

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/08/2026
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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the individual financial record was given quarterly and upon request for one of three sampled residents (Resident 1). This deficient practice had the potential to deny Resident 1 the right to review and manage personal funds, which could interfere with the resident's financial autonomy and self-determination, and increase financial errors or discrepancies would not be identified or corrected in a timely manner. Findings: During a review of Resident 1's Face Sheet, the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included encephalopathy (a brain condition that causes confusion or does not work normally because of illness or injury), schizophrenia (a mental illness that is characterized by disturbances in thought), and anxiety disorder (a condition where a person feels very worried, nervous, or fearful more often and more strongly than normal). During a review of Resident 1's History and Physical (H&P) dated 3/2/2026, the H&P indicated Resident 1 could make needs known but could not make medical decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 6/4/2026, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1's cognition (ability to think and process) was moderately impaired. The MDS indicated Resident 1 used a wheelchair and required supervision (helper provides verbal cues or touching or contact guard assistance as resident completes activity) from staff for activities of daily living and mobility. During a concurrent interview and record review on 7/7/2026 at 12:09 p.m. with the Business Office (BO), Resident 1's Resident Fund Management Service, dated 12/17/2025, was reviewed. The Resident Fund Management Service indicated the facility was the representative and there were several signatures for the signature of legal representative. The BO stated the facility established a Resident Fund Trust Account for Resident 1, who was unable to make independent decisions. The BO stated the Interdepartmental Team, excluding Resident 1's physician, signed Resident Fund Management Service form. The BO stated the physician did not participate in meetings regarding residents' finances. The BO stated the facility has deposited Resident 1's social security checks into the facility's bank account since February 2026. The BO stated she did not inform Resident 1 about these deposits into the Resident Fund Trust Account and has not provided Resident 1 with quarterly financial statements. The BO stated the statements were not provided because Resident 1 was unable to understand and make medical decisions. During interview on 7/8/2026 at 4:10 p.m. with the Director of Nursing (DON), the DON stated Resident 1's primary physician should have participated in the Interdepartmental Team meeting to determine Resident 1's ability to make financial decisions and co-sign the Resident Fund Management Services document. The DON stated the BO should have ensured Resident 1 signed Appointment of Representative to Manage Personal (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 056114	Facility ID: 056114 If continuation sheet Page 1 of 2

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Funds confirming Resident 1's agreement for the facility to manage her social security funds. During a record review of the facility's policy and procedure (P&P) titled, Resident Funds - General, dated 1/2018, the P&P indicated the facility was committed to providing an individual and confidential accounting of funds received and disbursed on the resident's behalf. The P&P indicated the facility would follow the Surrogate Decision Making policy which can include the facility becoming rep payee to protect the residents' access to their funds. The P&P indicated the facility would provide the resident with a confidential quarterly statement, or upon request. During a record review of the facility's policy and procedure (P&P) titled, Locating a Resident's Surrogate Decision Maker, dated 6/9/2026, the P&P indicated the facility was committed to make efforts to locate the Resident's surrogate decision-maker, which may include contacting Resident's previous and current physician when there was no one identified as a surrogate decision-maker at the time of admission.		