

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Angels Nursing Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 S Union Avenue Los Angeles, CA 90017	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement fall prevention interventions for one of four sampled residents (Resident 1). This failure resulted in Resident 1 falling a second time on 7/6/26 where the resident sustained a lip laceration and bump on her head. During a review of Resident 1's admission Record dated 7/8/26 indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including dysphagia (difficulty swallowing), hypertension (HTN - high blood pressure), muscle weakness, difficulty in walking, diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and anemia (a condition where the body does not have enough healthy red blood cells). A review of Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 6/26/26 indicated Resident 1 had severe cognitive (ability to think, understand and make daily decisions) impairment. Further review of the same MDS indicated Resident 1 required supervision or touching assistance to substantial/maximal assistance from staff for Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and mobility. During a review of Resident 1's History and Physical (H&P) dated 6/20/26 indicated the resident lacks the capacity to make and understand decisions. During a review of Resident 1's Fall risk assessment dated 6/20/26 indicated the resident was a Moderate risk for falls. During a review of Resident 1's Post Fall Assessment dated 7/5/26 indicated the resident had an unwitnessed fall that morning with no injury. During a review of Resident 1's Fall risk assessment dated 7/5/26 indicated the resident was a high fall risk. During a review of Resident 1's Post Fall Assessment dated 7/6/26 indicated the resident had a second unwitnessed fall that morning with and was assessed with a left forehead contusion (medical term for bruise), and skin tear (wound where the top layers of skin separate from the underlying tissue) on the left lower extremity and superficial laceration (cut) to the lower lip and was sent to the hospital for further treatment. During a review of Resident 1's Actual fall: Unwitnessed fall care plan revised on 7/6/26 indicated interventions including; place non-skid mats on floor at the bedside, and place the resident in an area where they can be observed visually. During a concurrent observation and interview with Certified Nursing Assistant (CNA) 1 on 7/8/26 at 1:25 pm the area around Resident 1's bed was noted not to have any non-skid mats at the bedside. CNA 1 verified there were no mats and states the nurses are the ones that put them. During an interview with Registered Nurse (RN) 1 on 7/8/26 at 1:43 pm, RN 1 verified Resident 1 had a fall the morning of 7/5/26, and the nurse supervisor was a registry nurse (not regular staff), and she did not update the care plan. RN 1 Stated she updated the care plan with new interventions after the second fall the morning of 7/6/26, further stating the fall may have been prevented had they implemented new interventions like landing pads or moving the resident closer to nursing station. During a review of the facility's policy and procedures (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	titled Fall Management Program revised 5/1/26, the P&P indicated Purpose. To prevent resident falls and minimize complications associated with falls. Care planning. The Nursing Staff will develop a plan of care specific to the resident's needs with interventions to reduce the risk of falls. post fall, interventions will be implemented or changed based on the resident's condition and response.		