

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 12/10/2025
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff performed hand hygiene before entering one out of two sampled resident's (Resident 1) room, touching Resident 1's clothing, and exiting the room. This failure had the potential to result in Resident 1 being exposed to infectious organisms and getting sick. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), dementia (a progressive state of decline in mental abilities), and schizophrenia (a mental illness that is characterized by disturbances in thought). During a review of Resident 1's History & Physical (H&P), dated 10/23/2025, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 10/29/2025, the MDS indicated Resident 1's cognition (process of thinking) was moderately impaired. The MDS indicated Resident 1 required substantial to maximum assistance from staff with toileting, shower, and lower body dressing. During a concurrent observation and interview on 12/10/2025 at 10:18 a.m. in Resident 1's room, Central Supply Staff (CSS) 1 entered Resident 1's room without performing hand hygiene. CSS 1 touched Resident 1's bedding and clothing. CSS 1 stated they were just trying to help identify the resident's name. CSS 1 exited the room without performing hand hygiene. During an interview on 12/10/2025 at 12:34 p.m. with the Director of Nursing (DON), the DON stated hand hygiene should be performed before and after touching residents and their clothing and linen. The DON stated if hand hygiene was not performed, residents could be exposed to infectious organisms and be at risk of developing an infection. During a review of the facility's policy and procedure (P&P) titled, Hand Hygiene, dated 9/1/2020, the P&P indicated hand hygiene was required immediately upon entering and exiting a resident room. ations require appropriate hand hygiene: vii. Immediately upon entering and exiting a resident room.</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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