

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 12/12/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. (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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review the facility failed to exercise reasonable care for the protection of the resident's property from loss or theft for one of three sampled residents (Resident 1) when the facility failed to document Resident 1's lost or stolen coin purse containing her social security and identification card were documented in the facility's Theft and Loss log. This failure had the potential to prevent tracking of additional lost items and hinder the facility's ability to identify patterns or trends related to theft and loss of resident property. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 2/3/2020 and readmitted the resident on 2/3/2022 with diagnoses including hypertension (HTN - high blood pressure), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of the left and right knee, and chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing). During a review of Resident 1's History and Physical (H&P), dated 4/18/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/16/2025, the MDS indicated Resident 1's cognitive ability (thought process) was intact. The MDS indicated Resident 1 was independent with activities of daily living (ADLs - activities such as bathing, dressing, and toileting) for eating, toileting, and upper body dressing. The MDS indicated Resident 1 required partial or moderate assistance with the help of staff for lower body dressing and showering. During a review of Resident 1's Care Plan report, dated 12/5/2025, the care plan indicated Resident 1 goes outside of the facility with her family, buys food from outside to share with other residents, and spends her money when she goes out on pass with the family. During an interview with Resident 1 on 12/12/2025 at 12:24 p.m., Resident 1 stated her coin purse with her identification and her social security card were stolen on 12/3/2025 from underneath her pillow where she hides it. Resident 1 stated that she had \$600 in her coin purse that she was saving to give to a family member. Resident 1 stated she asked the social worker to file a police report because her Social Security card, identification, and money were in the purse that was taken. Resident 1 stated that the police came, and a report a police report filed on 12/8/2025. During an interview on 12/12/2025 at 1:08 p.m. with Social Service Designee (SSD) 1, SSD 1 stated she was made aware of Resident 1's lost coin purse with the ID and Social Security card inside and stated she arranged for Resident 1 to have her identification and Social Security Card replaced and called the police so a police report could be filed. SSD 1 stated she completed the Resident Grievance/Complaint Investigation Report regarding the lost/missing items and did not complete the Theft and Loss Report or document the lost/missing items on Lost and Stolen Property Log according to the facility Theft and Loss Program Policy. SSD 1 stated it was her mistake she did not complete the Theft and Loss form or document Resident 1's missing items on the Lost and Stolen Log as indicated by the facility policy for Theft and Loss. During an interview on 12/12/2025 at 1:20 p.m. with the Social Service Designee Supervisor (SSDS), the SSDS stated the Theft and Loss logs should be completed when resident property is reported lost or stolen. During a review of the Los Angeles Police Department Theft Report (TR), dated 12/8/2025, the TR indicated Resident 1 expressed that her coin purse was stolen from her pillowcase where she hides it. The TR indicated Resident 1 stated her identification, Social Security card, and some cash were in the coin purse. During a review of the facility's Lost and Stolen Property Log, for October, November, and December 2025, the Lost and Stolen Property Logs indicated the facility identified that of the 12 lost or stolen incidents documented, the log did not include the estimated value of the lost or stolen items as required by facility policy. The Lost and Stolen Property Logs did not indicate the date and time the loss or theft was discovered and, when determinable, the date and time the loss or theft occurred. The Lost and Stolen Property Logs entries did not allow for determination of whether the documented date and time reflected the discovery of the incident or the actual occurrence of the loss or theft, as required by policy. During an interview with the Director of Nurses (DON) on 12/12/2025 at 2:00 p.m., the DON stated the facility theft and loss policy was not followed. The DON stated she was aware multiple policy required descriptions were left from the Lost and Stolen property logs and stated the logs should have been filled out by the social work staff. The DON stated that abiding by policy would align with providing appropriate care and services to residents. During a review of the facility's policy and procedure (P&P) titled, Theft and Loss Program dated 11/14/2025, the P&P indicated, The Theft/Loss Report Forms are readily available to residents, the administrator or designee investigates all reports of stolen items and documents the investigation on the Theft and Loss Report. The P&P indicated Social Service staff or designee documents</p>		