and a by mouth trial of ground mechanical soft (tender, chopped and ground foods designed to require minimal chewing and easier swallowing)/thin liquids consistency was given without any signs or symptoms of Resident 1 aspirating (the accidental breathing in of food, liquid, or stomach contents in the airway and lungs instead of swallowing them). The ST Evaluation Note also indicated Resident 1's diet was upgraded to ground mechanical soft texture. During a review of Resident 1's SNF 2 Order Summary Report dated 9/19/2025, Resident 1's SNF 2 Order Summary Report indicated Resident 1's diet for fortified diet, soft and bite sized texture, thin consistency and liberalized diet (a nutrition approach that relaxes strict dietary restrictions to allow for more freedom, flavor and enjoyment of food). During an interview on 1/28/2026 at 12:36 PM with ADON, ADON stated when a resident is transferred from another facility, the resident's diet is checked against the verbal report from SNF 2's staff they are given along with a copy of the physician orders that came with the resident. ADON stated when Resident 1 was transferred, only the resident's facesheet (admission record) and medication list were received and did not contain Resident 1's order summary report indicating any diet order and the only information she had received regarding Resident 1's diet was through verbal report. ADON further stated a last set of orders should have been sent when Resident 1 was transferred and since it wasn't received, she should have requested the documentation from SNF 2 to ensure all physician's/ discharge orders were reconciled (the structured, formal process of comparing a patient's current, comprehensive medication list [including home meds, OTCs, and supplements] with new orders at every transition of care [admission, transfer, discharge]. It aims to prevent errors like omissions, duplications, or interactions, ensuring safe, accurate, and continued care) for continuity of care for Resident 1. During a concurrent interview and record review on 1/28/2026 at 2:10 PM with ADON, the facility's policy and procedure (P&P) titled, Transfer Record/Transfer or Discharge Documentation, revised 4/2025 was reviewed. The P&P indicated admission of resident from another health care facility the transfer record: content should at least include the nursing; dietary and social information should be received with the resident. ADON stated because they did not receive all the records for Resident 1 when the resident was admitted from SNF 2 on 9/19/2025, the missing records should have been requested by the licensed nurse from SNF 2. During a review of the facility's P&P titled, Transfer Record/Transfer or Discharge Documentation, revised 4/2025, the P&P indicated, A transfer Record that is complete and accurate with resident information in sufficient detail to provide for continuity of care shall be transferred with the resident at the time of the transfer to another health care facility. The P&P further indicated, If the specified records are not received, the health information staff is to contact the facility's Discharge Planner or health information department to request these copies STAT (as soon as possible). |