

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to allow the resident to return to the facility after hospitalization for one of two sampled residents (Resident 1). For Resident 1, the facility failed to re-admit Resident 1 on 10/27/25 when Resident 1 was ready to return to the facility. This deficient practice resulted in Resident 1 not given his right to return and stay at the facility. During a review of the admission Record indicated the facility admitted Resident 1 on 10/23/25 with diagnoses including schizophrenia (mental illness that is characterized by disturbances in thought), osteoarthritis (condition that causes the joints to become painful and stiff) of the knees and generalized muscle weakness. During a review of the admission summary dated [DATE] at 2:57 p. m., indicated Resident 1 was alert and oriented to person, place, date and situation. During a review of the Nursing Progress Note dated 10/26/25 at 1:45 p.m. indicated on 10/26/25 at 7:45 a.m., Resident 1 was verbally and physically aggressive. The certified nursing assistant (CNA, unidentified) attempted verbal redirection, but Resident 1 slapped the CNA's (unidentified) hand. The Notes indicated .due to escalating behavior and ongoing aggression toward staff, police were contacted. and arrived at around 8:20 a.m. The Progress Notes indicated Resident 1 wanted to leave the facility against medical advice (AMA, a decision to leave the hospital before the treating physician recommends discharge). The Notes indicated the risks and benefits for leaving AMA were explained to Resident 1 and Resident 1 refused to sign the AMA form. Resident 1 left with the police. During a review of the GACH 1 Social Work (SW) Progress Notes dated 10/27/25 at 1:30 p.m. indicated the SW called the facility to provide treatment update for Resident 1 and coordinate discharge back to the facility. The Progress Note indicated Resident 1 . was not welcome back to the facility. because Resident 1 left AMA on 10/26/25. During a review of the GACH 1 Psychiatry (medical specialty concerned with the study, diagnosis, treatment, and prevention of behavior disorders) Emergency Department (ED) Progress Note Final Report dated 10/27/25 at 3:55 p.m., indicated the police brought Resident 1 to GACH 1 on 10/26/25 at 10:30 a.m. for 5150 (the involuntary psychiatric evaluation and temporary detention of individuals who are deemed to be a danger to themselves and others to provide immediate assessment and potentially life-saving interventions). The ED Note indicated on evaluation of Resident 1 on 10/27/25 Resident 1 was calm and cooperative and was able to make .a plan for when he is agitated in the future. The ED Note indicated to discharge Resident 1 back to the facility. During an interview on 10/28/25 at 10:46 a.m., the admission coordinator (AC) stated she received a call from GACH 1 on 10/27/25 that Resident 1 was ready to return to the facility. The AC stated the facility refused to accept Resident 1 because Resident 1 was abusive to staff and Resident 1 left AMA with the police on 10/26/25. The AC further added she does not know how Resident 1 ended up in GACH 1. During an interview on 10/28/25 at 11:35 a.m., the administrator (ADM) stated the facility refused to accept Resident 1. The ADM stated the facility did not transfer Resident 1 to GACH 1, but Resident 1 left the facility AMA instead. ADM further stated the facility was not an appropriate placement for Resident 1. ADM stated there was no physician documentation that the facility was inappropriate placement for Resident 1. During a telephone interview on 10/30/25 at 11:12. a.m., Resident 1 stated the police took him to GACH 1. Resident 1 further added he wanted to return to the facility. During a review of the facility Policy titled Transfer and Discharge with effective date of 1/25 indicated the facility permits residents to return to the facility following hospitalization or therapeutic leave. The same Policy indicated when a resident's transfer or discharge is necessary because the safety of individuals in the facility is or would be endangered due to the clinical or behavioral status of the resident any physician or their extender shall document:a. The basis for the resident's transferb. The specific needs which cannot be met.c. The facility attempts to meet the needs andd. The services available at the receiving facility to meet the resident's needs. The same Policy indicated the facility permits the resident to return to the facility after they are hospitalized or placed on therapeutic leave.</p>		