

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Providence St Elizabeth Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10425 Magnolia Blvd North Hollywood, CA 91601	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) received care in accordance with professional standards of practice to attain or maintain the highest practicable physical well-being, when Registered Nurse (RN 1) failed to: 1. Conduct an assessment after Certified Nursing Assistant (CNA 1) reported that she overheard Resident 1 state he was going to hurt himself if he was not allowed to leave the facility. 2. Timely notify the doctor regarding Resident 1's change of condition involving possible self-harm. These deficient practices had the potential to result in Resident 1 receiving inadequate care. Findings: a. During a review of Resident 1's admission Record, dated 11/21/2025, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE]. The admission Record indicated Resident 1's diagnoses included hepatic encephalopathy (a brain disorder caused by advanced liver disease that prevents the liver from filtering toxins from the blood), chronic kidney disease stage 4 (when the kidneys are moderately or severely damaged and are not properly filtering waste from the blood), and muscle weakness. During a review of Resident 1's History and Physical Examination (H&P - a comprehensive assessment of a resident's medical condition), dated 10/27/2025, the H&P indicated Resident 1 can make needs known but can not make medical decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/30/2025, the MDS indicated Resident 1 needed moderate assistance for oral hygiene, shower/bathe, and upper body dressing (a helper does less than half the effort). The MDS indicated Resident 1 needed maximal assistance with toileting hygiene and lower body dressing (a helper does more than half the effort). During a review of Resident 1's doctor's progress note, dated 10/28/2025, the progress note indicated Resident 1 presented with mild cognitive disorganization (disorganized thinking) and transient confusion (temporary moments of confusion), likely related to hepatic (liver) condition. During a phone interview on 11/21/2025 at 11:03 a.m. with RN 1, RN 1 stated at the beginning of her shift around 11:30 p.m. on 10/29/2025, Resident 1 was wanting to go home. RN 1 stated she told Resident 1 to wait until the morning in which Resident 1 agreed. RN 1 stated CNA 1 was assigned to Resident 1 for one-on-one care (when a certified nursing assistant provides constant monitoring and care for one resident). RN 1 stated at approximately 1 a.m. on 10/30/2025, RN 1 called Resident 1's family member (FM 1) because Resident 1 stated he wanted to leave and had walked to the facility's exit door. RN 1 stated FM 1 spoke with Resident 1 on the phone and told Resident 1 that he can't leave because FM 1 had the keys to Resident 1's apartment and his car. RN 1 stated that approximately an hour later at around 2 a.m., Resident 1 again expressed his desire to leave the facility. RN 1 stated she called the local police who arrived about 30 to 45 minutes later. RN 1 stated, I ran out of my reasoning power, and I wanted [the police] to help me explain to [Resident 1] that he can't leave. RN 1 stated the police spoke with Resident 1 for about 30 minutes, and Resident 1 was quiet in his room after the police left. RN 1 stated at around 4 a.m., RN 1 called FM 1 again because Resident 1 wanted to leave the facility. RN 1 stated after Resident 1 spoke with FM 1 on the phone, CNA 1 reported to RN 1 that CNA 1 overheard Resident 1 state that if he was not allowed to leave the facility, he was going to hurt himself. RN 1 stated she proceeded to call 911. When asked if RN 1 assessed Resident 1 after CNA 1 reported what CNA 1 claimed to have (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 10/30/2025 at 6:39 a.m. The Order Summary indicated that Resident 1's doctor gave an order for Resident 1 to be transferred to an acute hospital. During an interview on 11/25/2025 at 1:20 p.m. with the DON, the DON stated a licensed nurse needs to notify the resident, family and physician when there is a change of condition. The DON stated it is important to notify the family so that they are involved in the plan of care. The DON stated it is important to notify the doctor to provide him/her updates on any changes regarding a resident, and to also get orders from the doctor. During a review of the facility's policy and procedure (P&P) titled, Change in Condition, dated 6/2025, the P&P indicated the following: There will be certain circumstances where immediate attention will be warranted, and nursing will be responsible for notifying the appropriate department for evaluation. The nurse shall . contact the physician based on the urgency of the situation. During a review of the facility's job description titled, Registered Nurse Supervisor, dated 12/17/2021, the job description indicated the registered nurse is to [n]otify the resident's attending physician and next of kin when there is a change in the resident's condition.		