

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Pavilion on Pico Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 5916 W. Pico Boulevard Los Angeles, CA 90035	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the policy and procedures for post dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) treatment evaluation was completed, for one of two sampled residents (Resident 2). This failure resulted in an incomplete medical record for Resident 2 and had the potential to affect the delivery care and services. During a review of Resident 2's admission Record, dated 3/27/26, indicated Resident 2 was admitted to the facility on [DATE], with a diagnoses including diabetes mellitus type two (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), muscle weakness, chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing) heart failure (a condition where the heart cannot pump enough blood to meet the body's needs), hypertension (HTN - high blood pressure), end stage renal disease (ESRD - irreversible kidney failure), and dependance on renal (kidney) dialysis. During a review of Resident 2's Minimum Data Set (MDS-resident assessment tool) dated 12/22/25 indicated Resident 2 had intact cognition (thinking, reasoning, judgement and learning) and required setup or clean-up assistance for eating and required substantial assistance to being dependent on staff for bathing, toileting, oral and personal hygiene, dressing, oral and personal hygiene, and bed mobility. The same MDS further indicated the resident required hemodialysis (HD - a procedure where a patient is hooked up to a machine that cleans their blood of waste and fluid) treatments. During a concurrent interview and record review on 6/26/26 at 12:44 pm with Licensed Vocational Nurse (LVN) 1, Resident 2's Pre-Dialysis Evaluation and Post-Dialysis Evaluation records for March were reviewed. LVN 1 verified the medical record was missing a Post-Dialysis Evaluation for 3/17/26. LVN 1 stated the risk to the resident would be they could miss changes of condition, or medications given during the treatment. During a review of the facility's policy and procedures (P&P) titled Dialysis Management reviewed 6/20/25 indicated, A pre and post dialysis evaluation will be completed by the licensed nurse. All documentation concerning dialysis services and care of the dialysis resident will be maintained in the resident's medical record.</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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