

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  East Terrace Rehabilitation & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 South Western Avenue Los Angeles, CA 90018	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50379</p> <p>Based on interview and record review, the facility failed to assist one of three sampled residents (Resident 2) in exercising the resident ' s right to vote by failing to provide voting materials to the resident.</p> <p>This failure resulted in Resident 2 feeling frustrated and sad due to not being able to exercise the right to vote.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident 2 ' s diagnoses included cerebral infarction ([stroke] loss of blood flow to a part of the brain), Diabetes Mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertension ([HTN] high blood pressure).</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 10/22/2024, the MDS indicated Resident 2 was able to understand others and make self understood.</p> <p>During an interview on 11/6/2024 at 12:14 p.m. with Resident 2, Resident 2 stated he felt frustrated and sad when he was not provided the materials to vote or the opportunity to leave the facility to vote. Resident 2 stated Resident 2 expressed his interest in voting to the Social Services Assistant (SSA 1) on 8/2024.</p> <p>During an interview on 11/6/2024 at 12:50 p.m. with the Social Service Director (SSD), the SSD stated Resident 2 should have been provided the opportunity to exercise the right to vote. The SSD stated SSA 1 worked with Resident 2 and she (the SSD) was not aware of Resident 2 ' s lack of opportunity to vote.</p> <p>During an interview on 11/6/2024 at 1:51 p.m. with SSA 1, SSA 1 stated Resident 2 informed him of his interest in voting on 10/2024. SSA 1 stated he did not provide Resident 2 with the materials to register to vote and receive a ballot through the mail. SSA 1 stated he did not document any efforts to enable Resident 1 to vote. SSA 1 stated Resident 2 was not offered the opportunity to leave the facility and go to vote in-person.</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 0550</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 11/6/2024 at 4:10 p.m. with Registered Nurse (RN)1, Resident 2 ' s care plans and progress notes dated 11/2024 were reviewed. RN 1 stated, there were no care plans or progress notes indicating Resident 2 was provided the opportunity to vote. RN 1 stated Resident 2 did not have the opportunity to vote, and every resident has the right to the opportunity to vote.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Resident Rights, dated 1/1/2012, the P&amp;P indicated the facility will make every effort to assist each resident in exercising their rights to participate in community activities, such as voting. The P&amp;P indicated the facility would provide transportation to community activities through the Social Services Department.</p>