STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055960	A. Building B. Wing	07/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Crescenta Healthcare Center	3050 Montrose Ave LA Crescenta, CA 91214

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Based on interview, and record review, the facility failed to provide a safe and secured environment for one of five sampled residents (Resident 1), reviewed for accidents/safety, who was identified at risk for elopement (when a person with cognitive [thought process] impairment leaves a safe area, such as a care facility or home, without awareness of the potential dangers), wandering (a person that roams around and becomes lost or confused about their location) out of the facility, and at risk for falls by failing to: 1. Implement care plan interventions to visually monitor hourly, and check whereabouts (the place where a person is located), of Resident 1, who had been assessed at Risk for Elopement and Falls which resulted in Resident 1 leaving without authorization or supervision during Resident 1's scheduled physician (Oncologist -a physician who has special training in diagnosing and treating cancer) appointment, outside the facility on 7/17/2025. 2. Ensure the facility staff communicated with the medical transport driver (Driver 1) and the Oncologist Office Staff of Resident 1's needs to be supervised visually and monitored for whereabouts due to Resident 1's elopement risk, while the resident is in the Physician's [Oncologist] Office on 7/17/2025, prior to the scheduled appointment on 7/17/2025. 3. Ensure Registered Nurse (RN) 1 and the facility's Social Services Director (SSD 1) provided Resident 1 with a facility staff to accompany the resident at the physician [Oncologist] appointment on 7/17/2025, outside the facility, when Resident 1 was sent with Driver 1 (not a facility staff) on 7/17/2025 at 1:15 PM, who dropped off and left Resident 1 unsupervised in the Oncologist Office. As a result of these deficient practices, Resident 1 eloped and was reported missing by Driver 1 and Oncologist Office Staff on 7/17/2025 at 2:30 PM at the Oncologist Office, which was 10 miles away from the facility. These deficient practices placed Resident 1 at risk for falls, motor vehicle accidents and exposed Resident 1 to other environmental elements that can lead to serious injury, serious harm, serious impairment or death. On 7/22/2025 (five days after Resident 1 was reported missing), the Oncologist Office Staff informed the facility that Resident 1 was back in Resident 1's family member's (FM 1) home. On 7/18/2025 at 7:41 PM, while onsite at the facility, the California Department of Public Health (CDPH) identified and notified the Administrator (ADM) and the Director of Nursing (DON) of an Immediate Jeopardy situation (IJ, a situation in which the provider's noncompliance [not following rules] with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident) regarding the facility's failure to provide one-on-one supervision to Resident 1, who was at high risk for elopement, during a physician's (Oncologist) appointment, outside of the facility that resulted to Resident 1 eloping from the Oncologist's office on 7/17/2025 and was placed at risk for falls, motor vehicle accidents and exposed to harsh environmental conditions that can lead to serious injury, serious harm, serious impairment, and/or death. On 7/19/2025 at 2:17 PM, the Administrator (ADM) provided an acceptable IJ Removal Plan (a detailed plan to address the IJ findings). On 7/19/2025 at 3:25 PM, while onsite and after the surveyor verified/confirmed the facility's full implementation of the IJ Removal Plan through observation, interview, record review, and determined that the IJ situation was no longer present, the IJ was removed onsite on 7/19/2025 at 3:25 PM, in the presence of the ADM and the Director of Nursing (DON). After the IJ was removed, the surveyor verified that the facility's non-compliance remained at a lower scope of isolated (when one or a very limited number of residents are affected and/or one or a very limited number of staff are involved) and lower severity of Level 2 (noncompliance with the requirements for participation that results in the potential for no more than minimal physical, mental, and/or psychosocial harm to the resident, but has the potential to result in more than minimal harm that is not immediate jeopardy). The IJ Removal Plan dated 7/19/2025 included the following information: 1. On 7/17/2025 at 2:30 PM, the facility was notified that Resident 1 was missing, the ADM, DON, Marketing Director, Central Supply Personnel, Rehabilitation Director, and Registered Nurse (RN) organized a search of the clinic and surrounding area. 2. On 7/18/2025 at 8 PM, the Regional Director of Clinical Operations provided a one-on-one in-service education to the ADM, DON, and SSD 1. The training covered the following: -Identification of residents at risk of elopement; -Risk assessment and care planning related to elopement; -New policies and procedures for residents' safety during External Medical and other Off-site (not in the facility) Visits for residents identified with risk for elopement. The requirement that the facility staff or a designated resident representative accompany such resident to appointments and the necessity of verbal and documented communication utilizing the consultation packet and providing the information including the Elopement Risk Evaluation Form to the receiving clinic regarding the resident's elopement risk. 3. The facility's Interdisciplinary Team (IDT- a group