STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055504	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Overland Terrace Healthcare & Wellness Centre, LP	3515 Overland Avenue Los Angeles, CA 90034

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571 Based on observation, interview, and record review the facility failed to ensure one of three sampled residents (Resident 1), received the necessary, care, treatment and services to maintain activities of daily living (ADLs) This deficient practice resulted in lack of mobility and incontinent care for Resident 1 and the potential for Resident 1 to decline in her abilities to achieve her highest practicable well-being and quality of life. Findings: During a review of Resident 1's Admission Records, dated 1/14/2025, the Admission Records indicated, Resident 1 was readmitted to the facility on [DATE] with a diagnoses including neoplasm of bone (the development of cancer in the bones), morbid (severe) obesity, muscle weakness, unspecified open wound of the abdominal wall, anxiety (a person is often worried or anxious about many things and finds it hard to control) disorder. During the review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 9/10/2024, the MDS indicated, Resident 1 required maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) for lower body dressing, moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) for ADLs. The same MDS indicated, Resident 1 had anxiety disorder and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities of living). During a review of Resident 1's History and Physical (H&P), dated 12/5/2024, the H&P indicated, Resident 1 had the capacity to make medical decisions. During a review of Resident 1's Bowel and Bladder Program Screener dated 12/18/2024, it indicated, Resident 1 is incontinent of stool daily, immobile and required 2 or more persons assist to transfer to toilet/commode/urinal, adjust clothing and wipe, and never aware of need to toilet. During a review of Resident 1's Care Plan related to at risk for bladder/bowel incontinence, the care plan does not indicate the current mobility limitations. The care plan related to decreased mobility initiated on 3/14/2025 revised on 1/6/2025, the care plan goal was for the resident to be with no episode of incontinence for 90 days. The care plan intervention indicated assist the resident to the bathroom needs, make sure no obstruction going to bathroom. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/14/2025 at 11:19 AM, Resident 1 stated, I do not like to be in this room, I want to go back to my old room. In my old room everything was on my right-hand side, and it was easy to do things. Resident 1 further stated in this room everything is on my left side and hard for me to do stuff and reach to my things. When I request to be pulled up, I do not get help right away. Resident 1 further stated, about a month ago, my diaper was not changed for several hours because my nurse was busy with another nurse. Resident 1 further stated my call light was not answered on time for diaper change and to be pulled up. During an interview with licensed vocational nurse (LVN) 1, on 1/14/2025 at 11:52 AM, LVN 1 stated, Resident 1 requires to be pulled up in bed, the resident request to be pulled up at least every hour or less. LVN 1 further stated, Resident 1 can move part of body but requires at least four people to pull up. LVN 1 further stated staff pulls Resident 1 up in the morning, around 11 am and after lunch. During an interview on 1/14/2025 at 12:01 PM with certified nursing assistance (CNA) 1 stated, Resident 1 was unhappy about the room set up, requests to be pulled up almost hourly, sometimes it takes time to get enough help because it requires at least four persons assist to pull Resident 1 up. During an interview with registered nurse supervisor (RN), on 1/14/2025 at 12:10 PM, RN 1, stated, Resident 1 requests for diaper changes and to be pulled up frequently. RN 1 stated, On 12/27/2024, the resident called Los Angeles Fire Department (LAFD). When LAFD came to the facility, they told her to notify staff when she wants to be pulled up. RN 1 stated, the resident used to be in a different room before she was transferred to a hospital and the resident had reported her needs to have her personal items/belongings to be on the right side of her bed. RN 1 further stated, we will accommodate her needs when there is a room that fits her needs. During an interview with the director of nursing (DON), on 1/14/2025 at 12:05 PM, the DON stated Resident 1 had asked for a room accommodation, when she ware readmitted in December 2024 she couldn't get back to her old room, she was asking for a room with only two rooms, we currently don't have the room with the arrangements she asked for. During a review of the facility's policy and procedure (P&P) titled Comprehensive -Person Centered Care Planning, reviewed December 2024, the P&P indicated, the base line care plan must reflect the resident's goal and objectives and includes the interventions that addresses his or her needs. During a review of the facility's P&P titled Bowel and Bladder Training/Toileting Program reviewed December 2024, the P&P indicated Each resident who is incontinent of bowel and/or bladder is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal bladder and /or bowel functions as possible. During a review of the facility's P&P titled Abuse Prevention and Management reviewed December 2024, the P&P indicated, Neglect and deprivation of goods and services by staff are identified as failure to provide goods and services necessary to attain or maintain physical, mental, and psychosocial well-being and avid physical harm, pain, mental anguish, or emotional distress.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571 Based on observation, interview, and record review the facility failed to ensure that one of three sampled residents (Resident 1), received care and treatment according to the professional standards of practice to meet the resident's physical and psychosocial needs: This deficient practice had the potential to increase discomfort and developing pressure injury (injury to skin underlying tissue resulting from prolonged pressure on parts of a body, skin) and psychosocial decline of Resident 1. Findings: During a review of Resident 1's Admission Records, dated 1/14/2025, the Admission Records indicated, Resident 1 was readmitted to the facility on [DATE] with a diagnosis of including but not limited to Neoplasm of bone (the development of cancer in the bones), morbid (severe) obesity, muscle weakness, unspecified open wound of the abdominal wall, anxiety (a person is often worried or anxious about many things and finds it hard to control) disorder. During the review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 9/10/2024, the MDS functional abilities and goals assessment indicated, Resident 1 requires maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) for lower body dressing, moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) for toileting hygiene. The MDS active diagnosis indicated, anxiety disorder, depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities of living). The MDS active diagnosis indicated, medically complex conditions for primary medical condition. During a review of Resident 1's Bowel and Bladder Program Screener dated 12/18/2024, it indicated, the resident never voids appropriately without incontinence, is incontinent of stool daily, immobile and requires 2 or more persons assist to transfer to toilet/commode/urinal, adjust clothing and wipe, and never aware of need to toilet. During a review of Resident 1's Care Plan related to at risk for bladder/bowel incontinence, the care plan does not indicate the current mobility limitations. The care plan related to decreased mobility initiated on 3/14/2025 revised on 1/6/2025, the care plan goal was for the resident to be with no episode of incontinence for 90 days. The care plan intervention indicated assist the resident to the bathroom needs, make sure no obstruction going to bathroom. During an interview on 1/14/2025 at 11:19 AM with Resident 1, Resident 1 stated, I don't like to be in this room, I want to go back to my old room. In my old room everything was on my right-hand side, and it was easy to do things, in this room everything I son my left side and hard for me to do stuff and reach to my things. When I request to be pulled up, I don't get help right away. (continued on next page)

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/14/2025 at 11:19 PM with Resident 1, Resident 1 stated, about a month ago, my diaper was not changed for several hours because my nurse was busy with another nurse. The resident requests to be pulled up routinely. The call light is not answered on time for diaper change and to be pulled up. During an interview on 1/14/2025 at 11:52 AM with licensed vocational nurse (LVN 1), LVN 1 stated, Resident 1 requires to be pulled up in bed, the resident request to be pulled up at least every hour or less. The resident can move part of body but requires at least four people to pull up. Stated staff pulls the resident up in the morning, around 11 am and after lunch. During an interview on 1/14/2025 at 12:01 PM with certified nursing assistance (CNA 1), CNA 1 stated, I work with Resident 1 is unhappy about the room set up, requests to be pulled up almost hourly, sometimes it takes time to get enough help because it requires at least four persons assist to pull the resident up. During an interview on 1/14/2025 at 12:10 with registered nurse supervisor (RN 1), RN1 Stated, Resident 1 requests for diaper changes and to be pulled up frequently. On December 27th the resident called LAFD, LAFD came to the facility and told her she was all the way up, told her to notify staff when she wants to be pulled up. Stated, the resident used to be in a different room before she was transferred to a hospital. The resident has reported her needs to have her personal items/belongings to be on the right side of her bed, we will accommodate her needs when there is a room that fits her needs. During an interview on 1/14/2025 at 12:05 PM with the director of nursing (DON), the DON stated, Resident 1 has asked for a room accommodation, when she ware readmitted in December 2024 she couldn't get back to her old room, she was asking for a room with only two rooms, we currently don't have the room with the arrangements she asked for, we are working on accommodating her needs. During a review of the facility's policy and procedure (P&P) titled Comprehensive -Person Centered Care Planning, reviewed December 2024, the P&P indicated, the base line care plan must reflect the resident's goal and objectives and includes the interventions that addresses his or her needs. During a review of the facility's policy and procedure (P&P) titled Bowel and Bladder Training/Toileting Program reviewed December 2024, the P&P indicated Each resident who is incontinent of bowel and/or bladder is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal bladder and /or bowel functions as possible. During a review of the facility's policy and procedure (P&P) titled Abuse Prevention and Management reviewed December 2024, the P&P indicated, Neglect and deprivation of goods and services by staff are identified as failure to provide goods and services necessary to attain or maintain physical, mental, and psychosocial well-being and avid physical harm, pain, mental anguish, or emotional distress.