

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 09/26/2025
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the facility's Notice of Proposed Transfer and Discharge form was signed by 1 of 3 sampled residents (Resident 1), and / or its family representative, and provided to, prior to discharge to a lower level of care on 9/4/2025. This failure had the potential to result in the resident's discharge to a Residential Care Facility for the Elderly (RCFE- a licensed assisted living facility that provides non-medical care and supervision for adults aged 60 and over who need help with daily living but not 24-hour skilled nursing care) where the resident needs for activities of daily living will not be met and provided. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including Parkinsonism (a syndrome marked by tremor, muscular rigidity, and slow and difficult movement, occurring as a result of disease of the nervous system or exposure to certain drugs and toxins), dementia (a medical condition characterized by a progressive decline in cognitive abilities, such as memory, thinking, language, and judgment) and epilepsy (a neurological disorder characterized by recurrent, unprovoked seizures). During a review of Resident 1's Minimum Data Set (MDS-an assessment and care planning tool), dated 8/1/2025, the MDS indicated Resident 1 had clear speech, the ability to express needs and wants, and understands. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort with toileting hygiene, personal hygiene, and shower/bath self. During a review of Resident 1's physician progress notes, dated 8/4/2025, 8/16/2025 and 9/3/2025, the progress notes indicated Resident 1 was confused. During a review of the physician order dated 9/4/2025, the physician order indicated to Discharge Resident 1 to RCFE with medications. During a review of the Notice of Proposed Transfer and Discharge, dated 9/4/2025, the Notice of Proposed Transfer and Discharge indicated Resident 1 was self-responsible, and was to be discharged to RCFE. The Notice of Proposed Transfer and Discharge did not indicate the reason for discharge, and staff failed to obtain Resident 1's signature acknowledging receipt of the discharge. During a telephone interview on 9/25/2025 at 3:52 p.m. with the Caretaker for the RCFE, the Caretaker stated the SSD and Resident 1 did not tour his RCFE prior to Resident 1's discharge on [DATE]. The caretaker stated his residential house is not a board and care (a home that provides housing, meals, and personal care assistance [like help with bathing, dressing, and medication] for individuals who need help with daily living activities but do not require skilled nursing care), and tenants are responsible to care for themselves. During a concurrent interview and record review on 9/26/2025 at 12:15 p.m. with the Social Service Director (SSD), Resident 1's IDT note, dated 9/3/2025, was reviewed. The SSD admitted she did not call Resident 1's family member on 9/3/2025 as indicated on the IDT note and did not provide the family member with the Notice of Proposed Transfer and Discharge. The SSD stated she left a message on 9/8/2025 for Resident 1's family member regarding Resident 1 transfer to a lower level of care. The SSD stated the facility was not toured with the resident or the tour of the facility/house was not offered to Resident 1, to allay his fears or anxiety before the discharge and ensure the resident's needs can be met. The SSD stated he was aware of Resident 1's H&P indicating Resident 1's inability to make medical decisions. During a concurrent interview and record review on 9/26/2025 at 1:28 p.m. with the Registered Nurse (RN1), the Notice of Proposed Transfer and Discharge, dated 9/4/2025 was reviewed. RN 1 stated Resident 1 lacks the mental capacity to make medical decisions but the Notice of Proposed Transfer and Discharge indicated Resident 1 was responsible and was capable of verbalizing his needs. RN 1 stated the Notice of Proposed Transfer and Discharge did not indicate signatures of the resident or the responsible party. During a telephone interview on 9/29/2025 at 4:13 p.m., with Resident 1's family member (FM 1), FM 1 stated she was not informed or was included in the interdisciplinary meeting or discharge planning for Resident 1. FM 1 stated the facility called on 9/8/2025 and left a message regarding Resident 1 was discharged to a lower level of care. FM 1 stated her brother has short term memory and was not capable of retaining information. FM 1 said the facility was not forthcoming with information and thought the facility had dumped Resident 1 into the streets. FM 1 stated she contacted the Caretaker of the RCFE and learned they allow stray (refers to people who are lost, separated from a group, or wandering without a fixed purpose or destination, often implying a sense of being homeless, friendless, or out of place) individuals inside the residence. During a review of the facility's P&P titled Discharge and Transfer of Residents, dated 2/27/2025, the P&P indicated prior to discharge, the facility should provide the resident /resident representative with the notice of Proposed Transfer and Discharge</p>		