STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056114	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Terrace Rehabilitation & Wellness Centre, LP	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect one of four residents (Resident 1), from sexual abuse (a non-consensual sexual contact of any type with a resident). The facility failed to: 1). Ensure Resident 2 ' s (perpetrator) whereabouts (location) was monitored onb 6/10/2025. 2). Ensure Resident 2 who was alert and can make self-understood, did not went into Resident 1 ' s room (victim). This failure resulted in Resident 2 sexually assaulting Resident 1 on 6/10/2025. This failure had the potential to cause psychosocial harm to Resident 1. Findings: a). During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE], with a diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (mental illness characterized by persistent sadness, loss of interest in activities, and significant impairment in daily life), and anxiety disorder (feelings of worry, nervousness, or unease). During a review of Resident 1 ' s History and Physical (H&P) dated 12/30/2024, the H&P indicated Resident 1 cannot make medical decisions. The H&P indicated Resident 1 can make needs known. During a review of residents 1 ' s Minimum Data Set (MDS – a resident assessment tool), dated 3/15/2025, the MDS indicated Resident 1 had no cognitive impairment. The MDS indicated Resident 1 required partial/ moderate assistance (Helper does less than half the effort) with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene The MDS indicated Resident 1 required supervision or touching assistance with transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side.) During an interview 6/12/2025 at 9:30 a.m. with Resident 1, Resident 1 could not recall what happened on 6/10/2025. Resident 1 was confused, talking about her neighbor ' s apartment and stated a lot of people touched her when she moved around or when they say hi to her. (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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b). During a review of Resident 2 ' s admission Record, the admission Record indicated Resident 2 was newly admitted to the facility on [DATE], with diagnoses including bipolar disorder (mood swings ranging from depressive lows to manic highs), other psychoactive substance (substance abuse substances include alcohol, caffeine, nicotine, marijuana, and certain pain medicines), and tobacco use (Nicotine dependence.) During a review of Residents 2 ' s clinical admission record, dated 6/9/2025, the admission record indicated Resident 2 was alert, makes self-understood and can understand others. The record indicated Resident 2 can move all extremities and had no impairment. During a review of the facility ' s census dated 6/10/2025, the census indicated Resident 2 was not in the facility and was sent to a general acute care hospital on 6/10/2025 for evaluation. During a review of the Interdisciplinary Team ([IDT] group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) meeting notes dated 6/11/2025 at 10:00 a.m., the IDT notes indicated, on 6/10/2025 at approximately 1:05 a.m., during a routine room check by the 11 p.m. to 7 a.m. shift, the Registered Nurse (RN) 1 Supervisor, observed Resident 2 was on top of Resident 1, in Resident 1 ' s room. The RN 1 stated Resident 1 had her pants down, and Resident 2 ' s face was near her genital area. RN 1 intervened immediately and separated both residents. During an interview on 6/12/2025 at 10:37 a.m. with the Certified Nursing Assistance (CNA) 3, CNA 3 stated Resident 1 was alert, can follow simple commands, but confused. CNA 3 stated Resident 1 liked to walk around her room and in the hallways. CNA 3 stated on 6/9/2025, Resident 1 was seen sitting in the front lobby, talking with another residents. CNA 3 stated male residents were not allowed by the facility to go inside female resident ' s rooms. During an interview on 6/12/2025 at 11:45 a.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated any allegations or types of abuse should be reported to the Administrator (ADM) right away. LVN 3 stated Resident 2 was a newly admitted resident and was alert and oriented. LVN 3 stated the facility protocol when a resident is newly admitted was to check on the resident ' s behavior and where the residents are for the residents' safety. LVN 3 stated we need to know where the residents are because some residents are unable to sleep. During an interview on 6/12/2025 at 12:20 p.m. with the RN 1, RN 1 stated Resident 1 was only oriented to name and can be redirectable. RN 1 stated, on 6/10/2025 around 1 a.m., during his routine rounds; Resident 2 was not in his room. RN 1 stated when he got to Resident 1 ' s room, the door was closed. RN 1 stated he opened the door and saw both Residents 1 and 2 were on bed. RN 1 stated Resident 1 was laying on supine position (flat on back) with her pants down and Resident 2 ' s face was down in Resident 1 ' s genital area (private part of the body). RN 1 stated he separated both residents and took Resident 2 back to his room. RN 1 stated Resident 1 was assessed and had no signs of emotional trauma and injuries. RN 1 stated both residents were provided one-to-one supervision. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/12/2025 at 2:51 p.m. with the Director of Nursing (DON), the DON stated she was notified on 6/10/2025 at 1:00 a.m., regarding what happened between Resident 1 and Resident 2 on 6/10/2025. The DON stated we kept males and females rooms apart, and male residents cannot go inside females rooms. The DON stated CNAs had been informed to always check on residents and stay close to their assigned area. The DON stated the facility has no policy for consensual (both parties in agreement) sexual relationship because it was something that do not happen all the time. The DON stated the facility have no consent or IDT meeting related to the consensual sexual relationship between Resident 1 and Resident 2. During an interview on 6/12/2025 at 3:15 p.m. with the Administrator (ADM), the ADM stated the DON informed him about Resident 1 and Resident 2 ' s incident (Resident 1 with her pants down and Resident 2 ' s face was down in Resident 1 ' s genital area) on 6/10/2025 at 1:30 a.m. The ADM stated both residents were separated immediately and were not in distress. During an interview on 6/18/2025 at 2:48 p.m. with the ADM, the ADM stated when residents express their desire to having a sexual relationship, first we need to assess the mental capacity of the residents. The ADM stated an IDT meeting should be conducted and consents obtained prior to the residents able to have sexual relationship. The ADM stated the facility had not conducted an IDT meeting nor obtained consents for Resident 1 and Resident 2 to have a consensual sexual relationship. During a review of the Wikipedia, The Free Encyclopedia website at https://en.wikipedia.org/wiki/Sexual_abuse, the website indicated sexual abuse is abusive sexual behavior by one person upon another, by taking advantage of another. The website indicated sexual abuse can be perpetrated against other vulnerable populations like the elderly, a form of elder abuse, or those with developmental disabilities

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an act of sexual abuse (a non-consensual sexual contact of any type with a resident) for two of four sampled residents (Resident 1 and Resident 2), within two (2) hours as indicated in the facility ' s Policy and Procedure (P&P) titled Abuse Prevention and Management. This failure delayed the investigation by the California Department of Public Health (CDPH) and placed the other residents at risk for abuse. Findings: a). During a review of Resident 1 ' s (victim) admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE], with a diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (mental illness characterized by persistent sadness, loss of interest in activities, and significant impairment in daily life), and anxiety disorder (feelings of worry, nervousness, or unease.) During a review of Resident 1 ' s History and Physical (H&P) dated 12/30/2024, the H&P indicated Resident 1 cannot make medical decisions. The H&P indicated Resident 1 can make needs known. During a review of residents 1 ' s Minimum Data Set (MDS – a resident assessment tool), dated 3/15/2025, the MDS indicated Resident 1 had no cognitive impairment. The MDS indicated Resident 1 required partial/ moderate assistance (Helper does less than half the effort) with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene The MDS indicated Resident 1 required supervision or touching assistance with transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side.) During an interview 6/12/2025 at 9:30 a.m. with Resident 1, Resident 1 could not recall what happened on 6/10/2025. Resident 1 was confused, talking about her neighbor ' s apartment and stated a lot of people touched her when she moved around or when they say hi to her. b). During a review of Resident 2 ' s (perpetrator) admission Record, the admission Record indicated Resident 2 was newly admitted to the facility on [DATE], with diagnoses including bipolar disorder (mood swings ranging from depressive lows to manic highs) other psychoactive substance (substance abuse substances include alcohol, caffeine, nicotine, marijuana, and certain pain medicines), and tobacco use (Nicotine dependence). During a review of Residents 2 ' s clinical admission record, dated 6/9/2025, the admission record indicated Resident 2 was alert, makes self-understood and can understand others. The record indicated Resident 2 can move all extremities and had no impairment. During a review of the facility ' s census dated 6/10/2025, the census indicated Resident 2 was not in the facility and was sent to a general acute care hospital on 6/10/2025 for evaluation. (continued on next page)

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the Interdisciplinary Team ([IDT] group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) meeting notes dated 6/11/2025 at 10:00 a.m., the IDT notes indicated, on 6/10/2025 at approximately 1:05 a.m., during a routine room check by the 11 p.m. to 7 a.m. shift, the Registered Nurse (RN) 1 Supervisor, observed Resident 2 was on top of Resident 1, in Resident 1 ' s room. The RN 1 stated Resident 1 had her pants down, and Resident 2 ' s face was near her genital area (private part of the body). RN 1 intervened immediately and separated both residents. During an interview on 6/12/2025 at 12:20 p.m. with RN 1, RN 1 stated he called the ADM on 6/10/2025, but did not answer. RN 1 stated he then called the Director of Nursing (DON) and informed her about the incident when Resident 2 was found in Resident 1 ' s room, on top of Resident 1 who had her pants down, and Resident 2 ' s face was near Resident 1 ' s genital area. RN 1 stated he asked the DON if she wanted him (RN 1) to report the incident to the CDPH and was told by the DON, the ADM will do it. RN 1 stated I am a mandatory reporter of abuse. RN 1 stated it was important to report Residents 1 and 2 ' s incidents for residents ' safety. RN 1 stated any kind of abuse allegations should be reported to the abuse coordinator of the facility, police, and CDPH within 2 hours. RN 1 stated any person can fill the Report of Suspected Dependent Adult/Elder Abuse (SOC 341) form and report to CDPH. RN 1 stated the incident was not reported to CDPH nor to the police. During an interview on 6/12/2025 at 3:15 p.m. with the ADM, the ADM stated Resident 1 was not oriented, but she can make her needs known. The ADM stated he received a call on 6/10/2025 at 1:30 a.m. from the DON regarding the incident with Resident 1 and Resident 2 (Resident 2 was found in Resident 1 ' s room, on top of Resident 1 who had her pants down, and Resident 2 ' s face was near Resident 1 ' s genital area). The ADM stated any allegation of abuse should be reported to the police, CDPH, Ombudsman (patient advocate) and the doctor within 2 hours. The ADM stated it (the incident) should have been reported to the CDPH because we are accountable in providing the residents a safe environment. During a review of the facility ' s policy and procedures (P&P) titled, Abuse Prevention and Management, dated 5/30/2024, the P&P indicated when the Administrator or designated representative receives a report of an incident or suspected incident of resident abuse, the Administrator or designated representative, will notify outside agencies of Allegation of Abuse With No Serious Bodily Injury. The P&P indicated the following: A. The Administrator or designated representative will notify within two (2) hours notify, by telephone, CDPH, the Ombudsman and Law Enforcement. B. The Administrator or designated representative will send a written SOC341 report to the Ombudsman, Law Enforcement and CDPH Licensing and Certification within 2 hours. VI. Reporting of Reasonable Suspicion of a Crime Against a Resident: A. The Administrator or designated representative within 2 hours notify, by telephone, CDPH, the Ombudsman and Law Enforcement. B. The Administrator or designated representative will send a written SOC341 report to the Ombudsman, Law Enforcement and CDPH Licensing and Certification within 2 hours.