STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056114	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Terrace Rehabilitation & Wellness Centre, LP	2415 South Western Avenue Los Angeles, CA 90018

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan for four of 25 sampled residents (Resident 1, 11, 14, and 53) by failing to develop a comprehensive care plan for:1. Resident 1's significant weight loss (a weight loss greater than 5 percent ([%] unit of measurement) in one month, greater than 7.5% in three months and greater than 10% in 6 months) of 39 pounds ([lb.] unit of weight)/19.7 % in 6 months.2. Resident 11's psychiatric diagnoses (a clinical classification of mental health conditions, identifying patterns of distressing thoughts, emotions, and behaviors).3. Resident 14's colostomy (a surgical procedure that brings one end of the large intestine out through the abdominal wall to allow waste to leave the body) care.4. Resident 53's oxygen therapy. These failures had the potential to place Residents 1, 11, 14, and 53 at risk for delay of care and treatment.Findings: 1. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including protein calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function), congestive heart failure ([CHF] – a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), and bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 1's History and Physical (H&P), dated 9/25/2025, 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 11/6/2025, the MDS indicated Resident 1's cognitive (ability to think and reason) skills were moderately impaired. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) from staff with toileting hygiene, showering, and upper and lower body dressing. The MDS indicated Resident 1 had a significant weight loss and was not on planned physician-prescribed weight loss regimen. During a concurrent interview and record review on 12/18/2025 at 9:54 a.m. with the Assistant Director of Nursing (ADON), Resident 1's Monthly Weights Report, was reviewed. The ADON stated Resident 1's weight on 5/12/2025 was 198 pounds ([lb.] unit of weight) and Resident 1's weight on 11/5/2025 was 159 lbs. The ADON stated Resident 1 had a significant weight loss of 39 lbs. (19.7 %) in 6 months and the facility did not develop a comprehensive care plan to address his significant weight loss. The ADON stated the interdisciplinary team ([IDT] – a group of healthcare professionals working together to plan the care needed for each resident) were responsible in developing a care plan. The ADON stated a comprehensive care plan should have a problem, goal, and (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interventions. The ADON stated that without a care plan, Resident 1's health would be jeopardized, and he would continue to lose weight since there were no interventions to address his significant weight loss. 2. During a review of Resident 11's admission Record, the admission Record indicated Resident 11 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) and epilepsy (seizures). During a review of Resident 11's H&P, dated 10/14/2025, the H&P indicated Resident 11 was able to make decisions for Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 11's MDS, dated [DATE], the MDS indicated Resident 11's cognitive (thinking) skills were intact. The MDS indicated Resident 11 was dependent on staff members with ADLs. During a concurrent interview and record review, on 12/18/2025 at 10:13 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated care plans were initiated upon admission, along with a resident's diagnoses and any change of condition for a resident. LVN 1 stated there was no care plan for Resident 11's psychiatric diagnoses. LVN 1 stated Resident 11's psych diagnoses should have had been care planned. LVN 1 stated the risk of not developing a care plan for psych diagnoses could result in possible altercations and not knowing how to care for a resident. 3. During a review of Resident 14's admission Record, the admission Record indicated Resident 14 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including major depressive disorder, a colostomy (a surgical opening created to allow waste products from bowel to pass from intestines), and legal blindness. During a review of Resident 14's H&P, dated 12/7/2025, the H&P indicated Resident 14 was able to understand and make medical decisions. During a review of Resident 14's Order Summary Report, dated 12/6/2025, the report indicated to provide colostomy care daily, every day shift, and as needed. During a concurrent interview and record review on 12/18/2025 at 10:15 a.m., with the Treatment Nurse (TN), Resident 14's open and closed electronic care plans were reviewed. The TN stated when the care plan was closed, that specific care was completed. The TN stated since there is an active order for ostomy care, the care plan should be active so staff would know to provide care for the ostomy. The TN stated if the care was not provided, the ostomy could become infected, and the resident could develop agitation and mood changes. 4. During a review of Resident 53's face sheet, the face sheet indicated Resident 53 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), acute respiratory failure (a life-threatening condition where the lungs suddenly can't get enough oxygen into the blood or remove enough carbon dioxide), dementia (a progressive state of decline in mental (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	abilities) and psychosis. During a review of Resident 53's H&P, dated 10/4/2025, the H&P indicated Resident 53 was able to make needs known but could not make medical decisions. During a review of Resident 53's MDS, dated [DATE], the MDS indicated Resident 53's cognitive skills were moderately impaired. The MDS indicated Resident 53 required partial/moderate assistance from staff with ADLs. During a concurrent interview and record review, on 12/18/2025 at 10:19 a.m., with LVN 1, Resident 53's care plans were reviewed. LVN 1 stated he did not see an oxygen care plan for Resident 53. LVN 1 stated Resident 53 should have had a care plan on oxygen. LVN 1 stated developing an oxygen care plan could result in staff not knowing what the targeted plan of care is for a resident. During a review of the facility's policy and procedures (P&P), titled Person-Centered Care Planning, dated 5/22/2025, the P&P indicated The facility must develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to ensure dietary staff did not use one (1) scooper, for two (2) food items, during tray line (a healthcare foodservice assembly system where staff add specific food items, utensils, and condiments to patient meal trays).This deficient practice had the potential to result in cross contamination of food and placed the residents with food allergies at risk for allergic reactions.Findings:During observation on 12/17/2025 at 12:32 p.m., at the facility's tray line in the kitchen, the Dietary Aide 1 (DA 1) was observed used one scooper for the brussels sprouts and corn (vegetables), to be placed on the residents' trays.During a concurrent observation and interview, on 12/17/2025 at 12:35 p.m., with the Dietary Services Supervisor (DSS), the DSS stated one scooper should be used for one food during tray line. The DSS stated one scooper should not be used for different foods. When asked for the risk of using one scooper for two different foods, the DSS stated I didn't think there was a problem with using one scooper for two foods because the two foods are vegetables. I guess it could result in a potential allergic reaction if a resident was allergic to one of the foods and/or food contamination.During a review of the facility's policy and procedures (P&P), titled Dietary Department, dated 6/1/2024, the P&P indicated, the Dietary Manager was responsible for the day-to-day education of dietary staff with regards to topics such as sanitation, food preparation, etc.During a review the facility's P&P titled, Dietary Department- Infection Control, dated 6/4/2024, the P&P indicated, the facility must ensure that the dietary department was maintained in a sanitary condition in order to prevent food contamination and the growth of disease producing organisms and toxins.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one out of one sampled resident (Resident 102) with long thick elongated (nail plate grows longer than the nail bed) toenails received podiatry (profession dealing with specialized care of the feet) care services.This deficient practice had the potential to result in Resident 102 experiencing discomfort and decline in physical mobility.Findings:During a review of Resident 102's admission Record, the admission Record indicated Resident 102 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), difficulty in walking, and psychosis (a severe mental health condition in which thought, and emotions are so affected that contact is lost with reality).During a review of Resident 102's History and Physical (H&P), dated 12/10/2025, the H&P indicated Resident 102 did not have the capacity to understand and make decisions.During a review of Resident 102's Minimum Data Set ([MDS] - a resident assessment tool), dated 9/8/2025, the MDS indicated Resident 102's cognitive (ability to think and reason) skills was intact. The MDS indicated Resident 102 was independent (resident completes the activity with no assistance from a helper) with oral hygiene, toileting hygiene and upper and lower body dressing.During a review of Resident 102's Order Summary Report (a document containing active orders), dated 12/18/2025, the report indicated the physician placed a telephone order on 12/10/2025 for Resident 102 to have podiatry service as clinically indicated.During a concurrent observation and interview on 12/16/2025 at 11:17 a.m., with Resident 102 in her room, Resident 102 had long thick elongated toenails on both feet. Resident 102 stated she requested to see a foot doctor a long time ago, but nothing had been done.During a concurrent observation and interview on 12/18/2025 at 9:01 a.m., with Certified Nurse Assistant 2 (CNA 2), CNA 2 stated Resident 102 has long thick toenails on both feet. CNA 2 stated she did not endorse Resident 102 to the Social Service Director (SSD) for podiatry care services.During an interview on 12/18/2025 at 9:06 a.m. with the SSD, the SSD stated Resident 102 was not seen by the podiatrist on his visits on 11/20/2025 and 12/11/2025. The SSD stated he was responsible for referring residents who needed foot care to the podiatrist. The SSD stated podiatry care was one of the services offered by the facility to all residents. The SSD stated it was important to refer Resident 102 immediately to the podiatrist because of the risk of foot pain and infection.During a review of the facility's policy and procedure (P&P) titled, Foot Care, dated 1/1/2012, the P&P indicated the facility was to provide hygienic care of the feet to prevent skin breakdown or infection and to promote comfort.During a review of the facility's P&P titled, Grooming Care of the Fingernails and Toenails, dated 10/21/2021, the P&P indicated, High risk residents and residents with hypertrophic, myotic and keratotic toenails are referred to a podiatrist.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure oxygen was administered as prescribed for one of 8 sampled residents (Resident 53).This deficient practice had the potential to result in oxygen desaturation for Resident 53.Findings:During a review of Resident 53's admission Record, the admission Record indicated Resident 53 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), acute respiratory failure (a life-threatening condition where the lungs suddenly can't get enough oxygen into the blood or remove enough carbon dioxide), dementia (a progressive state of decline in mental abilities) and psychosis.During a review of Resident 53's history and physical (H&P), dated 10/4/2025, the H&P indicated Resident 53 was able to make needs known but could not make medical decisions.During a review of Resident 53's physician orders, dated 10/4/2025, the physician orders indicated, Oxygen at 2 liters per min via nasal cannula every shift for shortness of breath and COPD.During a review of Resident 53's Minimum Data Set (MDS, a resident assessment tool) dated 10/11/2025, the MDS indicated Resident 53's cognitive skills were moderately impaired. The MDS indicated Resident 53 required partial/moderate assistance from staff with Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).During an observation and interview, on 12/16/2025 at 10:57 a.m., with Resident 53, Resident 53 had an oxygen machine at his bedside that was not running. Resident 53 stated he did not know why he was not receiving oxygen. Resident 53 stated he was to receive oxygen continuously.During a concurrent observation and interview, on 12/18/2025 at 10:01 a.m., with Licensed vocational Nurse 1 (LVN 1), LVN 1 observed Resident 53's oxygen machine and stated Resident 53 was not receiving oxygen.During a concurrent interview and record review, on 12/18/2025 at 10:12 a.m., with LVN 1, LVN 1 stated Resident 53's physician orders indicated Resident 53 was to receive 2 liters of oxygen via nasal cannula every shift. LVN 1 stated Resident 53 was not receiving oxygen upon earlier observation. LVN 1 stated the risk of not applying oxygen to a resident as ordered could result in the resident desaturating (low blood oxygen level).During a review of the facility's policy and procedures (P&P), titled Oxygen Therapy, dated 10/31/2025, the P&P indicated, Administer oxygen and obtain oxygen saturation levels as ordered by the provider.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure competency assessment skill (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual needs to perform work roles or occupational functions successfully) checks were performed annually for two out of five randomly selected staff.This deficient practice had the potential for the facility not to be able to assess the skills necessary to provide nursing services to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident will not be performed within the acceptable standards of practice.Findings:During a concurrent interview and record review on 12/17/2025 at 3:21 p.m., with the Director of Staff Development (DSD), five random employees file were checked. The DSD stated Certified Nurse Assistant 1 (CNA 1) was hired on 7/27/2002 and did not have yearly competency assessment skills check on file. The DSD stated Certified Nurse Assistant 2 (CNA 2) was hired on 12/11/2023 and did not have a yearly competency assessment skills check on file. The DSD stated she was responsible for completing the annual competency skills check for the CNAs. The DSD stated it was important to perform annual staff competency skill checks to assess the knowledge of their job to ensure the safety of the residents and to provide highest quality of care to residents.During an interview on 12/17/2025 at 3:35 p.m., with the Director of Nursing (DON), the DON stated it was important to perform annual competency skills to validate the staff's competency for taking care of the residents.During a review of the facility's Facility Assessment, dated 11/20/2025, the Facility Assessment indicated, Skills competency are done yearly and as needed.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure Performance Evaluations (a process that organizations follow to assess an employee's work quality and skills over a specific period) were performed yearly for two out of five randomly selected staff.This deficient practice had the potential to compromise resident care and safety.Findings:During a concurrent interview and record review on 12/17/2025 at 3:26 p.m., with the Director of Staff Development (DSD), five random employees file were checked. The DSD stated Certified Nurse Assistant 1 (CNA 1) was hired on 7/27/2002 and did not have yearly Performance Evaluations on file. The DSD stated Certified Nurse Assistant 2 (CNA 2) was hired on 12/11/2023 and did not have yearly Performance Evaluations on file. The DSD stated she was responsible for validating CNA's Performance Evaluation once a year. The DSD stated she oversaw CNA in-service training. The DSD stated Performance Evaluations are tools to rate the staff's performance and to check their areas of improvement and weaknesses. The DSD stated it was important to conduct yearly staff Peformance Evaluation for the safety and well-being of the residents.During a review of the facility's policy and procedure (P&P) titled, Staff Competency Validation, dated 6/4/2024, the P&P indicated, Competency validation is completed to evaluate an individual's performance, evaluate group performance, meet standards set by regulatory agencies, address problematic issues, and enhance performance reviews.During a review of the facility's Facility Assessment, dated 11/20/2025, the Facility Assessment indicated, Director of Staff Development and/or designee strictly follow the guidelines and facility's protocol in providing training and education and should be ongoing and monitored/validated during staff employment.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of six sampled residents (Resident 8), who was receiving Quetiapine Fumarate (a psychotropic medication [any drug that affects brain activities associated with mental processes and behavior] to treat certain mental/mood disorder), was monitored for behavior and its side-effects (an effect of a drug that is in addition to or beyond its desired effect).This deficient practice had the potential for Resident 8 using an unnecessary psychotropic medication that could cause be harmful to the resident.Findings:During a review of Resident 8's admission Record, the admission Record indicated Resident 8 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 8's diagnoses included psychosis (a severe mental health 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 gastrostomy tube ([GT] - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).During a review of Resident 8's History and Physical (H&P), dated 10/7/2025, the H&P indicated, Resident 8 can make needs known but could not make medical decisions.During a review of Resident 8's Minimum Data Set ([MDS] - a resident assessment tool), dated 11/23/2025, the MDS indicated, Resident 8's cognitive (ability to think and reason) skills for daily decision making were moderately impaired (decisions poor). The MDS indicated Resident 8 had the ability to make self-understood and understand others. The MDS indicated that Resident 8 required substantial assistance (helper does more than half the effort) from staff with oral hygiene, toileting hygiene, and upper and lower body dressing. The MDS indicated Resident 8 had no potential indicators of psychosis such as hallucinations (perceptual experiences in the absence of real external sensory stimuli) and delusions (misconceptions or beliefs that are firmly held, contrary to reality).During a review of Resident 8's Order Summary Report (a document containing active orders), dated 12/18/2025, the Order Summary Report indicated Resident 8's physician placed a telephone order on 10/6/2025 to start on Quetiapine Fumarate 25 milligrams ([mg] - metric unit of measurement, used for medication dosage and/or amount) to take one tablet via GT at bedtime (9 p.m.) for psychosis.During a concurrent interview and record review on 12/18/2025 at 9:49 a.m., with the Assistant Director of Nursing (ADON), Resident 8's Medication Administration Records ([MAR] - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) from 10/6/2025 to 12/17/2025, were reviewed. The ADON stated there was no documented evidence of Resident 8's psychotic behavior was monitored. The ADON stated there was no documented evidence by the licensed nurses that the side-effects of the anti-psychotic medication were monitored. The ADON stated that when residents on psychotropic medications, the facility should monitor behaviors manifested and document the number of episodes on the MAR. The ADON stated, monitoring behaviors was important to prevent increase in behaviors and track if medication needs to be adjusted. The ADON stated psychotropic medications could cause serious side-effects, especially in the elderly that would jeopardize their health and safety.During an interview on 12/18/2025 at 10:30 a.m., with the Director of Nursing (DON), the DON stated monitoring of behaviors and side-effects of psychotropic medication was important to document for the physician to determine if the medication is effective. The DON stated lack of adequate monitoring of psychotropic medication would be considered as unnecessary medication. During a review of the facility's policy and procedure (P&P) titled, Behavior/Psychoactive Medication Management, dated 11/14/2025, the P&P indicated, any order for psychoactive medications must include a specific behavior manifestation. The P&P also indicated resident will be observed and/or monitored for side-effects, and adverse consequences, including sedation.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to label a floor stock medication bottle with an opened date in Medication cart one.This deficient practice had the potential to result in administering an expired medication which could affect the health and condition of the residents.Findings:During a concurrent observation and interview on [DATE] at 7:42 a.m., with Registered Nurse 1 (RN 1) at the Medication Cart 1, RN 1 verified one bottle of Geri-Lanta (medication used to treat the symptoms of too much stomach acid such as stomach upset, heartburn, and acid indigestion) was unlabeled with opened date. RN 1 stated it was important to label the bottle with an opened date to know the validity of the medication. RN 1 stated that when medications are not labeled with an open date, there was a high risk that Geri-Lanta could be expired and the medication could be ineffective and placed the residents receiving Geri-Lanta at risk for possible harm. RN 1 stated she will dispose the one bottle of Geri-Lanta immediately.During a review of the facility's policy and procedure (P&P) titled, Medication Labels, dated 5/2022, the P&P indicated, medications should be labeled in accordance with the facility requirements and the state and federal.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the physician's orders to draw monthly laboratory tests (a medical analysis of a body sample (blood, urine, tissue) to check health, diagnose diseases and monitor chronic conditions) for one of one sampled resident, (Resident 1). This deficient practice had the potential to result in the delay of identification of medical concerns, delaying the care and services necessary for the affected resident.Findings:During a review of Resident 1's admission Record, the admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs), epilepsy (brain condition that causes recurring seizures), and congestive heart failure ([CHF] - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).During a review of Resident 1's History and Physical (H&P), dated 9/25/2025, the H&P indicated, Resident 1 can make need known but could not make medical decisions.During a review of Resident 1's Minimum Data Set ([MDS] - a resident assessment tool), dated 11/6/2025, the MDS indicated, Resident 1's cognitive (ability to think and reason) skills for daily decision making were moderately impaired (decisions poor). The MDS indicated, Resident 102 had the ability to make self-understood and understand others. The MDS indicated, Resident 1 required substantial assistance (helper does more than half the effort) from staff with toileting hygiene, showering, and upper and lower body dressing.During a review of Resident 1's Order Summary Report (a document containing active orders), dated 12/18/2025, the Order Summary Report indicated the a telephone order on 9/10/2025 for Complete Blood Count ([CBC] a blood test that checks the overall health of the blood by measuring the number and types of cells), Comprehensive Metabolic Panel ([CMP] a blood test that measures 14 key substances in the blood, assessing electrolyte balance, kidney, liver function, and blood sugar), and Depakote level (the concentration of the drug [medicine for mental health disorder]) in a patient's bloodstream every month. The Order Summary Report indicated a telephone order on 9/11/2025 to give Depakote 125 milligrams ([mg] - metric unit of measurement) by mouth two times a day (9 a.m. and 5 p.m.) for bipolar disorder (a serious mental illness) manifested by sudden outburst of anger.During a concurrent interview and record review on 12/18/2025 at 10:03 a.m., with the Assistant Director of Nursing (ADON), Resident 1's laboratory results, were reviewed. The ADON stated Resident 1 did not have a CBC, CMP, and Depakote level drawn for the month of November and December 2025. The ADON stated there was no documentation indicating the facility communicated with the physician of Resident 1 that CBC, CMP, and Depakote level were not completed and no documented evidence of follow-up was made with the diagnostic laboratory. The ADON stated it was important to monitor Resident's CBC and CMP to rule out any underlying infection and to check resident's hydration status.During an interview on 12/18/2025 at 10:35 a.m., with the DON, the DON stated it was important for Resident 1's routine blood tests to be completed to monitor and treat his medical diagnoses. The DON stated it was important to monitor Resident 1's Depakote level to keep track of the therapeutic level (amount of a specific medicine or drug present in the blood stream at a particular time) of the Depakote in order to better manage his behavior.During a review of the facility's policy and procedure (P&P) titled, Laboratory Services, dated 1/1/2012, the P&P indicated, the facility should provide laboratory services in an accurate and timely manner to meet the needs of residents per attending physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056114	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Terrace Rehabilitation & Wellness Centre, LP	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to perform hand hygiene (cleansing hands with soap or an alcohol-based rub) prior to putting on personal protective equipment ([PPE] protection equipment that includes face shields, gloves, goggles and glasses, gowns, head covers, masks, respirators, and shoe cover to protect against the transmission of germs through contact and droplet routes) and prior to caring for one of seven residents, Resident 96. This failure had the potential for cross contamination (process by which bacteria or other microorganisms are unintentionally transferred from one object or person to another, with harmful effect) and risk to expose Resident 96 to infectious organisms (germs).Findings:During a review of Resident 96's admission Record, dated 9/25/2025, the admission Record indicated Resident 96 had Metabolic Encephalopathy (a brain dysfunction due to chemical imbalance in the body), Acute Respiratory Failure (a sudden condition when the lungs cannot get enough oxygen into the blood) with Hypoxia (lack of oxygen), and Severe Protein-Calorie Malnutrition (a severe lack of protein and calories leading to body wasting).During a review of Resident 96's History and Physical (H&P), dated 11/17/2025, the H&P indicated Resident 96 can make needs known but cannot make medical decisions.During a review of Resident 96's Order Summary Report, dated 9/25/2025, the Order Summary Report indicated Resident 96 may sit in a Geri Chair (specialized, large, padded recliner with wheels for individuals with limited mobility) as tolerated.During a review of Resident 96's Care Plan Report, dated 10/15/2025, the Care Plan Report indicated Resident 96 was on Enhanced Barrier Precautions (infection control measure to stop germ spread) and should utilize gowns and gloves for all personal care. The Care Plan Report indicated Resident 96 had limited physical mobility related to weakness.During a concurrent observation and interview on 12/16/2025 at 11:24 a.m., Certified Nurse Assistant (CNA) 3 and CNA 4 were observed putting on isolation gown (a PPE used in healthcare to shield staff and residents from transferring microorganisms, blood, and body fluids during patient care, especially in isolation situations), mask (a PPE used as a physical barrier between the mouth and nose, help protect against larger respiratory droplets, splashes, or germs), and gloves (a PPE used as a physical barrier for the hands against germs) without performing hand hygiene. CNA3 and CNA4 then entered Resident 96's room to transfer Resident 96 back to bed from the Geri Chair. Both CNA3 and CNA4 stated they should have performed hand hygiene before putting on the isolation gown, mask and gloves. CNA3 and CNA4 stated they could transfer an infection to Resident 96 or to themselves. During a review of the facility's policy and procedure (P&P), titled Hand Hygiene, dated 9/1/2020, the P&P indicated facility staff, healthcare personnel, residents, visitors, and volunteers must perform hand hygiene before donning (putting on) and after doffing (removing) Personal Protective Equipment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056114	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Terrace Rehabilitation & Wellness Centre, LP	2415 South Western Avenue Los Angeles, CA 90018

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Potential for minimal harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on interview and record review, the facility failed to revise and provide an updated average daily census of the Facility Assessment Tool (a process for evaluating a facility's resident population and identifying the resources needed to provide care and services).This deficient practice had the potential to place residents at risk for not receiving the appropriate care and services necessary to maintain their highest practicable physical, mental and psychosocial well-being.Findings:During a review of the facility census for 12/17/2025, the facility census indicated 96 residents resided in the facility. During a concurrent interview and record review on 12/17/2025 at 11:03 a.m., with the Director of Nursing (DON), the Facility Assessment Tool updated 11/20/2025, was reviewed. The DON stated the Facility Assessment Tool was last updated on 11/20/2025. The DON stated she was involved in reviewing and updating the Facility Assessment. The DON stated Facility Assessment is a tool to assess the residents' needs. The DON stated the assessment provided was an average daily census of 91 residents. The DON stated the Facility Assessment tool was not accurate because of the average daily census which was below the actual census/residents residing in the facility. The DON stated there were 5 residents not accounted for in the Facility Assessment. The DON stated it was important to indicate the correct average daily census in the Facility Assessment tool so that the facility can adequately plan for staffing needs and provide the highest quality care to the residents.During a review of the facility's policy and procedure (P&P) titled, Facility Assessment, dated 4/15/2021, the P&P indicated, the Administrator should review and update the Facility Assessment annually and as necessary whenever there is, or the facility plans for any change that would require a substantial modification to any part of the assessment.