| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056114 | A. Building<br>B. Wing | 08/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| East Terrace Rehabilitation & Wellness Centre, LP | 2415 South Western Avenue<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>(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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure three of the five sampled residents (Resident 3, Resident 4, and Resident 5) had an individualized resident care plan developed for Coronavirus ([COVID-19]- highly contagious viral infection) infection. This deficient practice had the potential to place the residents at risk for complications of COVID-19 infection and had the potential for the COVID-19 virus to spread, placing other residents and staff at risk of infection. Findings:a. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was originally admitted to the facility on [DATE] with diagnoses including hypertension (HTN-high blood pressure,) hyperlipidemia (high levels of fat particles (lipids) in the blood) and unspecified polyarthritis (four or more joints in the body are painful and inflamed.)During a review of Resident 3's History and Physical (H&P) dated 6/23/2025, the H&P indicated Resident 3 had the mental capacity to make needs known but could not make medical decisions.During a review of Residents 3's Minimum Data Set (MDS - a resident assessment tool), dated 6/9/2025, the MDS indicated Resident 3 required maximum assistance with staff with activities of daily living (ADL) such as dressing, toilet use, personal hygiene, 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 a review of Resident 3's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents,) dated 8/7/2025 the SBAR indicated Resident 3's tested positive for Covid 19. b. During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was originally admitted to the facility on [DATE] with diagnoses including schizoaffective disorder (a mental illness that is characterized by disturbances in thought,) hyperlipidemia and transit ischemia attack (a brief interruption of blood flow to the brain.)During a review of Resident 4's H&P dated 6/25/2025, the H&P indicated Resident 4 had the mental capacity to make needs known but cannot make medical decisions.During a review of Residents 4's MDS, dated [DATE], the MDS indicated Resident 4 required partial to minimal assistance with ADLs, bed mobility and transfer. During a review of Resident 4's SBAR, dated 8/10/2025, the SBAR indicated Resident 4's tested positive for Covid 19. c. During a review of Resident 5's admission Record, the admission Record indicated Resident 5 was originally admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, cerebral palsy (a group of neurological disorders that affect movement and posture,) and HTN. During a review of Resident 5's H&P dated 5/23/2025, the H&P indicated Resident 5 was able to make needs known but could not make medical decisions.During a review of Residents 5's MDS, dated [DATE], the MDS indicated Resident 5 required substantial to maximal assistance with ADLs, bed mobility and transfer. During a review of Resident 5's SBAR, dated 8/3/2025, the SBAR indicated Resident 5's tested positive for Covid 19. During a concurrent interview and record review on 8/12/2025 at 2:00 p.m. with Licensed Vocational Nurses (LVN) 1, Resident 3, Resident 4 and Resident 5's care plan for COVID-19 were to be reviewed. LVN 1 stated Residents 3, 4 and 5's care plan did not contain evidence that care plans were created for COVID-19 infection. LVN 1 stated care plans should have been created to monitor residents' health. LVN 1 stated care plans indicate interventions the nurses will follow to provide quality resident care. LVN 1 stated nurses should evaluate the effectiveness of the interventions or update if needed. LVN 1 stated if nurses fail to develop a care plan for COVID-19 infection, residents will not receive the proper care, and it can cause Resident 3, Resident 4 and Resident 5 possible hospitalization.During an interview on 8/12/2025 at 12:30 p.m. with Registered nurses (RN) 1, RN 1 stated Resident 3, Resident 4 and Resident 5 should have a care plan for COVID-19 infection with interventions developed to guide nurses on how to provide proper care for the residents. RN 1 stated if nurses fail to develop a care plan, Residents 3, 4 and 5's health can be compromised and could possibly deteriorate. During a review of facility's Policy and Procedure (P&P) titled, Persons Centered - Caring Planning, dated 5/20/2025, the P&P indicated the facility must develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives, and timeframes to meet residents medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed report facility's two coronavirus ([COVID-19]- a highly contagious viral infection) confirmed cases to the California Department of Public Health (CDPH), for two of 3 residents (Residents 2 and 3), as indicated in the facility's policy and procedures (P&P) titled Unusual Occurrence Reporting, reportable disease outbreak (are those that, by law or regulation, must be reported to public health agencies when diagnosed by healthcare providers or laboratories) This failure delayed the investigation by the CDPH and had the potential for the COVID-19 virus to spread in the facility, potentially infecting other residents, visitors and staff.Findings:a). During a concurrent observation and interview on 8/12/2025 at 10:30 a.m. in Resident 2's room, Resident 2's door was closed and had a Novel Respiratory precaution (used for patients known or suspected of being infected with novel respiratory pathogens such as, COVID-19) sign. Resident 2 was in his bed covered with blankets. Resident 2 stated I started with a runny nose and cough symptoms, then the nurses tested me for COVID-19 and became positive. Resident 2 stated, the nurses placed me in isolation and closed the door.During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was originally admitted to the facility on [DATE] with diagnoses including hypertension (HTN-high blood pressure,) heart failure (when the heart can't pump enough blood and oxygen to support other organs,) and shortness of breath.During a review of Resident 2's History and Physical (H&P) dated 7/16/2025, the H&P indicated Resident 2 had the mental capacity to understand and make medical decisions.During a review of Residents 2's Minimum Data Set (MDS - a resident assessment tool), dated 7/21/2025, the MDS indicated Resident 2 required maximum assistance with staff with activities of daily living (ADL) such as dressing, toilet use, personal hygiene, 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 a review of Resident 2's COVID-19 Nasopharynx rapid test result dated 8/7/2025, the test result indicated positive for COVID-19 virus.During a review of Resident 2's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) dated 8/7/2025, the SBAR indicated Resident 2 tested positive to COVID-19. b. During a concurrent observation and interview on 8/12/2025 at 10:45 a.m. in Resident 3's room, Resident 3's door was closed with a Novel Respiratory precaution sign. Resident 3 was sitting in her wheelchair and stated, I do not have any symptoms (feeling sick). Resident 3 stated the nurse told me I need to be in my room with the door closed because I am COVID-19 positive. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was originally admitted to the facility on [DATE] with diagnoses including hypertension, hyperlipidemia (high levels of fat particles (lipids) in the blood) and unspecified polyarthritis (four or more joints in the body are painful and inflamed).During a review of Resident 3's H&P dated 6/23/2025, the H&P indicated Resident 3 had the mental capacity to make needs known but could not make medical decisions.During a review of Residents 3's MDS, dated [DATE], the MDS indicated Resident 3 required maximum assistance with staff with ADLs, transfer and bed mobility.During a review of Resident 3's SBAR, dated 8/7/2025, the SBAR indicated Resident 3 tested positive to COVID-19.During a review of Resident 3's COVID-19 Nasopharynx rapid test result dated 8/7/2025, the test result indicated positive for COVID-19 virus. The test result indicated Resident 3 had runny nose and cough. During an interview on 8/12/2025 at 9:25 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the COVID-19 outbreak started on 7/29/2025 with 3 residents positive of COVID-19. LVN 1 stated, today (8/12/2025), the facility has 4 residents COVID-19 positive and are on isolation. LVN 1 stated I reported the outbreak to RedCap (secure web application for building and managing online surveys and databases) of County of Los Angeles Public Health on 7/30/2024 timed 5:37 p.m. LVN 1 stated the Director of nursing (DON) was made aware and stated to handle the COVID-19 outbreak the way it should be handled (unspecified). LVN 1 stated, the COVID-19 cases were reported to the Administrator (ADM) and stated I will report it later (unspecified). LVN 1 stated the COVID-19 cases were not reported to CDPH as indicated in the facility's policy that the outbreak is an unusual occurrence and needs to be reported. LVN 1 stated it was important to report the COVID-19 cases to CDPH so CDPH can investigate the outbreak.During a concurrent interview and record review on 8/12/2025 at 2:30 p.m. with the Registered Nurse (RN) 1, the unusual occurrence policy was reviewed. RN 1 stated the unusual occurrence policy indicated a disease outbreak must be reported to CDPH. RN 1 stated it is important to report it because the CDPH can do a |