

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 12/19/2025
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</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 0740</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 ensure one of four sampled residents (Resident 1) received the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with Order Summary Report for psychological/psychiatrist consult follow-up treatment dated 9/23/2025 and the facility's policy and procedures titled Behavior Management reviewed on 1/2025, when:1. Resident 1's exhibited episodes of aggressive behavior towards Resident 4 (roommate) and became extremely agitated, disruptive, thrashing arms, uncontrolled screaming, and yelling on 9/23/2026 at 9:30 am., and used curse words, derogatory names, and racial slurs directed at Resident 4 and Resident 4's family members.2. Resident 1 became verbally abusive, extremely agitated, and physically aggressive towards Resident 4's family members. These deficient practices risked the safety of Resident 4, Resident 4's family members, other residents and staff negatively impacting the psychosocial wellbeing of Resident 4, Resident 4's family members, other residents and staff in the facilityA review of Resident 1's (Resident 4's roommate) admission record indicated the facility admitted the resident on 8/29/2025 , with diagnoses that included diabetes mellitus, hypertension, and cerebra infarction (stroke), post-traumatic stress disorder (PTSD-is a mental health condition that can develop after experiencing or witnessing a traumatic event, like combat, assault, accidents, or disasters, causing severe anxiety, intrusive memories [flashbacks/nightmares], avoidance of reminders, emotional numbness, and hyperarousal, significantly impairing daily life), and major depressive disorder (MDD-is a serious mood disorder causing persistent sadness, hopelessness, and loss of interest in activities, significantly affecting daily life, work, and relationships). A review of Resident 1's care plan on The Resident has a behavior problem extreme agitation m/b (manifested by) verbally and physically aggressive towards staff and other residents initiated on 9/23/2025. A review of Resident 1's Order Summary Report, indicated, Resident 1 for psychological/psychiatrist consult follow-up treatment as indicated dated 9/23/2025. A review of Resident 1's Order Summary Report, indicated, Please add diagnosis: PTSD MDD and Cluster B Personality Disorder (a group of conditions characterized by dramatic, emotional, or erratic behaviors, intense emotions, and significant challenges with impulse control and stable relationships, including antisocial, borderline, histrionic, and narcissistic personality disorders [a personality disorder characterized by an exaggerated sense of self-importance, a need for admiration, and a lack of empathy for other people], often leading to interpersonal chaos and difficulty managing feelings) on 9/23/2025. A review of Resident 1's Progress Note dated 9/23/2025, indicated that Resident 1 was yelling, screaming, and hitting others including other residents. The progress note indicated that Resident 1 was coughing and spitting in the rehabilitation (rehab) sink; The patient (Resident 1) was asked to leave the rehab area to protect others/residents. The patient (Resident 1) became violent and putting others in danger. A review of Resident 1's care plan (CP) on The Resident has a behavior problem extreme agitation m/b (manifested by) verbally and physically aggressive towards staff and other residents initiated on 9/23/2025, indicated that on 9/30/2025, Resident 1 with episode of verbally abusive towards family member of Resident 4. Resident 1 has a behavior problem of extreme agitation m/b verbally and physically aggressive towards staff and other residents. The CP goal indicated that Resident 1 will have no evidence of agitation, will have fewer episodes of agitation daily. The CP interventions initiated on 9/24/2025, indicated, If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident. Intervene as necessary to protect the rights and safety of others. Remove from situation and take to alternate location as needed. Psychiatry and psychology consult as indicated. A review of Resident 1's Behavior Note dated 9/23/2026 at 9:30 am, indicated that Resident 1 became, extremely agitated, disruptive in behavior thrashing arms, uncontrolled screaming, yelling towards others after being told by physical therapy staff that he cannot be coming to the rehab sink to spit out secretions, gagging, coughing out in the sink. and not to empty urinal (a device to collect urine) into the sink multiple times. Resident 1 continued to be agitated and began scratching, biting, hitting, spitting and yelling. Resident 1 continued with disruptive behavior . and roommate (Resident 4) feeling unsafe towards Resident 1. A review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 9/28/2025, indicated the resident had moderate cognitive impairment (poor decision-making requiring cues and supervision). The same MDS indicated Resident 1 required between supervision or touching assistance to set up or clean-up-assistance for Activities of Daily Living (ADL) s) such</p>		