

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER St. John of God Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE 2468 South St Andrews Place Los Angeles, CA 90018	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to: 1. Ensure an informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) was obtained from resident representative prior to initiation of psychotropic drug (Any drug that affects brain activities associated with mental process and behavior) for one of one sampled resident (Resident 1). This deficient practice had the potential for the resident representative to have a lack of knowledge to make an informed consent and not knowing in advance the potential risk and benefits of the psychotropic drug. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), knee surgery, and congestive heart failure ([CHF] - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 1's History and Physical (H&P), dated 9/12/2025, the H&P indicated, Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] - a resident assessment tool), dated 1/7/2026, the MDS indicated, Resident 1 was independent (decisions consistent/reasonable) in cognitive (ability to think and reason) skills for daily decision making. The MDS indicated, Resident 1 required moderate assistance (helper does less than half the effort) from staff with toileting hygiene, lower body dressing, and personal hygiene. During a review of Resident 1's Order Summary Report (a document containing active orders), dated 2/24/2026, the Order Summary Report indicated, the physician placed a telephone order on 2/2/2026 for Resident 1 to start on Cymbalta (drug to treat depression) 30 milligrams ([mg] - metric unit of measurement, used for medication dosage and/or amount) to give one capsule by mouth in the morning for depression. During a review of Resident 1's medication administration records ([MAR] - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) from 2/4/2026 to 2/24/2026, the MAR indicated, Resident 1 was given Cymbalta 30mg daily in the morning. During a concurrent interview and record review on 2/24/2026 at 11:25 a.m., with the Assistant Director of Nursing (ADON), Resident 1's clinical records were reviewed. The ADON stated the facility had no documentation to indicate an informed consent for the use of Cymbalta was obtained and risks and benefits were explained by Resident 1's physician to Resident 1's representative regarding the use of Cymbalta. The ADON stated there was no informed consent for Cymbalta on Resident 1's chart. The ADON stated Resident 1 has resident representative as indicated on her admission Record. The ADON stated the facility staff can't initiate any psychotropic drug until the physician obtained an informed consent from Resident 1's representative. The ADON stated it is important to obtain an informed consent to create transparency between the facility and resident or resident representative. The ADON stated psychotropic drugs have adverse reaction (an unintended effect of a medication that is</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055253
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>harmful or unpleasant) that would jeopardize resident's safety. During an interview on 2/24/2026 at 11:35 a.m., with the Director of Nursing (DON), the DON stated it is a violation of Resident's rights for not obtaining an informed consent prior to initiation of any psychotropic drug. The DON stated a resident or resident's representative has the right to make an informed decision whether to accept or decline a psychotropic drug. The DON stated psychotropic drug could affect severely the mind of the residents and have side-effects that are very deteriorating and life threatening to the residents. During a review of the facility's Policy and Procedure (P&P) titled, Psychotropic Medication Use, dated 3/2025, the P&P indicated, Prior to initiating the use of, increasing the dose, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: A. non-pharmacological interventions, B. the indications and rationale for the recommendation, C. the potential risks and benefits, D. the resident's/representative's right to accept or decline the treatment.</p>		