STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056174	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid-Wilshire Health Care Cntr	676 S. Bonnie Brae Street Los Angeles, CA 90057

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its' abuse policy and procedures for two of nine sampled residents (Residents 2 and 3). This failure resulted in an employee-to-resident allegation of abuse incident not being reported to state licensing/certification office, police, and ombudsman, and the incident not investigated in a timely manner. Findings: During a review of Resident 2's admission Record, dated 6/11/25 indicated, Resident 2 was admitted to the facility on [DATE] with diagnoses including hypertension (HTN—high blood pressure), insomnia (inability to sleep), hyperlipidemia (HLD - a condition characterized by elevated levels of lipids (fats) in the bloodstream), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and abnormalities of gait and mobility. During a review of Resident 2 ' s History and Physical (H&P), dated 1/20/25 indicated, Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS—a resident assessment tool), dated 3/25/25, indicated, Resident 2 had intact cognition (ability to think, understand and make daily decisions). The same MDS further indicated Resident 2 required setup or cleaning assistance to supervision from staff for eating, personal hygiene, toileting, bathing, dressing and bed mobility. During a review of Resident 3's admission Record, dated 6/11/25 indicated, Resident 3 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD—a group of lung diseases that block airflow and make it difficult to breath), heart failure (a condition where the heart can't pump enough blood to meet the body's needs), chronic kidney disease (CKD—a condition where the kidneys are damaged and cannot filter blood as well as they should) muscle weakness, and lack of coordination. During a review of Resident 3 ' s H&P, dated 1/13/25 indicated, Resident 3 did not have the capacity to understand and make decisions. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 3's MDS, dated [DATE], indicated, Resident 3 had severe cognitive (ability to think, understand and make daily decisions) impairment. The same MDS further indicated Resident 3 required substantial/maximal to total dependance on staff for eating, personal hygiene, toileting, bathing, dressing and bed mobility. During a review of Resident 2 ' s grievance, undated, indicated Resident 2 filed the grievance on behalf of Resident 3 for an incident of alleged employee-to-resident abuse on 3/28/25 at 8:30 pm indicating Despite . refusal . CNA alleged proceeded forcefully . leading to the resident ' s . yelling and screaming in resistance. During a concurrent interview and record review on 6/11/25 at 12:45 pm with Director of Nursing (DON) Resident 2 ' s grievance was reviewed. The DON stated there was no physical problem, so we did not report it, but as it is written it in the grievance – if there are allegations of abuse we have to report it. During an interview with Administrator (ADM) on 6/24/25 at 10:16 am, the ADM stated he was made aware the same or next day of the incident, but that it was not communicated to him with the words forcefully as written in the grievance, otherwise they would have reported it. During a review of the facility ' s policy and procedures (P&P) titled, Abuse and Neglect Prohibition Policy, reviewed June 2024, the P&P indicated, It is the facility ' s policy to prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all residents through the following . Identification of possible incidents or allegation which need investigation . Reporting of incidents, investigations, and the facility ' s response to the results the results of their investigations . Reporting of incidents, investigations, and facility ' s response to the investigation . Upon receiving information concerning a report of suspected or alleged abuse, mistreatment, neglect, or exploitation the Administrator or designed will perform the following . All alleged violations – Immediately but not later than . 2 hours- if the alleged violation involves abuse . Report the incident to the local Ombudsman or the local law enforcement agency by telephone as soon as possible, and . The Licensing and Certification Program District Office.