

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Overland Terrace Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on observation, interviews and record review, the facility failed to follow their own Policy and Procedure (P&P) by failing to conduct and complete a personal property inventory for one of the three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to leave personal property to be unaccounted for and easily be missed.</p> <p>Findings:</p> <p>During a review of the admission record for Resident 1 indicated Resident 1 was admitted to the facility on [DATE] 3 with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), and insomnia (trouble falling asleep or staying asleep).</p> <p>During a review of a history and physical (a term used to describe a physician's examination of a patient. In an H&P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) for Resident 2 dated 02/18/2024 indicated, Resident 1 had the capacity for medical decision-making.</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 10/23/2024, indicated Resident 1 was cognitively intact (a participant who has sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment). The same MDS indicated Resident 1 required between setup or clean-up to supervision or touching assistant for her Activities of Daily Living such as: (ADLs- routine tasks/activities such as eating, oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, lower/upper body dressing, putting on/taking off footwear).</p> <p>During an interview with Resident 1 on 1/16/25 at 8: 59 am, Resident 1 stated that when she was admitted to the facility on [DATE] and throughout her stay (discharged [DATE]), the facility staff did not offer her a personal property inventory list.</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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on 1/16/25 at 12:30 pm, the DON admitted that a personal property inventory list was not completed upon admission. The DON stated that a list must be completed upon admission per facility policy. The DON stated that the potential of not completing a list could result in property left unaccounted for.</p> <p>During a review of the P&P titled Personal Property, reviewed 1/2024 indicated, To ensure the facility takes reasonable steps to protect resident's personal property. The same P&P indicated the procedures which included the following:</p> <ul style="list-style-type: none"> - During the admission process the Admissions Staff will inform the Resident/Resident Representative of the need to mark the resident's belongings with the resident's name and to notify nursing when additional items are brought to the facility so that they can be added to the resident's inventory list. Admissions Staff will also inform Resident/Resident Representative that items removed from the facility need to be removed from the inventory list. - Upon admission, the CNA/designee will conduct a personal property inventory of the resident's property and place in the medical record. <p>A. A copy of the written inventory shall be provided to the resident or the person acting on the resident's behalf. Subsequent items brought into or removed from the Facility shall be added to or deleted from the personal property inventory by the facility at the request of the resident, the resident's family, or a person acting on behalf of a resident.</p> <p>B. A copy of a current inventory shall be made available upon request to the resident, resident representative, or other authorized representative.</p> <p>C. The resident, resident's family, or resident representative may list those items which are not subject to addition or deletion from the inventory, such as personal clothing or laundry, which are subject to frequent removal from the facility.</p> <p>D. Money and other valuables should be taken to the business office for safe keeping. The staff will strongly urge resident/resident representative that some valuables be taken home by the resident representative in which case these items are not to be listed on the resident inventory.</p>		