STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055461	A. Building B. Wing	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post Acute	909 S Lake Street Los Angeles, CA 90006

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to meet professional standards of quality for one of two sampled residents (Resident 1). For Resident 1, the facility failed to notify the physician or initiate a Change of Condition (COC- communication tool used by healthcare workers when there is a change of condition among the residents) when Resident 1 experienced continuous side effects of Quetiapine (a medication used to treat schizophrenia [a mental illness that is characterized by disturbances in thought]).These failures delayed treatment for Resident 1 and had the potential to cause functional decline, hospitalization, permanent injury, and death.During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses including schizophrenia and end stage renal disease (ESRD- irreversible kidney failure) requiring dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys have failed).During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 7/28/2025, the MDS indicated Resident 1 was cognitively intact, required assistance in a wheelchair, and was receiving antipsychotic medication (medications used to treat hallucinations [when a person perceives something that is not actually there], delusions [something that is believed to be true or real but is actually false or unreal], and disorder thinking).During a review of Resident 1's Physician Order dated 7/29/2025 at 3:34 p.m., the Order indicated to give Resident 1 Quetiapine oral tablet 100 milligrams (mg- a unit of measurement) by mouth two times a day for schizophrenia manifested by visual hallucinations.During a review of Resident 1's Physician Order dated 6/13/2025 at 8:34 p.m., the Order indicated to monitor Resident 1 for side effects of Quetiapine: sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction (movement-related side effects from taking certain medications), weight gain, edema, postural hypotension (a condition where blood pressure drops significantly when a person stands up from a sitting or lying position), sweating, loss of appetite, and urinary retention (the inability to completely empty the bladder). The order indicated to tally with hashmarks on the medication administration record (MAR- a daily documentation record used by a licensed nurse to document medications and treatments given to a resident).During a review of Resident 1's Care Plan (CP) dated 6/19/2025, the CP indicated to administer Resident 1 antipsychotic medications as ordered by the physician and to monitor, document, and report any adverse reactions to Quetiapine.During a concurrent interview and record review on 8/11/2025 at 10:24 a.m. with Registered Nurse Supervisor (RNS) 1, Resident 1's MAR dated July 2025 was reviewed. The MAR indicated Resident 1 experienced side effects from Quetiapine on the following dates:1. 7/1/2025: 3pm-11pm and 11pm-7am2. 7/2/2025: 7am-3, 3pm-11pm, 11pm-7am3. 7/7/2025: 3pm-11pm, 11pm-7am4. 7/8/2025: 7am-3, 3pm-11pm, 11pm-7am5. 7/9/2025: 7am-3, 3pm-11pm, 11pm-7am6. 7/10/2025: 7am-3, 3pm-11pm, 11pm-7am7. 7/11/2025: 7am-3, 3pm-11pm, 11pm-7am8. 7/12/2025: 7am-3, 3pm-11pm, 11pm-7am9. 7/13/2025: 7am-3, 3pm-11pm, 11pm-7am10. 7/14/2025: 7am-3, 3pm-11pm, 11pm-7am11. 7/15/2025: 7am-3, 3pm-11pm, 11pm-7am12. 7/16/2025: 7am-3, 3pm-11pm, 11pm-7am13. 7/17/2025: 7am-3, 3pm-11pm, 11pm-7am14. 7/18/2025: 7am-3, 3pm-11pm, 11pm-7amRNS 1 stated Resident 1's physician should have been notified when Resident 1 experienced continuous side effects from Quetiapine because the physician would order to hold the Quetiapine. RNS 1 further stated a COC for Resident 1 should have been initiated.During a concurrent interview and record review on 8/11/2025 at 11:16 a.m. with the director of nursing (DON), Resident 1's Nurses Progress Notes dated July 2025 and MAR dated July 2025 were reviewed. The DON stated Resident 1's physician should have been notified when Resident 1 was experiencing continuous side effects from Quetiapine. The DON stated, based on the MAR documentation, Resident 1 should be sent to the hospital for evaluation however the resident has been okay and not showing any signs of distress. During an interview on 8/11/2025 at 8:26 a.m. with Resident 1, Resident 1 stated that she has no complaints about the facility or staff at this time. Resident 1 further stated they [the staff] take care of me.During a review of the facility's policy and procedure (P&P) titled Notification of Changes dated November 2017, the P&P indicated that the facility notifies the physician and resident representative of a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).During a review of the facility's P&P titled Dignity and Respect Psychoactive Medications dated January 2025, the P&P indicated the licensed staff and interdisciplinary team monitor residents for adverse consequences related to use of antipsychotic