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

Printed: 05/05/2026
Form Approved OMB
No. 0938-0391

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 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Healthcare & Wellness Center, LP	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the care plan (a personalized, written plan that outlines a resident's health needs, goals, and the interventions required) of one of three sampled residents (Resident 1) was implemented to attain or maintain Resident 1's highest practicable physical, mental, and psychosocial well-being, when Registered Nurse (RN 2) failed to follow-up on the completion of diagnostic imaging tests (tests where technology is used to create pictures of inside a patient's body to identify the cause of symptoms or confirm the presence of disease) ordered by Resident 1's doctor and as indicated in Resident 1's care plan. This deficient practice resulted in delayed treatment for Resident 1. Findings: During a review of Resident 1's admission Record, dated 2/5/2026, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE]. The admission Record indicated Resident 1's diagnoses included hemiplegia (total or partial loss of muscle function on one entire side of the body) and hemiparesis (a neurological condition characterized by weakness or reduced motor function on one side of the body) following a cerebral infarction (a type of stroke where a blockage, such as a blood clot, stops blood flow to a part of the brain), morbid obesity (a chronic disease where an individual is 100 pounds or more over his/her ideal weight, or has a body mass index - a screening tool that estimates a person's body fat based on their height and weight - of 40 or higher), and lumbar radiculopathy (when an irritated nerve in the lower back causes pain, tingling, numbness, or weakness to travel down the buttock and leg). During a review of Resident 1's History and Physical Examination (H&P - a comprehensive assessment of a resident's medical condition), dated 12/12/2026, the H&P indicated Resident 1 is chairbound, has difficulty walking, and uses a manual wheelchair. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 1 needs substantial assistance with toileting hygiene, shower/bathe, and lower body dressing (a helper does more than half of the effort). The MDS indicated Resident 1 needs set up or clean up assistance with eating and oral hygiene (a helper provides verbal cues and/or contact guard assist as the resident completes the activity). During a concurrent interview and record review on 2/19/2026 at 11:46 a.m. with RN 1, Resident 1's Order Summary Report, dated 2/19/2026, was reviewed. RN 1 stated the Order Summary Report indicated that on 10/14/2025, Resident 1's doctor ordered a magnetic resonance imaging test (MRI - a test where a patient lies down inside a tube-shaped scanner that produces detailed images of the body, including bones and muscles) of the thoracic spine (the middle portion of the back) and lumbar spine (the lower portion of the back), as well as a computed tomography test (CT - a test where a patient lies down on a table that slides into a doughnut shaped scanner that takes pictures of the body) of the thoracic spine. RN 1 stated the Order Summary Report indicated the MRI and CT tests were scheduled to be completed on 11/6/2025 at a testing center outside the facility. RN 1 stated that if a resident goes to an appointment outside of the facility, the licensed nursing staff will (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

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 02/20/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	document before the appointment and upon [the resident's] return from the appointment. During a concurrent interview and record review on 2/19/2026 at 11:54 a.m. with RN 1, Resident 1's Nursing Progress Note, dated 11/6/2025, was reviewed. RN 1 stated Nursing Progress Note dated 11/6/2025 at 1:20 p.m. indicated Resident 1 was picked up by ambulance for Resident 1's MRI and CT tests to be completed outside the facility. RN 1 stated Nursing Progress Note, dated 11/6/2025 at 3:27 p.m., indicated Resident 1 returned from his MRI and CT appointment but cannot do the procedure as he is overweight. Need to find new place. RN 1 stated she reviewed subsequent nursing progress notes dated after 11/6/2025 but could not locate a note that described any follow-up made by the facility regarding the uncompleted MRI and CT tests. During a concurrent interview and record review on 2/19/2026 at 12:47 p.m. with RN 2, Resident 1's electronic record was reviewed. RN 2 stated she recalled the event when Resident 1 returned to the facility without having his MRI and CT tests completed because Resident 1's weight did not allow him to fit in the MRI and CT scanning machines. RN 2 stated we had to find a new place that could accommodate Resident 1's size. RN 2 stated, I endorsed it to the case manager. I'm not sure what happened after that. RN 2 stated after RN 2's 11/6/2025 dated nursing progress notes, there is no other [subsequent] progress notes describing any follow-up made by the facility to arrange the completion of the MRI and CT tests. RN 2 stated the case manager is supposed to find a new [diagnostic testing] place, but as nurses, we have to follow-up, too. RN 2 stated Resident 1's MRI and CT tests have not yet been rescheduled. When asked about the potential consequences for not ensuring Resident 1's ordered diagnostic tests were completed, RN 2 stated, [Resident 1] complained about pain and that's the reason for the MRI. If the MRI isn't done, then we can't find the reason for the pain so it's a delay of care. During an interview on 2/19/2026 at 1:15 p.m. with the Director of Admissions (DA), the DA stated, I assisted with case management approximately end of June [2025] to early July 2025 up to around end of January 2026. The DA stated the prior case manager had resigned last year in 2025, so the DA was assisting in the case management department. The DA stated that for diagnostic imaging tests that are ordered by a doctor, the case manager would first get a copy of the doctor's order because that's the only way to submit the request to insurance company for approval, if a resident is part of the Health Maintenance Organization (HMO - a type of health insurance plan). The DA stated once an insurance approval is received, the case manager will then find a testing center that is part of a resident's HMO and set up an appointment. During a concurrent interview and record review on 2/19/2026 at 1:26 p.m. with the DA, Resident 1's Appointment Information sheet, undated was reviewed. The DA stated Resident 1's Appointment Information sheet was completed by the facility's corporate office. The DA stated, Our corporate has a hub of case managers, and they help us arrange appointments. The DA stated the Appointment Information sheet indicated Resident 1 had an MRI and CT appointment scheduled for 11/6/2025 at 3 p.m. When asked why Resident 1's MRI and CT appointment on 11/6/2025 was cancelled, the DA stated he did not recall anyone telling the DA the appointment was cancelled. The DA stated, Nursing would let me know, but I don't recall anyone telling me about it. When asked what DA would have done if someone did inform DA that Resident 1's MRI and CT appointment was cancelled, DA stated, We would have to find an MRI center that would accommodate the patient. During a review of Resident 1's Nursing Progress Note, dated 2/19/2026 and authored by the Director of Nursing (DON), the Nursing Progress Note indicated a phone call by the facility was made on 2/19/2026 to a diagnostic testing center regarding Resident 1's ordered MRI and CT tests. The Nursing Progress Note indicated the diagnostic testing center replied that they potentially can see [Resident 1] depending on the insurance and authorization and his weight. The Nursing Progress Note further indicated Resident 1's facesheet (a coversheet that has Resident 1's basic demographic (continued on next page)

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 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Healthcare & Wellness Center, LP	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	information) and med-list (summary of Resident 1's overall medical status) would be faxed to the diagnostic testing center for review. During a concurrent interview and record review on 2/20/2026 at 10:33 a.m. with RN 1, Resident 1's Care Plan, dated 2/20/2026, was reviewed. RN 1 stated the purpose of a care plan is to ensure we are identifying an issue, setting a goal, and implementing interventions to meet that goal. RN 1 stated Resident 1's Care Plan had a nursing intervention that indicated the following: Obtain and monitor lab/diagnostic work (various medical tests, such as MRI and CT, used to identify the cause of symptoms or confirm the presence of disease) as ordered [by the doctor]. Report results to MD (doctor) and follow up as indicated. RN 1 stated Resident 1's Care Plan nursing intervention that indicated for nursing to follow up on diagnostic work as ordered was not implemented because the nursing staff failed to ensure the 11/6/2025 cancelled MRI and CT appointment was rescheduled. RN 1 stated the nursing staff should have followed up on finding another diagnostic testing center that could accommodate Resident 1's size, and on timely scheduling an appointment for Resident 1 to complete the ordered MRI and CT tests. RN 1 stated it is important to follow up and implement a resident's care plan because you want to meet the patient's needs. During an interview on 2/20/2026 at 11:33 a.m. with the DON, the DON stated the purpose of a care plan is to identify a problem, goal and intervention for a resident. The DON stated it is important to follow a resident's care plan and implement the interventions in order to meet the goal of the patient and to see if [the interventions are] effective or not effective. The DON stated it is a standard nursing practice to carry out a doctor's order (to perform/complete a particular treatment that a doctor prescribes for a resident). The DON stated that the DON was aware that Resident 1's doctor had ordered MRI and CT tests back in October 2025, and that Resident 1's MRI and CT appointment was cancelled in November 2025 due to Resident 1's size. The DON stated the purpose of diagnostic tests was to know what to do next in a patient's plan of care. The DON stated there had been a delay in care when Resident 1's MRI and CT appointments were cancelled, and the facility did not follow up as indicated in Resident 1's care plan. During a review of the facility's policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 9/7/2023, the P&P indicated the following: The Facility will provide person-centered, comprehensive, and interdisciplinary care that reflects best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well- being. The P&P indicated a resident's care plan will include, at minimum . physician orders. The P&P indicated a resident's care plan must reflect the resident's stated goals and objectives, and include interventions that address his or her needs. During a review of the facility's job description for RN titled, RN Staff Nurse Job Description, undated, the job description indicated a registered nurse provides nursing care prescribed by physician/health care professional in accordance with.established standards of care, policies, and procedures. The RN job description indicated a registered nurse implements.nursing interventions to the resident plan of care, and completes medical treatments as indicated and ordered by the physician.

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 02/20/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of three sampled residents (Resident 1, Resident 2, and Resident 3): 1. Did not have medications that were left unattended at the residents' bedsides. 2. Had physician orders for the medications that were observed with no pharmacy labels at the residents' bedsides. 3. Had self-administration assessments for the medications that were observed at the residents' bedsides. These deficient practices had the potential to result in medication errors and harm to Resident 1, Resident 2, and Resident 3. Findings:1. During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted the resident on 2/12/2026 with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing).During a review of Resident 1's the History and Physical (H&P) dated 2/13/2026, the H&P indicated Resident 1 had the capacity to make medical decisions and did not have memory loss. During a concurrent interview and observation on 2/19/2026 at 1:45 p.m. with Resident 1, Resident 1 stated he has his own eye drops that he keeps on the table and uses daily for itchy eyes. Resident 1 stated he brought bottle of eye medication from home. The bottle with a manufacture's label read, Colirio Oftal-mycin (antibiotic lubricant) was observed on the Resident 1's night stand. There was no pharmacy label on the bottle of eye drops.2. During a review of Resident 2's AR, the AR indicated the facility admitted the resident on 7/15/2024 with diagnoses including DM, kidney disease with renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney/s have failed), and major depressive disorder (feeling sad for extended periods of time).During a review of Resident 2's H&P, dated 7/22/2025, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 was dependent with activities of daily living requiring maximum assistance from staff to perform more than half the effort with showering and upper and lower body dressing.During a concurrent interview and observation on 2/19/2026 at 1:50 p.m. with Resident 2, Resident 2 stated he has Vicks VapoRub (a medicated ointment used to rub or chest throat to reduce cough) which he uses daily to help him breathe. A container of Vicks VapoRub was observed on Resident 2's over bed table. The container did not have a pharmacy label. 3. During a review of Resident 3's AR, the AR indicated the facility admitted the resident on 12/26/2026 with diagnoses including COPD and DM.During a review of Resident 3's H&P, the H&P dated 12/29/2025 indicated Resident 3 had no memory loss and had the capacity to make medical decisions.During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 was independent in all activities of daily living being able to complete all daily tasks like dressing, eating, and bathing independently.During a concurrent interview and observation on 2/20/2026 at 10:30 a.m. with Resident 3, Resident 3 stated he uses a rescue inhaler located on his nightstand when he goes outside of the facility and when he is wheezing. Resident 3 stated he brought the inhaler from home. An inhaler marked Albuterol (a hand-held device used to deliver medication to help with breathing difficulty) was observed on Resident 3's night stand. The container did not have a pharmacy label. During an interview on 2/20/2026 at 1 p.m. with the Director of Nursing (DON), the DON stated she was not aware that Resident 1, Resident 2, and Resident 3 had medications for self-administration at their bedsides and indicated the residents should not have the medications unless they have been assessed for self-administration, and have a physician's order for self-administration which Resident 1, Resident 2, and Resident 3 did not have. The DON stated that there was no self-administration assessment completed for (continued on next page)

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 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Four Seasons Healthcare & Wellness Center, LP	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 1, Resident 2, and Resident 3 and the residents having the medications at the bedside for self-administration placed the residents at risk for medication errors and medication misuse. During a review of the facility's policy and procedure (P&P) dated 8/19/2025 titled, Medication -Self Administration, the P&P indicated, Residents have the right to self-administer medication when it is deemed safe and appropriate.Process if a resident requests to self-administer medication the interdisciplinary team will assess the residents cognitive and physical ability to safely administer the medications. The licensed nurse completes the self-administration of medication assessment which evaluates the residents' cognitive function, physical ability, medication knowledge, compliance history, and knowledge of proper storage and safety. A written physician's order is required before a resident begins self-administration Storage and security, the medications will be placed in a secure drawer or cabinet that is easily accessible to the resident. nursing staff will monitor the resident's ability to continue to self-administer safely. The licensed nurse will inspect the contents of the medication containers for evidence the medication may not be able to administered All self-administered medications must have a complete pharmacy label as directed is not acceptable Over the counter medications must have intact readable labels Self-administration of medication will be documented in the resident's Plan of Care and the Medication Administration Record.

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 02/20/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the medical record of one of three sampled residents (Resident 1) was complete and accurately documented, when Registered Nurse (RN 2) failed to document that RN 2 endorsed (the act of handing over responsibility and crucial information about a patient from one staff member to another) to case manager (CM) and to the next nursing shift that Resident 1's magnetic resonance imaging tests (MRI - a test where a patient lies down inside a tube-shaped scanner that produces detailed images of the body) and computed tomography test (CT - a test where a patient lies down on a table that slides into a doughnut shaped scanner that takes pictures of the body), scheduled on 11/6/2025, were cancelled because the testing center could not accommodate Resident 1's size and, as a result, the facility needed to locate another testing center to reschedule. This deficient practice resulted in an incomplete and inaccurate medical record for Resident 1. Findings: During a review of Resident 1's admission Record, dated 2/5/2026, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE]. The admission Record indicated Resident 1's diagnoses included hemiplegia (total or partial loss of muscle function on one entire side of the body) and hemiparesis (a neurological condition characterized by weakness or reduced motor function on one side of the body) following a cerebral infarction (a type of stroke where a blockage, such as a blood clot, stops blood flow to a part of the brain), morbid obesity (a chronic disease where an individual is 100 pounds or more over his/her ideal weight, or has a body mass index - a screening tool that estimates a person's body fat based on their height and weight - of 40 or higher), and lumbar radiculopathy (when an irritated nerve in the lower back causes pain, tingling, numbness, or weakness to travel down the buttock and leg). During a review of Resident 1's History and Physical Examination (H&P - a comprehensive assessment of a resident's medical condition), dated 12/12/2026, the H&P indicated Resident 1 is chairbound, has difficulty walking, and uses a manual wheelchair. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 1 needs substantial assistance with toileting hygiene, shower/bathe, and lower body dressing (a helper does more than half of the effort). The MDS indicated Resident 1 needs set up or clean up assistance with eating and oral hygiene (a helper provides verbal cues and/or contact guard assist as the resident completes the activity). During a concurrent interview and record review on 2/19/2026 at 11:46 a.m. with RN 1, Resident 1's Order Summary Report, dated 2/19/2026 was reviewed. RN 1 stated the Order Summary Report indicated that on 10/14/2025, Resident 1's doctor ordered an MRI of the thoracic spine (the middle portion of the back) and lumbar spine (the lower portion of the back), as well as a CT of the thoracic spine. RN 1 stated the Order Summary Report indicated the MRI and CT tests were scheduled to be completed on 11/6/2025 at a testing center outside the facility. RN 1 stated that if a resident goes to an appointment outside of the facility, the licensed nursing staff will document before the appointment and upon [the resident's] return from the appointment. During a concurrent interview and record review on 2/19/2026 at 11:54 a.m. with RN 1, Resident 1's Nursing Progress Note, dated 11/6/2025 was reviewed. RN 1 stated Nursing Progress Note dated 11/6/2025 at 1:20 p.m. indicated Resident 1 was picked up by ambulance for Resident 1's MRI and CT tests to be completed outside the facility. RN 1 stated Nursing Progress Note dated 11/6/2025 at 3:27 p.m. indicated Resident 1 returned from his MRI and CT appointment but cannot do the procedure as he is overweight. Need to find new place. RN 1 stated she reviewed subsequent nursing progress notes dated after 11/6/2025 but could not locate a note that described any follow-up made by the facility regarding the uncompleted MRI and CT tests. (continued on next page)

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 02/20/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 2/19/2026 at 12:47 p.m. with RN 2, Resident 1's electronic record was reviewed. RN 2 stated she recalls the event when Resident 1 returned to the facility without having his MRI and CT tests completed because Resident 1's weight did not allow him to fit in the MRI and CT scanning machines. RN 2 stated we had to find a new place that could accommodate Resident 1's size. RN 2 stated, I endorsed it to the case manager. I'm not sure what happened after that. RN 2 stated after RN 2's 11/6/2025 dated nursing progress notes, there is no other [subsequent] progress notes describing any follow-up made by the facility to arrange the completion of the MRI and CT tests. RN 2 stated the case manager is supposed to find a new [diagnostic testing] place, but as nurses, we have to follow-up, too. When asked if RN 2 informed the next nursing shift about the cancelled MRI and CT appointment and the need to follow up on rescheduling, RN 2 stated RN 2 endorsed to night shift but RN 2 could not locate a nursing progress note indicating RN 2 made the endorsement. When asked about the potential consequences for not documenting the endorsement to both CM and to the next nursing shift, RN 2 stated there is no proof in Resident 1's medical record that RN 2 took those actions. During an interview on 2/19/2026 at 1:15 p.m. with the Director of Admissions (DA), the DA stated, I assisted with case management approximately end of June [2025] to early July 2025 up to around end of January 2026. The DA stated the prior case manager had resigned last year in 2025, so the DA was assisting in the case management department. The DA stated that for diagnostic imaging tests that are ordered by a doctor, the case manager would first get a copy of the doctor's order because that's the only way to submit the request to insurance company for approval, if a resident is part of the Health Maintenance Organization (HMO - a type of health insurance plan). The DA stated once an insurance approval is received, the case manager will then find a testing center that is part of a resident's HMO and set up an appointment. During a concurrent interview and record review on 2/19/2026 at 1:26 p.m. with the DA, Resident 1's Appointment Information sheet, undated was reviewed. The DA stated Resident 1's Appointment Information sheet was completed by the facility's corporate office. The DA stated, Our corporate has a hub of case managers, and they help us arrange appointments. The DA stated the Appointment Information sheet indicated Resident 1 had an MRI and CT appointment scheduled for 11/6/2025 at 3:00 p.m. When asked why Resident 1's MRI and CT appointment on 11/6/2025 was cancelled, the DA stated he did not recall anyone telling DA the appointment was cancelled. The DA stated, Nursing would let me know, but I don't recall anyone telling me about it. When asked what the DA would have done if someone did inform the DA that Resident 1's MRI and CT appointment was cancelled, the DA stated, We would have to find an MRI center that would accommodate the patient. During an interview on 2/20/2026 at 11:33 a.m. with the Director of Nursing (DON), the DON stated it is a standard nursing practice to carry out a doctor's order (to perform/complete a particular treatment that a doctor prescribes for a resident). The DON stated if a doctor's order is unable to be carried out during a nurse's shift, that nurse may endorse the doctor's order to the next shift for continuance of care. The DON stated that the DON was aware that Resident 1's doctor had ordered MRI and CT tests back in October 2025, and that Resident 1's MRI and CT appointment was cancelled in November 2025 due to Resident 1's size. The DON stated RN 2 should have documented her endorsement of Resident 1's cancelled MRI and CT tests so that the next nursing shifts could follow up. The DON stated the purpose of documentation is so that everyone knows what's going on with the patient and can follow up if needed. The DON stated if there is no documentation, then the action that a nurse claims to have taken did not occur. During a review of the facility's policy and procedure (P&P) titled, Completion and Correction, dated 1/1/2012, the P&P indicated the purpose is to ensure that medical records are complete and accurate. The P&P indicated entries will be recorded promptly as (continued on next page)

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 02/20/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the events or observations occur. The P&P further indicated that documentation will reflect medically relevant information concerning the resident.