STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055710	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Hollywood Healthcare & Wellness Centre, LP	855 North Fairfax Avenue Los Angeles, CA 90046

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed for one of three sampled residents (Resident 1) to:1. Develop a policy and procedure for acceptance of gifts, money, or items of value from residents by facility staff.2. Implement its' policy titled Resident Funds by failing to ensure staff (Medical Records Director) did not handle resident's money/check.3. Establish clear expectations, staff guidance, requirements of financial transactions, and reporting requirements related to resident gifts to staff to ensure protection of resident funds in accordance with resident rights and abuse prevention requirements.These deficient practices had the potential to place residents at risk for financial exploitation and abuse. Findings: During a review of Resident 1's admission Records, the Records indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including parkinsonism (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), chronic kidney disease (CKD-kidneys are damaged and cannot filter blood as well as they should), major depressive disorder (characterized by a persistent feeling of sadness or a lack of interest in outside stimuli), muscle weakness (a lack of strength in the muscles), bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 1's History and Physical (H&P) dated 11/18/2025, the HP indicated, Resident 1 had a history of Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), chronic kidney disease (CKD-kidneys are damaged and cannot filter blood as well as they should), and has the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 2/14/2026, the MDS indicated Resident 1 had intact cognitive skills (mental action or process of acquiring knowledge and understanding) to make decisions on selfcare activities. The MDS indicated Resident 1 was dependent on staff with substantial/maximal assistance on staff for lower body dressing, shower/bath, partial/moderate assistance for upper body dressing, personal hygiene, and toileting hygiene. During an interview on 5/19/2026 at 10:24 AM with Resident 1, Resident 1 was observed sitting in a wheelchair in the facility's activity room. Resident 1 acknowledged writing a check for monthly share of cost (SOC- the monthly amount a Medicaid (or state equivalent like Medi-Cal) recipient must pay toward their nursing home care from their own income before the state program covers the rest miscellaneous personal expenses. Resident denied writing a check for the specific amount the complaint allegations indicated for $3271. Resident 1 does not remember writing a check for $3271. Resident 1 acknowledged recently writing checks for tax preparer, SOC and transportation services. Resident 1 acknowledged giving $40 cash to one of the staff members within the last month. During an interview on 5/19/2026 at 12:55 PM with medical records director (MR), the MR stated, Resident 1 had asked me to cash a check for him at the end of April 2026. MR went to the bank to cash Resident 1's check for $3271, the bank staff couldn't verify ownership of the check is and could not speak to Resident 1, as a result declined to cash the check. MR advised Resident 1 the check can be cashed through mobile/online banking. MR deposited Resident 1's check through mobile (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	banking to MR's personal account. MR stated, it is not a practice in a bigger picture to deposit residents' checks to personal account. MR acknowledged receiving training and in-service on abuse prevention and reporting, mishandling residents' personal funds is one form of abuse. During an interview on 5/19/2026 at 1:39 PM with the facility business office manager (BOM), the BOM stated it is not a practice for facility staff to go with a resident or by themselves to cash a check on residents' behalf. The best route for residents to access cash is through business office and social services. During an interview on 5/19/2026 at 2:05 PM with the director of nursing (DON), the DON stated staff assigned to escort residents to run errands, are not allowed to deal with resident finance, are not allowed to cash a check for any reason, and nursing staff do not deal with finance. The DON stated cash, funds, and finance transactions are managed always by business office or social services. The DON stated, there is no policy for gifts. During an interview on 5/19/2026 at 2:23 PM with the facility administrator (ADM), the ADM stated, Resident 1 pays monthly SOC with checks. The ADM stated there is no limit if a resident wants to give money to anyone. I don't believe the residents are allowed to give gifts. ADM does not believe the facility has a policy for gifts. During a review of the facility's policy and procedures (P&P) titled Abuse Prevention and Management revised 1/26/2026, the P&P indicated The facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment. The Facility develops policies, procedures, training programs, and screening and prevention systems.During a review of the facility's P&P titled Resident Funds-General. reviewed on 1/26/26, the P&P, indicated, No licensee, owner, Administrator, Facility Staff member, or their immediate relative or representatives may act as an authorized representative of resident funds, unless the resident is a relative within the second degree of relation. In the event there is not a representative for the resident and the resident is not capable, facility will follow the Surrogate Decision making policy which can include the facility becoming rep payee in order to protect the residents' access to their funds.

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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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure resident funds were safeguarded from misappropriation (unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended) of personal funds when facility staff deposited a resident's personal check into the staff member's personal account for of three sample residents, Resident 1. This deficient practice had the potential for financial exploitation, loss of resident funds, and psychosocial harm to Resident 1. Findings: During a review of Resident 1's admission Records, the Records indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including parkinsonism (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), chronic kidney disease (CKD-kidneys are damaged and cannot filter blood as well as they should), major depressive disorder (characterized by a persistent feeling of sadness or a lack of interest in outside stimuli), muscle weakness (a lack of strength in the muscles), bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration). During a review of Resident 1's History and Physical (H&P) dated 11/18/2025, the HP indicated, Resident 1 had a history of Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), chronic kidney disease (CKD-kidneys are damaged and cannot filter blood as well as they should), and has the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS- a standardized resident assessment tool), dated 2/14/2026, the MDS indicated Resident 1 had intact cognitive skills (mental action or process of acquiring knowledge and understanding) to make decisions on selfcare activities. The MDS indicated Resident 1 was dependent on staff with substantial/maximal assistance on staff for lower body dressing, shower/bath, partial/moderate assistance for upper body dressing, personal hygiene, and toileting hygiene. During a review of Resident 1's Care Plan (CP- a document outlining a detailed approach customized to an individual resident need and care), titled [Resident 1] noted with increased anxiety, which is now affecting overall functioning and requiring increased assistance with ADLs (activity of daily living) dated 5/1/26 indicated goals for Resident 1 were the resident would demonstrate reduced anxiety and improved cooperation with care. The CP interventions indicated Provide calm, reassuring approach and allow extra time during care to reduce anxiety. Coordinate with psychological services per resident preference and monitor response. During concurrent observation and interview on 5/19/2026 at 10:24 AM with Resident 1, Resident 1 was observed sitting in a wheelchair in the facility's activity room. Resident 1 stated, self manages personal funds and finances. Resident 1 acknowledged writing a check for monthly share of cost (SOC- the monthly amount a Medicaid (or state equivalent like Medi-Cal) recipient must pay toward their nursing home care from their own income before the state program covers the rest miscellaneous personal expenses. Resident 1 denied writing a check for the specific amount the complaint allegations indicated for $3271. Resident 1 does not remember writing a check for $3271. During a concurrent interview and record review on 5/19/2026 at 11:54 with the business office manager (BOM), Resident 1's invoices and SOC were reviewed. The BOM stated, Resident 1 recently wrote out a check for SOC, tax preparation, and transportations. The BOM is unaware Resident 1 wrote a check for $3271. BOM stated, Resident 1 informed BOM that the bank called and notified Resident 1, someone from outside the facility is scamming Resident 1. BOM stated, only business office and social services department to some extent manages residents finance, no other staff has access and is not allowed to access residents' funds. During an interview on 5/19/2026 at 12:55 PM with medical records director (MR), the MR stated, Resident 1 had asked me to cash a check for him at the end of April 2026. MR went to the bank to cash Resident 1's check for $3271. The bank staff couldn't verify ownership of the check and could not speak to Resident 1 during (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a phone call made while MR was at the bank, as a result the bank declined to cash the check. MR advised Resident 1 the check can be cashed through mobile/online banking. MR deposited Resident 1's check to MR personal account through mobile banking. MR stated, it is not a practice in a bigger picture to deposit residents' checks to personal account. MR acknowledged receiving training and in-service on abuse prevention and reporting. MR stated, mishandling residents' personal funds is one form of abuse. During a second interview on 5/19/2026 at 1:39 PM with BOM, the BOM stated it is not a practice for facility staff to go with a resident or by themselves to cash a check on residents' behalf. The best route for residents to access cash is through business office and social services. During an interview on 5/19/2026 at 2:05 PM with the director of nursing (DON), the DON stated staff assigned to escort residents to run errands are not allowed to deal with resident finance, are not allowed to cash a check for any reason, and nursing staff do not deal with finance. The DON stated cash, funds, and finance transactions are done always by business office or social services. The DON further stated, unaware of Resident 1 giving cash or check to any staff at the facility, it is not appropriate for any staff to cash a check, staff was supposed to decline and direct Resident 1 to the appropriate department to handle the check. During an interview on 5/19/2026 at 2:23 PM with the facility administrator (ADM), the ADM stated, Resident 1 pays monthly SOC with checks. The ADM stated it is not allowed for any staff to cash a check into their own account. It looks funny, it could be suspicious.During a follow-up interview on 5/26/2026 at 4:41 PM with the ADM, the ADM stated, MR does not have any role and access in resident finances. ADM stated, MR had cashed three separate checks for Resident one to a total of over six thousand dollars which was found by ADM in Resident 1's possession after abuse allegations were investigated. During an investigation interview on 5/19/2026 at 12:55 PM, MR denied cashing checks except for one attempt for $3271 for Resident 1.During a review of the facility's policy and procedures (P&P) titled Resident Funds-General revised on 1/26/2026, the P&P indicated No licensee, owner, Administrator, Facility Staff member, or their immediate relative or representatives may act as an authorized representative of resident funds, unless the resident is a relative within the second degree of relation. In the event there is not a representative for the resident and the resident is not capable, facility will follow the Surrogate Decision making policy which can include the facility becoming rep payee in order to protect the resident's access to their funds. During a review of the facility's P&P titled Abuse Prevention and Management revised 1/26/2026, the P&P indicated The facility does not condone any form of resident abuse, neglect, misappropriation of resident property, exploitation, and/or mistreatment. The Facility develops policies, procedures, training programs, and screening and prevention systems.