

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  03/20/2026
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 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to: 1. Ensure one out of three sampled residents (Resident 10) did not elope (the act of leaving a facility unsupervised and without prior authorization) while wearing a Wander Guard device (a wearable device that tracks movement and triggers alarms when a resident is near a restricted area). This failure resulted in Resident 10 leaving the facility with no arrangements for medical care or housing. Findings: During a review of Resident 10's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of schizophrenia (a mental illness that is characterized by disturbances in thought), depression (depressed mood or loss of interest), cellulitis (a skin infection that causes swelling and redness), and a local infection of the skin and subcutaneous tissue. During a review of Resident 10's History &amp; Physical (H&amp;P) dated 12/4/2025, the H&amp;P indicated Resident 1 could make needs known but could not make medical decisions. During a review of Resident 10's physician order dated 12/4/2025, the physician order indicated to check the functioning of the Wander Guard (a wearable device that tracks movement and triggers alarms when a resident is near a restricted area) daily every night shift; check the placement of wander guard on right wrist #82B21F every night shift; and to monitor for the following behaviors: verbalizing a desire to go home, packing or collecting personal belongings, exit-seeking behaviors (hovering near exits, testing doors, attempting to leave) every shift. During a review of Resident 10's care plan titled, The resident is an elopement risk, dated 12/15/2025, the care plan interventions indicated to check placement of wander guard on right wrist and to document wandering behavior. During a review of resident 10's psychiatric consultation, dated 3/1/2026, the consultation indicated Resident 10 had a history of Depression and Schizophrenia. The report indicated Resident 10 still presents visual hallucinations, as evidenced by seeing persons not seen by others, along with verbalization of sadness. During a review of Resident 10's Minimum Data Set (MDS, a resident assessment tool), dated 3/11/2026, the MDS indicated Resident 1's cognition (ability to think and reason) was moderately impaired. The MDS indicated Resident 10 was independent for rolling left and right, sitting to lying, sitting to standing, transfers, walking, and using a manual wheelchair. The MDS indicated Resident 10 used a wander/elopement alarm daily. During a review of Resident 10's Elopement Evaluation, dated 3/11/2026, the Elopement Evaluation indicated the resident wandered. During a review of Resident 10's health status note, dated 3/13/2026, the note indicated at 6:21 p.m., the charge nurse was unable to locate Resident 10. During a concurrent observation and interview on 3/19/2026 at 10:59 a.m. with the Maintenance Supervisor (MS), the front entrance gate to the parking lot was timed at 25 seconds to open and 25 seconds to close. The MS stated every door leading directly into the facility had a wander guard alarm, and each alarm was checked and determined audible. The MS stated the two doors at the front, one leading to the street and another leading to the facility parking lot, did not have wander guard alarms. During an interview on 3/20/2026 at 9:54 a.m. with Registered Nurse (RN 1), RN 1 stated no one was assigned to watch the front door monitor at the nursing station. RN 1 stated they conduct rounds in the morning, afternoon, and evening to be sure residents are not missing. RN1 stated there is no official document (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
---	-------	-----------

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  03/20/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>for the rounds. During a review of the facility's policy and procedure (P&amp;P) titled, Wandering and Elopement, dated 1/31/2023, the P&amp;P indicated the resident's risk for elopement and preventative interventions would be documented in the resident's medical record and would be reviewed and re-evaluated by the Interdisciplinary Team upon admission, readmission, quarterly, and upon change in condition according to the RAI guidelines.</p>		