

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055932	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Four Seasons Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 5335 Laurel Canyon Blvd. North Hollywood, CA 91607	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary environment for one of three sampled residents (Resident 1) when on 12/2/2025 Resident 1's bathroom wall was noted with a rusty brown dry water streak. This deficient practice had the potential to negatively impact Resident 1's well-being. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 2/4/2025 and readmitted the resident on 9/25/25 with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), emphysema (is a chronic lung disease, part of COPD, where tiny air sacs in the lungs (alveoli) get damaged and lose their elasticity, creating large, inefficient air pockets instead of many small ones), and solitary pulmonary nodule (a single lung opacity smaller than 3 centimeters [a unit of measurement]). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/13/2025, the MDS indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 required setup or clean-up assistance with toileting, showering, lower body dressing, and putting on and taking off footwear and was independent with eating, oral hygiene, upper body dressing and personal hygiene. During an interview on 12/2/2025 at 11:55 p.m. with the Maintenance Staff (MS 1), MS 1 stated does not have any work orders for Resident 1 at this time. During a concurrent observation and interview on 12/2/2025 at 12:09 p.m. with Resident 1 in Resident 1's bathroom, Resident 1 stated there was a rusty brown dry water mark on the upper right of her bathroom wall. Resident 1 stated the rust mark appeared about two weeks ago when it rained heavily. Resident 1 stated this is a concern and she informed Laundry Aide (LA) 1, last weekend and LA 1 has yet to come by and look at Resident 1's bathroom. During a concurrent observation and interview on 12/2/2025 at 2:31 p.m. with LA 1, LA 1 stated was told by Resident 1 on 11/27/25 (Thursday) and or 11/28/2025 (Friday) that there was a water leak in Resident 1's room. LA 1 observed the bathroom and stated there is a brown and yellow water stain from the leak. LA 1 stated did report that there was a leak in Resident 1's room not sure when. LA 1 stated that she did not submit a work order. During a concurrent interview and observation on 12/2/2025 at 4 p.m. with the Director of Nursing (DON), the DON stated was not aware Resident 1 had concern with a leak. The DON observed Resident 1's bathroom and stated for environment it should be homelike and fixed. The DON stated this would not be homelike if Resident 1 does not like to have their room like this. During a review of the Facility Policy and Procedures P&P titled, Resident Rooms and Environment, last reviewed on 6/25/2025, the P&P indicated the resident has a right to a safe, clean, comfortable, and homelike environment. I. Facility Staff aim to create a personalized, homelike atmosphere, paying close attention to the following: a. Cleanliness and order. During a review of the Facility P&P titled, Housekeeping General, last reviewed on 6/25/2025, the P&P indicated to ensure that the facility is clean, sanitary and in good repair at all times as to promote the health and safety of residents, staff, and visitors.</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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