

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER West Hollywood Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review, for one of one sampled resident (Resident 6), the facility failed to notify a physician of an abnormal potassium level (electrolyte in the body that regulates heart muscle contractions and maintaining proper electrical signals within the heart) level of 5.6 (milliequivalent per liter (mEq/L - unit of measurement. Reference range 3.5 to 5.1 mEq/L) on 6/6/2025 at 11:26 P.M. Resident 6's physician was not notified of the abnormal potassium level until 6/7/2025, at 5:50 P.M.</p> <p>This deficient practice had the potential to result in Resident 6 suffering palpitations (a noticeably rapid, strong, or irregular heartbeat due to agitation, exertion, or illness), chest pain, hypertension (elevated blood pressure) and a heart attack (myocardial infarction (MI), occurs when blood flow to the heart muscle is suddenly blocked, depriving it of oxygen), which could result in death.</p> <p>Findings:</p> <p>During a record review, Resident 6's admission Record indicated the facility admitted Resident 6 on 6/16/2020 and readmitted Resident 6 on 5/6/2025 with diagnoses including hypertension, chronic kidney disease (when kidneys, that filter waste from the blood become damaged and don't work as well as they should), and diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing.</p> <p>During a record review, Resident 6's Minimum Data Set (MDS - a resident assessment tool) dated 5/13/2025, indicated Resident 6 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 6 required substantial/maximal staff assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a record review, Resident 6's laboratory results collected on 6/6/2025 at, 4:32 A.M., and resulted on 6/6/2025, at 11:26 PM., indicated Resident 6's blood Potassium was 5.6 mEq/L and flagged as high.</p> <p>During a record review, Resident 6's change of condition (COC -a noticeable and significant shift in someone's health or circumstance), dated 6/7/2025, at 5:50 P.M., indicated hyperkalemia (abnormally high level of potassium in the blood).</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review, on 6/13/2025, at 11:28 AM, with the Registered Nurse Supervisor (RNS) 2, Resident 6's laboratory (lab) results collected on 6/6/2025 at 4:32 A.M., and resulted on 6/6/2025, at 11:26 P.M., were reviewed. RNS 2 stated Resident 6's laboratory results were abnormal, including a potassium level of 5.6 mEq/L). RNS 2 stated laboratory results needed to be reported to the physician or nurse practitioner (NP - a licensed, advanced practice registered nurse [APRN] who has completed graduate-level education and advanced clinical training) as soon as the facility receives the laboratory results. RNS 2 stated that Resident 6's physician was not notified of Resident 6's abnormal potassium level of 5.6 mEq/L until 6/7/2025, at 5:50 P.M. RNS 2 stated, Resident 6's lab results of potassium level of 5.6 mEq/L could have affected the resident's heart and that Resident 6 needed to receive medication promptly to lower the potassium level as a level that high could lead to a heart attack.</p> <p>During an interview, on 6/13/2025, at 12:55 PM, with the Director of Nursing (DON), the DON stated, abnormal lab results must be reported to the physician or NP as soon as the facility receives the abnormal results. The DON stated hyperkalemia could lead to Resident 6 having palpitations, chest pain, hypertension and a heart attack.</p> <p>During a record review, the facility Policy and Procedures (P&P), titled, Laboratory Services revised 1/27/2025, indicated, The licensed nurse promptly notifies the attending physician of the laboratory test findings and reports the results according to the following guidelines:</p> <p>II. Results abnormal -Telephone/page attending physician and fax to attending physician with date and time noted on the results.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Follow the doctors orders by covering sacral wound for Resident 32. 2. Ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident's goals for care and professional standards of practice that will meet each resident's need by putting a dressing on the resident's sacral pressure (refers to the pressure exerted on the sacrum [the bony area at the base of the spine) due to prolonged sitting or lying down]) injury. <p>These failures had the potential to cause further injury and infection to the Resident 32's sacral pressure injury.</p> <p>Findings:</p> <p>During a record review, Resident 32's admission Record indicated Resident 32 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnoses including sepsis (a dangerous and potentially life-threatening condition where the body's response to an infection goes into overdrive), pressure ulcer of the sacral region, stage 4 (full thickness tissue loss with exposed bone, tendon, or muscle. It is the most severe type of pressure ulcer also known as a bedsore).</p> <p>During a record review, the Minimum Data Set (MDS-resident assessment tool) dated 5/22/2025, indicated Resident 32's cognitive (mental process of acquiring knowledge and understanding through thought, and understanding) skills for daily decision making were intact. It further indicated Resident 32 needed substantial/maximal assistance with putting on her shoes, upper and lower body dressing, showering, toileting, and personal hygiene.</p> <p>During a record review, a document titled Skilled Nursing Facility Follow-up Visit for Resident 32 dated 6/2/2025, indicated, Assessment/plan indicated Resident 32 has osteomyelitis of the sacrum and coccyx, stage 4 sacrococcyx pressure ulcer, status post (s/p-after) skin graft to sacrococcyx pressure ulcer on 4/13/2025.</p> <p>During a record review, a document titled Order Summary Report for Resident 32 dated 6/11/2025, indicated Resident 32 had an order for Silvadene External Cream 1% (is a prescription-only topical medication for treating and preventing severe burn wounds). Apply to sacralcoccyx topically everyday shift every 3 days for pressure injury, cleanse with NS (normal saline), pat dry, apply Silvadene and Santyl ointment (a medication used to remove damaged or burned skin, aiding in wound care and the growth of healthy skin), apply foam dressing (wound care material used to create and maintain a moist wound environment, particularly in wounds with moderate to heavy drainage).</p> <p>During a record review, care plan for Resident 32 initiated on 8/16/2024 and revised on 11/16/2024 indicated Resident 32 has a coccyx (is the small bone located at the very bottom of the spine) pressure injury. Update: Site reclassified as sacrum. The care plan goal included, Will have no s/s (signs and symptoms) of infection. The care plan target date is 8/15/2025</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review, the Treatment Administration Record for Resident 32 dated from 6/1/2025 to 6/30/2025, indicated cleanse with NS (normal saline), pat dry, apply Santyl ointment, apply foam dressing every day shift.</p> <p>During a wound care observation of Resident 32's sacralcoccyx and right foot wound care with Treatment Nurse (TN) 1 and TN 2 on 6/12/2025 at 9:19 AM, Resident 32's sacral pressure injury did not have a dressing in place. Resident 32 tolerated wound care well. Resident 32 did not complain of pain during wound care. During a concurrent interview with TN 1, TN 1 stated there should always a dressing on the sacral wound to prevent infection and interference of wound healing. TN 1 stated if the sacral wound dressing comes off or get soiled, the charge Nurse or the Registered Nurse (RN) Supervisor is supposed to replace the dressing.</p> <p>During an interview on 6/12/2025 at 10:26 AM, Certified Nursing Assistant (CNA) 2 stated Resident 32 did not have a dressing to the sacral wound during Activities of Daily Living (ADL) care in the morning and reported to TN 2 that Resident 32 did not a dressing to the sacral wound. CNA 2 stated she do not remove the resident's dressings from pressure injury sites because it is not in her job description.</p> <p>During an interview on 6/12/2025 at 2:16 PM, the Director of Nursing (DON) stated Resident 32 should always have a dressing to his sacral pressure injury. DON stated she has instructed all the CNA's to never remove a dressing from any of the resident's pressure injuries. DON stated if a resident's pressure injury is not covered with a dressing the resident could get an infection, and the pressure injury could get worse.</p> <p>During a record review, the facility policy and procedures (P&P) titled Skin and Wound Management, with a reviewed date of 1/27/2025, indicated:</p> <p>Purpose: To maintain and /or improve resident's tissue tolerance in order to prevent injury and/or infection, skin breakdown, the potential for skin breakdown, and the risk for the development of pressure ulcers and/or other skin conditions.</p> <p>During a record review, the facility document titled Treatment Nurse Job Description, indicated:</p> <p>Position Description: Under the direction and supervision of the Director of Nursing Services, the Treatment Nurse is responsible for all the treatments that are prescribed by the attending physician for all residents in the facility.</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>Based on interview and record review, the facility failed to provide intravenous catheter (IV -a thin, flexible tube inserted into the vein to deliver fluids, medications, or other treatments directly into the blood stream) treatment in accordance with professional standards for one of one sampled resident (Resident 6) by failing to remove Resident 6's IV catheter on 6/8/2025 when ordered IV hydration was completed.</p> <p>This deficient practice had the potential to result in infection and possible hospitalization for Resident 6.</p> <p>Findings:</p> <p>During a record review, Resident 6's admission Record indicated the facility admitted Resident 6 on 6/16/2020 and readmitted Resident 6 on 5/6/2025 with diagnoses including hypertension (elevated blood pressure), chronic kidney disease (when kidneys, that filter waste from the blood become damaged and don't work as well as they should), and diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a record review, Resident 6's Minimum Data Set (MDS - a resident assessment tool) dated 5/13/2025, indicated Resident 6 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 6 required substantial/maximal staff assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a record review, Resident 6's physician orders dated 6/7/2025 with an end date of 6/8/2025, indicated sodium chloride solution (Salt water) 0.9 percent (% -unit of measure as a part of one hundred), use 1 liter (unit of measure for fluids) intravenously one time a day for hydration until 6/8/2025 0:00 A.M.(midnight), at 75 cubic centimeters per hour (cc/h -unit of volume in liquid).</p> <p>During an observation on 6/10/2025, at 9:12 A.M., in Resident 6's room, a peripheral IV line was observed on Resident 6's left forearm dated 6/8/2025.</p> <p>During an interview on 6/11/2025, at 9:04 A.M., with Licensed vocational Nurse (LVN) 1, LVN 1 stated, Resident 6 had an IV access for hydration that was discontinued the day prior (6/10/2025).</p> <p>During an interview, on 6/13/2025, at 12:55 P.M., with the Registered Nurse Supervisor (RNS) 1, RNS 1 stated resident IV access are discontinued as soon as the hydration is done to prevent infection.</p> <p>During an interview, on 6/13/2025, at 12:55 P.M., with the Director of Nursing (DON), the DON stated, IV access was only kept in place if there was an order from the physician to maintain the IV access in place, other wise the IV access was to be discontinued to prevent infection and possible skin breakdown. The DON stated there was no documented evidence that the physician ordered Resident 6's IV remain in place. The DON stated the IV should have been discontinued after the hydration was complete.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review, the facility Policy and Procedures (P&P), titled, Removal of a Peripheral (Over the needle, peripheral short) Catheter revised 1/27/2025, indicated, Peripheral IV catheters will be removed safely and aseptically by a nurse with demonstrated competency in this procedure . when therapy is completed .</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide necessary respiratory care services for one of one sampled resident (Resident 19), by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 19's oxygen tubing was changed weekly in accordance with the facility's policy and procedures (P&P) titled Oxygen Therapy revised 1/27/2025. 2. Ensure a physician's order for oxygen was complete and accurate in accordance with the facility's P&P titled Physician Orders revised 1/27/2025. <p>This deficient practice had the potential to result in infection, medication error and possibly hospitalization for Resident 19.</p> <p>Findings:</p> <p>During a record review, Resident 19's admission Record indicated the facility admitted Resident 19 on 11/27/2018 and readmitted Resident 19 on 12/2/2024 with diagnoses including congestive heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), Acute respiratory failure with hypoxia (when the lungs are having a hard time getting enough oxygen into the blood and body), and diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a record review, Resident 19's Minimum Data Set (MDS - a resident assessment tool) dated 3/26/2025, indicated Resident 19 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 19 required partial/moderate staff assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a record review of the physician's order dated 4/14/2025, the physician's orders indicated Oxygen at 2 liter per minute (l/min) (Liters-unit of measure for liquids) via nasal cannula (a thin, flexible tube that has two prongs that fit into the nostril used to give extra oxygen for people who need it) to keep saturation acute respiratory failure.</p> <p>During a concurrent observation in Resident 19's room and interview on 6/10/2025, at 11:58 AM, with the Licensed Vocational Nurse (LVN 1), Resident 19 was observed with oxygen nasal cannula on, the cannula had a label on it dated 6/2/2025. LVN 1 stated nasal cannula tubing was required to be changed weekly, and that the date on Resident 19's nasal cannula tubing was 6/2/2025. LVN 1 stated the nasal cannula tubing should have been changed for infection control and to make sure that the tubing was nice and clean. LVN 1 stated not changing the nasal cannula tubing could lead to infection.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/13/2025 at 12:39 PM, with the Registered Nurse Supervisor (RNS 1), Resident 19's oxygen physician order was reviewed. RNS 1 stated that the oxygen order did not specify if the order was as needed or routine. RNS 1 stated Resident 19's oxygen order did not have parameters (specific, measurable instructions or guidelines that ensure medications are given safely and effectively.) and the order was incomplete. RNS 1 stated the incomplete order could compromise the resident's respiratory condition and if too much oxygen was given it could be a potential medication error.</p> <p>During a concurrent interview and record review on 6/13/2025, at 1:14 PM, with the Director of Nursing (DON), Resident 19's oxygen physician order was reviewed. The DON stated that physicians order was incomplete. The DON stated Resident 19 had an order for oxygen, however, the oxygen order had no parameters so that the facility staff could know when the oxygen could be stopped or when Resident 19 required supplemental oxygen. The DON stated oxygen was considered a medication and an incomplete order of the oxygen could lead to a possible medication error. The DON stated that oxygen tubing needed to be changed every seven days to prevent infection.</p> <p>During a record review, the facility P&P, titled, Oxygen Therapy revised 1/27/2025, indicated, Purpose: To ensure the safe storage and administration of oxygen in the facility . Oxygen is administered under safe and sanitary conditions to meet resident needs. Licensed Nursing staff will administer oxygen as prescribed .</p> <p>II. Oxygen -storage, maintenance, and handling</p> <p>C. Oxygen tubing, mask, and cannula will be changed no more than every seven (7) days and as needed. The supplies will be dated each time they are changed.</p> <p>During a record review, the facility P&P, titled, Oxygen Therapy revised 1/27/2025, indicated, Physician Orders revised 1/27/2025, indicated, .Orders will include a clear and complete description to provide clarity on the physician's plan of care.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on record review and interview the facility failed to ensure one of three sampled residents (Resident 59) who required dialysis (a medical treatment that cleans the blood when the kidneys are unable to do so) received services consistent with professional standards. By failing to assess the resident's current vital signs (body temperature, blood pressure, pulse [heart rate], and breathing rate to help assess the general physical health of a person) prior to transporting the resident to the dialysis center.</p> <p>This deficient practice had the potential for Resident 59 to experience adverse complications that would not be identified by facility staff in a timely manner.</p> <p>Findings:</p> <p>During a record review, Resident 59's admission record indicated the facility admitted the resident on 2/3/2025 and readmitted the resident on 5//52025 with diagnoses including but not limited to ESRD (End Stage Renal Disease-irreversible kidney failure), dependence on renal dialysis and kidney transplant failure.</p> <p>During a record review, Resident 59's Minimum Data Stet (MDS - a resident assessment tool) dated 5/12/2025, indicated the resident's cognition (ability to think, read, learn, remember, reason, express thoughts, and make decisions) moderately impaired. The MDS indicated Resident 59 required substantial assistance from facility staff to set up assistance with all activities of daily living. The MDs indicated Resident 59 was receiving dialysis treatment.</p> <p>During a record review, Resident 59's dialysis care plan, initiated 2/4/2025, indicated the resident required hemodialysis (HD) due to ESRD and a history of kidney transplant rejection. A review of the care plan indicated the goal was for the resident to have immediate intervention should any sign or symptom of complications from dialysis occurred. The interventions included to monitor vital signs as ordered and to notify the physician of significant abnormalities, monitor/document/report signs of bleeding, hemorrhage, bacteremia and septic shock and to monitor/document/report as needed new/worsening peripheral edema.</p> <p>During a record review, Resident 59's physician orders, dated 5/5/2025 indicated the resident was to receive dialysis treatment at an outside dialysis clinic on Tuesdays, Thursday and Saturday at 3:45 PM. The physician order indicated Resident 59's pick up time was 3:20 PM.</p> <p>During a record review, Resident 59's Pre-Dialysis Evaluation forms indicated that:</p> <ul style="list-style-type: none"> - On 5/27/2025, the resident's pre- dialysis vital signs were blood pressure 130/72, respirations 18, pulse 79 and temperature 97.8. The Pre-Dialysis Evaluation form also indicated these vital signs were taken at 7:12 AM on 5/27/2025. The Pre-Dialysis Evaluation Form indicated Resident 59 left the facility and was transported to the dialysis center at 3:30 PM. - On 6/5/2025 -the resident's pre- dialysis vital signs were blood pressure 134/72, pulse 76, resp 18 and temp 97.2 at 9:42 am. The form further indicated Resident 59 left the facility at 3:30 PM. <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/10/2025 at 8:30 AM, Resident 59 confirmed having been receiving dialysis treatments for the past 25 years.</p> <p>During an interview on 6/12/2025 at 11:14 AM, Licensed Vocational Nurse (LVN) 2 stated Resident 59's dialysis schedule was Tuesday, Thursday, Saturday and the resident usually leaves for dialysis at around 3:30 or 4 PM.</p> <p>During a concurrent interview and record review on 6/13/2025 at 8:36 AM, Resident 59's dialysis communication forms were reviewed with Registered Nurse Supervisor 1 (RNS 1). RNS 1 stated on 6/5/2025 and 5/27/2025, the charge nurse took Resident 59's vitals more than 4 hours prior to the resident leaving for dialysis. RNS 1 stated nursing staff were to take the resident's vital signs within 2 hours of leaving for the dialysis center. RNS 1 stated vitals were taken prior to leaving for dialysis in order to know the resident's status and prevent an adverse outcome.</p> <p>During an interview on 6/13/2025 at 10:34 AM, the Director of Nursing (DON) stated staff were to assess the resident's appropriateness to leave for dialysis. The DON stated part of assessing the resident prior to leaving the facility was taking the resident's vital signs. The DON stated based on the resident vital signs, the resident might not be appropriate to go for dialysis and the resident's physician would have to be contacted and/or the resident might need to go to a general acute care hospital (GACH).</p> <p>During a record review, the facility's Long Term Care Facility Outpatient Dialysis Services Care Coordination Agreement, dated 10/13/2023, under the section Transportation indicated, the Long Term Care Facility shall be responsible for ensuring that residents are (1) medically stable to undergo such transportation, to medically suitable to receive treatment at the hospital facility and three timely transport to and from dialysis facility.</p> <p>During a record review, the facility policy and procedures titled, Dialysis Care, dated 1/29/2024, indicated under the section Communication and Collaboration, nursing staff will communicate the following information in writing to the dialysis staff:</p> <ol style="list-style-type: none"> a. The resident's current vital signs b. Weight; and c. Any changes of conditions specific to the resident with each treatment. 		

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NAME OF PROVIDER OR SUPPLIER West Hollywood Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen by failing to ensure:</p> <ol style="list-style-type: none"> 1. Food is labelled with expiration date 2. Discard expired foods 3. Food refrigerator(s) and freezers were clean. 4. Implement food cooling down method according to the facility policy and procedures titled Hazardous Foods Cooling Monitor dated 1/27/2025. 5. The Ice machine and the water fountain are not dirty <p>These failures had the potential to result in harmful bacteria growth and cross contamination (a transfer of harmful bacteria from one place to another or one object to another) that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses and other toxins) medically compromised residents who received food from the kitchen.</p> <p>Findings:</p> <p>During the initial tour of the kitchen on 6/10/2025 at 8 AM, with the Dietary Supervisor (DS), the kitchen refrigerator the following were noted.</p> <ul style="list-style-type: none"> -Expired pudding dated 6/10/2025 -A container of strawberries with used by date of 6/9/2025. -A container of cooked fish sticks -3 containers of cream soup, cooked meatloaf. -The ice machine tray noted to be dirty, water machine tray noted to be dusty and dirty. -The residents outside food storage refrigerator freezer temperature was less than (&lt;) 4 degrees, the freezer and refrigerator were dirty with old and dried food, The refrigerator temperature was greater than (&gt;) 40 degrees. Two open bottles of yogurt were not labelled with expiration date. A clear container without no name, room number, of expiration date on the container. 3 boxes of sausages in the refrigerator with a use within 2 days or use by date of 7/2/2025 and must be frozen. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/10/2025 at 8:36 AM, DS stated the residents can get sick if they consume foods that have expired. DS stated the dietary cooks are supposed to follow the cooling down method of any cooked foods stored in the refrigerator. DS stated the license nurses are responsible to receive residents' food from the outside and are also responsible to label and date the residents' food. DS stated it is the responsibility of the Maintenance Supervisor (MS) to discard expired foods from the resident's refrigerator and to clean the outside food storage refrigerator. DS stated the MS is responsible to clean the resident's refrigerator, ice machine, and water machine.</p> <p>During an interview on 6/10/2025 at 8:56 AM, with Dietary [NAME] (DC) stated she cooked the meatloaf two days ago and did not follow the cool down method prior to storing the leftovers in the refrigerator. DC stated she prepared the tuna 3 days ago and did not follow the cool down method. DC stated she has attended in-services and is aware on how to properly follow the cool down method. DC stated she do not know why she did not follow the cool down method prior to storing the meatloaf, soup and the tuna. DC stated if she does not follow the cool down method prior to storing left over foods in the refrigerator the residents can get very sick.</p> <p>During a concurrent record review on 6/10/2025 at 9:22 AM, of the cool down method record with the DS, there was no record of the cooked leftover meat load, 3 containers of soups, or the 17 cooked fish sticks.</p> <p>During an observation and interview on 6/10/2025 at 10:03 AM, with the Maintenance Supervisor (MS) of the ice machine, water dispenser, and residents outside food storage refrigerator was dirty. During an interview MS stated he clean the ice machine, water dispenser daily, and he clean the residents outside food storage refrigerator every three days so that he can remove all the old foods. MS stated it is the nurse's responsibility to make sure the residents food brought in from the outside is labeled and stored properly. MS stated if the ice machine, water dispenser, or the resident's refrigerator is not cleaned, and the residents consume expired foods that are bought in from the outside, the residents can get very sick. MS stated he do not have a monthly log for cleaning the ice machine and there was no log for cleaning the water dispenser. MS stated there is no manual for cleaning the water dispenser, and that the facility does not have a policy for cleaning the water dispenser.</p> <p>During an interview on 6/13/2025 at 9:17 AM, with the Registered Dietician (RD), RD stated the dietary cooks are supposed to follow the cooling down method whenever cooking and storing left over foods in the refrigerator. RD stated the dietary cooks are supposed to follow the cool down method when preparing tuna because they are supposed to check the temperature prior to storing the tuna in the refrigerator. RD stated if the dietary cooks are not following the cool down method the residents can get sick. RD stated if the residents consume expired foods, they can get really sick. RD stated she completes in-service for the cool down method quarterly and as needed for the dietary staff. RD stated that the MS is responsible for discarding expired foods in the residents refrigerator.</p> <p>During a record review, the facility policy and procedures (P&P) titled Policy and Procedure Implementation Form dated 5/22/2025, indicated:</p> <p>Policy and procedure Revision:</p> <p>4. When refrigerated, it will be labeled, dated, and discarded after 48 hours if not consumed</p> <p>5. Unopened/sealed foods must be discarded by the manufacture's printed best buy or used by date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review, the facility P&P titled Hazardous Foods Cooling Monitor with a reviewed date of 1/27/2025, indicated:</p> <p>Purpose: To provide the dietary department with guidelines for service, storage and reheating of hazardous foods.</p> <p>Procedure:</p> <p>II. Label and date the containers.</p> <p>III. Place the container in the refrigerator or freezer for cooling.</p> <p>A. Leave the container uncovered or loosely covered during the cooling process.</p> <p>IV. Hot food should be cooled from 140 degrees to 70 degrees within two hours and cooled from 70 degrees to 41 degrees or lower in an additional four hours.</p> <p>V. Cool food prepared from ambient temperature (such as tuna salad) must be cooled to 41 degrees or lower within fours.</p> <p>VI. Record food every hour.</p> <p>During a record review, the facility P&P titled Ice Machine-Operation and Cleaning with a reviewed date of 1/27/2025, indicated</p> <p>Policy: The dietary staff will operate the ice machine according to the manufactures guidelines. The ice machine will be cleaned routinely.</p> <p>Procedure:</p> <p>11.</p> <p>F. On no less than monthly basis, remove the ice to wash the inside of the machine.</p> <p>During a record review, the facility Instruction Manual for Ice Dispenser Models DB-130H and DB-200H indicated:</p> <p>B. Cleaning and Sanitizing Instructions: The ice dispenser must be cleaned and sanitized at least once a year. More frequent cleaning and sanitizing may be required in some water conditions. For icemaker cleaning and sanitizing instructions, see the icemaker instruction manual.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement and maintain infection control measures by failing to ensure the end of a gastric tube (GT- is a tube inserted through the abdomen into the stomach for nutrition, hydration, and medication) that is connected to a resident was secured, capped, and was not on the floor for one of two sampled residents (Resident 4).</p> <p>This deficient practices had the potential to result in infection and hospitalization for Resident 4.</p> <p>Findings:</p> <p>During a record review, the admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnoses including urinary tract infection (an infection in your urinary system, which includes your bladder, urethra, and kidneys, gastrostomy (a surgical procedure where a doctor makes an opening in the stomach, usually to access its interior).</p> <p>During a record review, the Skilled Nursing Facility Follow-up Visit dated 6/3/2025, indicated, Resident 4 has GT.</p> <p>During a record review, the Order Summary Report for Resident 4 dated 6/12/2025, indicated Enteral Feed (a method of providing nutrition directly into the gastrointestinal (GI) tract through a tube) every evening and night shift Jevity (a brand name for a medical product that provides nutritional support for people who are unable to eat or have difficulty eating) 1.5 at 40 milliliters (ml-unit of measurement) per (hr) via pump x 10 hour=400 ml/24 hour 600 calories/24 hours via G-tube for dysphagia. The Order summary Report indicated Jevity to be turned on 8 pm, off at 6 am, or until dose is reached.</p> <p>During a record review, the Minimum Data Set (MDS - resident assessment tool) dated 5/15/2025, indicated Resident 4's cognitive (mental process of acquiring knowledge and understanding through thought, and understanding) skills for daily decision making were intact. It further indicated Resident 4 needed substantial/maximal assistance with putting on her shoes, upper and lower body dressing, and toileting hygiene.</p> <p>During a record review of Resident 4's care plan titled Enteral Feeding initiated on 8/9/2024 and revised on 4/15/2025, indicated Resident 4 is on feeding tube.</p> <p>During an observation on 6/11/2025 at 11:28 AM, Resident 4 noted to be clean, well groomed, and dressed appropriately for the weather, hair noted to be well groomed. The GT feeding machine was turned off and disconnected from Resident 4. The GT bottle (Jevity) was connected to the feeding tube pump and was lying on floor uncapped (not covered) and a moderate amount of the Jevity was leaking on the floor. During an Interview with Licensed Vocational Nurse (LVN) 1 stated when disconnecting the GT from the resident, the tip of the was supposed to place a cap to cover the gastric tubing to prevent it from getting contaminated and it is a infection control issue. LVN 1 stated if a nurse uses a contaminated feeding tubing that was on the floor uncovered and reconnect the tubing back to the resident, the resident can get very sick and inquire an infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/2025 at 9:55 AM, with LVN 2 stated if a cap is not placed on the GT once disconnected from the residents the resident can get an infection and become septic (a serious condition in which the body responds improperly to an infection).</p> <p>During an interview on 6/13/2025 at 1:16 PM, with the Director of Nursing (DON), stated the licenses nurses are always supposed to cap the G-tube tubing whenever they disconnect it from the resident to prevent infection control. The DON stated if the GT falls on the floor and the nurse reconnects it back to the resident the resident, the resident could inquire a bad infection and get very sick.</p> <p>During a record review, the facility policy and procedures titled Infection Control-Policy and Procedure with a reviewed date of 1/27/25, indicated,</p> <p>Purpose: To provide infection control policies and procedures required for a safe and sanitary environment.</p> <p>Policy: The facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment.</p> <p>Procedure:</p> <p>II. Objectives:</p> <p>A. Prevent, detect, investigate, and control infections in the facility.</p> <p>B. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.</p> <p>IV. Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control.</p> <p>Based on interview and record review, the facility failed to implement and/or maintain infection control measures for when:</p> <p>1.</p> <p>the facility failed remove intravenous catheter (IV -a thin, flexible tube inserted into the vein to deliver fluids, medications, or other treatments directly into the blood stream) when IV therapy was completed for one of one sampled resident (Resident 6).</p> <p>2.</p> <p>Prevent g-tube feeding tube from falling on the floor.</p> <p>3.</p> <p>Place a cap on g-tube feeding tube when not in use.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>These deficient practices had the potential to result in infection and possible hospitalization for Resident 4 and Resident 6.</p> <p>Findings:</p> <p>A review of Resident 6's admission Record indicated the facility admitted Resident 6 on 6/16/2020 and readmitted Resident 6 on 5/6/2025 with diagnoses including hypertension (elevated blood pressure), chronic kidney disease (when kidneys, that filter waste from the blood become damaged and don't work as well as they should), and diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>A review of Resident 6's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 5/13/2025, indicated Resident 6 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 6 required substantial/maximal staff assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 6's physician orders dated 6/7/2025 with an end date of 6/8/2025, indicated sodium chloride solution (Salt water) 0.9 percent (% -unit of measure as a part of one hundred), use 1 liter (unit of measure for fluids) intravenously one time a day for hydration until 6/8/2025 0:00 A.M., at 75 cubic centimeters per hour (cc/h -unit of volume in liquid).</p> <p>During an observation on 6/10/2025, at 9:12 A.M., in Resident 6's room, a peripheral iv line gauge 24 was observed on Resident 6's left forearm dated 6/8/2025.</p> <p>During an interview on 6/11/2025, at 9:04 A.M., with Licensed vocational Nurse (LVN 1), LNV 1 stated, Resident 6 had an IV access for hydration that was discontinued yesterday (6/10/2025).</p> <p>During an interview, on 6/13/2025, at 12:55 P.M., with the Registered Nurse Supervisor (RNS 1), RNS 1 stated, Resident IV access are discontinued as soon as the hydration is done to prevent infection.</p> <p>During an interview, on 6/13/2025, at 12:55 P.M., with the Director of Nursing (DON), the DON stated, IV access are kept in place only if there is an order from the physician to maintain it in place, other wise the IV access is discontinued to prevent infection and possible skin breakdown. DON stated there was no documented evidence that the physician ordered for then IV access to remain in place otherwise, the IV needs to be discontinued after the hydration is complete.</p> <p>A review of the facility's Policy and Procedure (P&P), titled, Removal of a Peripheral (Over the needle, peripheral short) Catheter revised 1/27/2025, indicated, Peripheral IV catheters will be removed safely and aseptically by a nurse with demonstrated competency in this procedure . when therapy is completed .</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain one of two laundry service rooms (laundry room [ROOM NUMBER]) in good repair. By failing to ensure the floors were free of cracks, buckets holding chemicals were free of cracks and holes, the ceiling was clean, and the door leading to the trash area was intact.</p> <p>These deficient practices had the potential to result in an infestation of rodents, and or pests such as ants and roaches due to holes and substantial cracks found in the floor, and open pipes, including a broken door leading to the trash area of the laundry room.</p> <p>Findings:</p> <p>During observation of the laundry service area on 6/10/2025 at 11:03 AM the second room used for laundry services; had multiple areas in disrepair. In the second laundry services room that housed the washers, behind the washers the floor and wall were extremely dirty with cracks and one open pipe, under laundry chemical buckets the wooden platform that held the buckets of chemicals had holes and cracks in the base of the platform that stood about three inches off the floor. The floor area under the platform that supported the laundry chemicals was cracked and had a hole in the floor about 10 to 12 inches long. The ceiling had dark spots that looked to be a substance of unknown origin other than dirt, the ceiling in various places had peeling paint coming of in flakes. The door that led to the trash area was broken at the bottom area and the floor was several different colors.</p> <p>During concurrent observation of laundry room [ROOM NUMBER] and interview on 6/10/2025 at 11:12 AM Maintenance Supervisor (MS) stated that he was the acting supervisor for laundry services as well as the supervisor for maintenance of the building. During observation of the laundry room [ROOM NUMBER], it was noted that the wooden platform that supported the chemicals used to wash the linen and resident clothes was rotted or has suffered water damage. The floors behind the washing machine were cracked, with small holes, including one large hole about 10 to 12 inches in length. The wall just behind the washing machine had an open pipe. The door inside the laundry room leading to the trash area was broken at the bottom. In addition, the ceiling had a black discoloration in the corner and the ceiling paint was peeling and cracked. MS stated that he would have to perform some repairs and get estimates for other repairs and stated the repairs needed to be completed immediately.</p> <p>During concurrent observation and interview on 6/10/2025 at 11:25 AM the Administrator (ADM) stated the floor in laundry room [ROOM NUMBER] had to be repaired and it would be done as soon as an estimate was presented by the maintenance supervisor. The ADM stated the door in laundry room [ROOM NUMBER] would be repaired or replaced, and the ceiling appeared to have dirt, and it would be cleaned. The ADM stated all the other repairs such as paint removal and cleaning the ceiling could be done by the maintenance supervisor immediately.</p> <p>During a record review, the facility's Policy and Procedures (P&P) titled Maintenance Service dated revised 1/27/2025, indicated</p> <p>Policy:</p> <p>The Maintenance Department maintains all areas of the building, grounds, and equipment</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procedure</p> <ol style="list-style-type: none"> 1. The Maintenance Department is responsible for maintain the building, grounds, and equipment in a safe and operable manner at all times. 2. Functions of the Maintenance Department may include, but are not limited to: <ol style="list-style-type: none"> A. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines; B. Maintaining the building in good repair and free from hazards;

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that 13 out of 34 rooms (room [ROOM NUMBER], 4, 8, 9, 11, 14, 15, 16, 17, 18, 20, 22, and 33) met the 80 square feet (sq. ft.) per resident</p> <p>This deficient practice had the potential to result in inadequate space to provide safe nursing care and privacy for 39 Residents.</p> <p>Findings:</p> <p>The room waiver request and Client Accommodation analysis indicated the following rooms contained three residents and:</p> <p>RM# RM. Size (sq.ft) SQ.FT/Resident</p> <p>3 209 69.7</p> <p>4 209 69.7</p> <p>8 220 73.3</p> <p>9 220 73.3</p> <p>11 220 73.3</p> <p>14 220 73.3</p> <p>15 220 73.3</p> <p>16 216.66 72.2</p> <p>17 209 69.7</p> <p>18 209 69.7</p> <p>20 209 69.7</p> <p>22 209 69.7</p> <p>33 220 73.3</p> <p>The minimum requirement for a three bedroom should be at least 240 sq. ft.</p> <p>During general observations from 6/10/2025 to 6/13/2025, both residents and staff had enough space to move about freely inside the rooms. The nursing staff had adequate space to safely provide care to the residents with the side tables, dressers, and resident care equipment in rooms.</p> <p>(continued on next page)</p>

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/2025 at 8:34 AM, Restorative Nurse Aide 1 (RNA 1) stated rooms 17, 18, 20 and 22 provided adequate space to provide care for the residents.</p> <p>During a record review, the facility policy and procedures, Resident Rooms and Environment, dated 1/27/2025, indicated, It was the facility policy to provide residents with a safe, clean, comfortable and home like environment. The staff facility staff will provide residents with their pleasant environment and person-centered care that emphasizes the residents comfort, independence, and personal needs and preferences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER West Hollywood Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to ensure closet doors were functional in nine of nine resident rooms (Rooms 17, 18, 20, 21, 22, 23, 24, 25, and 26).</p> <p>This failures had the potential to cause harm to the residents.</p> <p>Findings:</p> <p>During an interview on 6/12/2025 at 11:30 AM, Family Member (FM) 1 stated Resident 32's space in his room is too small. Stated the closet door is broken. Stated she reported to one of the head nurses, but she cannot remember her name. FM 1 stated she followed up with the head nurse and she stated that she reported the broken closet door to the MS and as of today the closet door remains broken.</p> <p>During an observation and concurrent interview on 6/13/2025 at 11:54 AM, with the Maintenance Supervisor (MS), the closet doors were not attached at the bottom in resident rooms 17, 18, 20, 21, 22, 23, 24, 25, and 26. The closet doors were noted to swing open from the bottom. The MS stated the nurses unhook the closet sliding doors at the bottom so that they can store the resident's wheelchairs in the closet because there is not enough space in the resident's rooms to store the wheelchairs.</p> <p>During a concurrent record review on 6/13/2025 at 12:16 PM, with the MS, the facility request for repair log wa reviewed. The repair request log indicated that there was no logged in request for the repair of the closet doors for rooms 17, 18, 20, 21, 22, 23, 24, 25, and 26.</p> <p>During an interview on 6/13/2025 at 2:06 PM, Director of Nursing (DON) stated that the nurses are not supposed to be unhooking the resident's closet doors at the bottom to store the resident's wheelchairs. DON stated residents can get injured if the resident closets are being unhooked at the bottom and is swinging open at the bottom.</p> <p>During an interview and concurrent record review on 6/13//2025 at 3:16 PM, Medical Records Designee stated the document titled Director of Environment Services is the job description for the Maintenance Supervisor.</p> <p>During a record review, the facility policy and procedures titled Director of Environmental Services indicated, Principle Responsibilities: Technical: Ensure a safe, comfortable, sanitary environment for residents, staff and visitors in accordance with Federal, State, and Corporate requirements.</p>		