STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055538	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bonnie Brae Skilled Nursing	420 South Bonnie Brae St. Los Angeles, CA 90057

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), who had a diagnosis of schizoaffective disorder (mental disorder) bipolar type (a mental health condition characterized by significant mood swings), received the necessary behavioral health care by failing to ensure to: -Address Resident 1's episodes of aggressive behaviors. - Create individualized interventions for Resident 1's refusals of care. As a result, on 4/4/2026 at 4:57 PM, Resident 1 was involved in a verbal and physical altercation with Resident 2 and placed other residents (in general) and staff (in general) at risk for injury. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted the resident on 7/8/2025 with diagnoses including schizoaffective disorder bipolar type. During a review of Resident 1's SBAR form (Situation, Background, Assessment, Recommendation is a technique that can be used to facilitate prompt and appropriate communication between the different disciplines caring for the resident) dated 11/20/2025, indicated Resident 1 became verbally aggressive with staff (unidentified) and residents (unidentified). During a review of Resident 1's Social Services Progress Note dated 11/20/2025, the Social Services Progress Note indicated Resident 1 had an episode of agitation and became verbally abusive to staff and other residents (unidentified) purposely spilling coffee on the floor saying oops repeatedly. The Social Services Progress Note indicated Resident 1 was also knocking very had on the door of a resident (unidentified) he (Resident 1) had previously argued with. During a review of Resident 1's Care Conference notes dated 11/24/2025, the Care Conference notes indicated an Interdisciplinary Team (IDT- a group of healthcare professionals from different disciplines [nurses, social worker, therapist, physician, etc.] that provide care for the residents) meeting was held for Resident 1 to discuss Resident's 1 behavior. Resident 1 refused to attend the meeting. During a review of Resident 1's History and Physical Examination (H&P) dated 1/3/2026, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Psychosocial Care Plan developed on 1/3/2026, the Psychosocial Care Plan indicated for the resident's schizophrenic behaviors, manipulative tendencies and diagnosis of schizoaffective disorder, bipolar type, had a goal for the resident of fewer daily episodes. The interventions included psychiatric consult; assessing negative emotions, anger, anxiety, and depression; providing emotional support; encouraging expression of feelings; and providing education to the residents and staff about special care needs. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/27/2026, the MDS indicated Resident 1 had intact cognition, experiencing symptoms of depression such as feeling down, depressed or hopeless, and had little interest or pleasure in participating in activities at the facility. The MDS indicated Resident 1 did not hallucinate (sensory experiences that appear real but are created by the person's mind), did not manifest physical, behavior symptoms towards others, and was prescribed antipsychotic medications (used to control behavioral symptoms), and was not on antidepressant medications (used to reduce symptoms of depression). The MDS indicated Resident 1 required limited assistance with activities of daily living (ADLs, such as walking, dressing, locomotion, and personal hygiene). During a review with Resident (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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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1's Progress Notes dated 4/4/2026 timed 4:57 PM, the Progress Notes indicated Resident 1 was being verbally abusive to a charge nurse (unidentified) as well as to other residents (unidentified) who were in the hallway near the nursing station. The Progress Notes indicated Resident 2 passed by made an attempt to calm Resident 1, but Resident 1 started to argue with Resident 2. The Progress Notes indicated Resident 2 pushed Resident 1 on his (Resident 1) stomach. The Progress Notes indicated Resident 1 said Resident 2 hit and spit at him (Resident 1). During a review of Resident 2's admission Record, the admission Record indicated the facility originally admitted the resident on 3/21/2026 with diagnoses including bipolar disorder and major depressive disorder. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had intact cognition, and would have symptoms of depression (sadness) such as feeling down, depressed or hopeless, and enjoyed participating in activities at the facility. The MDS indicated Resident 2 did not hallucinate (sensory experiences that appear real but are created by the person's mind), did not manifest behavior symptoms towards others, was not prescribed antipsychotic medications (used to control behavioral symptoms), and was not on antidepressant medications (used to reduce symptoms of depression). The MDS indicated Resident 2 required limited assistance with activities of daily living (ADLs, such as walking, dressing, locomotion, and personal hygiene). During a review of Resident 2's H&P dated 4/8/2026, the H&P indicated Resident 1 had the capacity to understand and make decisions. During an interview on 4/16/2026 at 9:20 AM with Registered Nurse Supervisor (RN 1), RN1 stated that on 4/4/2026 Resident 1 was at nursing station arguing with staff (unidentified) and was aggressive about keeping his (Resident 1) smoking material after designated smoke times. During an interview on 4/16/2026 at 9:45 AM with Resident 2, Resident 2 stated that Resident 1 would just terrorize the staff (unidentified) and create problems if he (Resident 2) did not get his way on things. Resident 2 stated that Resident 1 often would go to the nursing station and just yell at staff (unidentified). Resident 2 stated Resident 1 was very malicious and disrespected female staff (unidentified) often. During an interview on 4/16/2026 at 11 AM with Licensed Vocational Nurse 1 (LVN 1), LVN1 stated he (LVN1) was familiar with Resident 1. LVN1 stated Resident 1 had a history of refusing services then later reported that the services were never offered. LVN1 stated Resident 1 would refuse to participate in any planned activities, games, or exercises at the facility. LVN1 stated Resident 1 would not follow facility rules or participate in any care meetings. During an interview on 4/16/2026 at 11:35 AM with Certified Nursing Assistant 1 (CNA 1), CNA1 stated that specifically for Resident 1 there was a set of behaviors they (staff) were taught to look out for aggressive mannerism (often manifest through body language and behaviors that convey dominance, anger, or hostility), yelling, and manic (irritable mood) episodes. CNA1 stated that once Resident 1 had those behaviors, they (staff) would notify the licensed nurses. CNA 1 stated Resident 1 refused to participate in anything. During an interview on 4/20/2026 at 9:30 AM with the Social services Director (SSD), the SSD stated Resident 1 did not participate in any scheduled meetings, interdisciplinary meetings, psychiatric consults, or daily services. The SSD stated Resident 1 would not attend any social service meetings, even if he (Resident 1) requested the meetings for service. The SSD stated Resident 1 had many aggressive episodes often and any new interventions added to Resident 1s care plan would be ineffective because Resident 1 refused all services all the time. During an interview on 5/1/2026 at 10 AM, with the Director of Nursing (DON) and a concurrent review of Resident 1's IDT meetings and nursing notes dated 11/20/2025 and 4/4/2026, the DON stated Resident 1 refused to attend his (Resident 1) own IDT meetings. The DON stated Resident 1 refused psychiatric evaluation and treatment as ordered and as needed due to his (Resident 1) diagnosis and behavioral manifestation, and Resident 1 refused to take any medication to treat his (Resident 1) mental illness. The DON stated Resident 1 he refused all interventions and the facility ran out of ideas to continue to try new interventions. During an interview on 5/2/2026 at 9AM with the Administrator (ADM), the ADM stated Resident 1 was not a good fit for the facility. The ADM stated the facility was at its limits with trying to create individualized interventions for a resident that refuses everything recommended. The ADM (continued on next page)

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