

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 12/10/2025
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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. (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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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of four sampled resident rooms (Room A) met the room size requirement of 80 square feet per resident in multiple resident bedrooms or obtain an approval for a room size waiver. This deficiency had the potential to result in inadequate space for resident care and mobility in Room A. Findings: During an observation on 9/26/2025 at 8:41 a.m. inside room [ROOM NUMBER], there were four beds occupied by four residents. Room A had two beds located on the right side of the room, and two additional beds located on the left side of the room. Room A had one closet and one bathroom. During an interview on 9/30/2025 at 10:05 a.m. with the Director of Nursing (DON), the DON stated the facility had not yet undergone its annual re-certification survey (a comprehensive review of a healthcare facility to ensure it is following the government's health and safety rules for receiving Medicare and Medicaid funds). The DON stated the facility's last annual re-certification survey was on 10/2024. During an interview on 9/30/2025 at 11:19 a.m. with Certified Nursing Assistant (CNA 1), CNA 1 stated CNA 1 had been employed in the facility for over ten years. CNA 1 stated Room A was a physical therapy room that was recently converted to a multiple resident room containing four beds approximately in 7/2025. During an interview on 9/30/2025 at 11:48 a.m. with the Director of Rehabilitation (DOR), the DOR stated the rehabilitation department was previously in Room A. The DOR stated Room A had enough room for about three residents to be present and performing their exercises at the same time. The DOR stated that due to the small space in Room A, physical therapy would also be completed at bedside or in the hallway. The DOR stated the rehabilitation department moved to the rehab gym (located near the facility's front entrance) around 6/2025. The DOR stated, Room (A) is now a patient room since approximately 7/2025. During an interview on 9/30/2025 at 1:10 p.m. with Resident 1 inside Room A, Resident 1 stated that last week after lunch time, Resident 1 was walking toward the bathroom in Room A. Resident 1 stated on her left side next to the wall was a rolling tray table, on her right side was her roommate's bed, and in front of Resident 1 was the bathroom. Resident 1 stated her foot tripped on the bottom, metal portion of the rolling tray table which caused Resident 1 to fall and land on her roommate's foot of the bed. Resident 1 called for help but could not remember who assisted her in getting up and with moving the rolling tray table out of her way. During a concurrent interview and record review on 9/30/2025 at 1:51 p.m. with the Maintenance Supervisor (MS), an untitled and undated document listing the measurements of all the resident rooms in the facility was reviewed. The MS stated the document containing the resident room sizes was compiled by the MS some time last year. MS stated he had measured the width and length of each resident room, calculated the total square feet, and created the list as shown in the document. The document indicated Room A measured a total of 286.513 square feet. During a concurrent observation and interview on 9/30/2025 at 1:55 p.m. with the Maintenance Supervisor (MS) in room [ROOM NUMBER], the MS measured the width and length of Room A, which had a total for four residents. The MS stated the width measured 16 feet 9 inches, and the length measured 17 feet, which is equivalent to 284.75 square feet (16.75 feet multiplied by 17 feet). During an interview on 9/30/2025 at 4:48 p.m. with the DON, the DON stated the facility had not submitted a request for a room waiver in 2025. During an interview on 9/30/2025 at 5:26 p.m. with the DON, the DON stated it is important to have enough space in a resident room so that a resident is able to perform ADL (activities of daily living - basic tasks people do to take care of themselves every day, such as eating, bathing, dressing, and using the toilet) with ample space. The DON stated that having enough space will ensure homelike environment and safety. During a review of an untitled letter addressed to the facility's administrator, dated 11/13/2024, the letter indicated the facility is permitted to have no more than four beds per room and must afford a minimum of 80 square feet per resident in multi-patient rooms (the minimum requirement for a 4-resident bedroom is a total of 320 square feet). The letter indicated the facility had requested a waiver (variation) for room size for the following rooms: 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19, 22, 23, and 26. The letter indicated the rooms can be approved for the room waiver. The letter indicated that if it is subsequently discovered that the variation from the room size requirements is not in accordance with the special needs of the residents or is no longer in the best interests of the health and safety of residents or is adversely affecting residents' health and safety, then the approval would be rescind[ed]/discontinue[d]. The letter did not indicate room [ROOM NUMBER] as being included in the waiver. During a review of the facility's policy and procedure (P&P) titled, Resident Rooms, dated 6/2025, the P&P indicated a resident</p>		