STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056293	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alcott Rehabilitation Hospital	3551 West Olympic Blvd. Los Angeles, CA 90019

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain infection control measures necessary to prevent the spread of infections by failing to:1. Ensure staff labeled laundry bins indicating if they were for clean or dirty items in the facility's laundry room.2. Discard and remove from the facility's storage room expired N95 (a disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) masks and expired Covid-19 (a respiratory illness that can spread from person to person) testing kits. These failures had the potential to place residents at increased risk of infection and cross-contamination (process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effect).Findings:During a concurrent observation and interview on [DATE] at 9:55AM, with the Maintenance Worker (MW) in the laundry room, light gray fabrics were observed in a yellow unlabeled laundry bin next to the. A gray bin was observed next to the washing machine labeled laundry, the bin did not specify clean or dirty. Yellow shiny reusable washable gowns were observed in plastic drawers, not labeled clean or dirty. The MW stated the yellow bin with light gray fabrics next to the dryer was for clean clothes, and the grey bin was for dirty clothes next to the washing machine. The MW stated the laundry bins should have been labeled clean or dirty, and if not labeled, no one would be able to identify if they were clean or not. The MW stated the yellow gowns were personal protective equipment (PPE - garments designed to protect the wearer from injury or infection) isolation (keeping a person who is sick with a contagious disease away from people who are healthy) gowns and should have been labeled clean or dirty. The MW stated if items were not labeled correctly, it could cause cross-contamination. During a concurrent observation and interview on [DATE] at 10:40 AM, with Central Supply Personnel (CSP) in the facility's basement medical supply storage, 1 box of N95 masks were observed with an expiration date of [DATE] and 68 boxes of N95 masks with an expiration date of [DATE] were observed. The CSP stated it was everyone's responsibility to check expiration dates. The CSP stated the elastic band on the N95 mask could break and the seal would not be tight. The CSP stated residents could get sick if expired masks were used. During an interview on [DATE] at 10:58 AM, Registered Nurse (RN) 2 stated if expired N95 masks were used the masks could rip and that could cause a break in infection control (stopping germs from spreading by interrupting their [chain of infection]). During an observation on [DATE] at 11:05 AM, in the facility's hallway storage closet a total 90 boxes of N95 masks with expiration date of [DATE] were observed. During an observation on [DATE] at11:55 AM in the facility's storage closet between resident's room [ROOM NUMBER] and 3, 18 expired COVID-19 antigen test kits were observed in an opened box with expiration date of [DATE], and two closed boxes of COVID-19 antigen test kits with the expiration date of [DATE] were observed. During an interview on [DATE] at 12:28PM, the Infection Preventionist Nurse (IPN) stated using expired N95 masks would not have provided any protection against infection. During an interview on[DATE] at 1:48 PM, the IPN stated using expired covid tests could have given an inaccurate reading, and all staff should have checked for expiration dates. The IPN stated expired COVID-19 antigen tests kits could result in a false positive. During an interview on [DATE] at 2:33 PM, the Director of Nursing (DON) stated expired (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	covid tests could have given false positive readings. The DON stated using expired N95 masks had the potential for residents to get sick, and the masks would not have functioned to prevent any respiratory illness (infections of parts of the body involved in breathing, such as the sinuses, throat, airways or lungs). During an interview on [DATE] at 3:06 PM, with the Director of Nursing (DON), the DON stated all laundry bins had to be labeled clean or dirty to identify the difference, so that everybody would know. The DON stated laundry bins could cause cross contamination if not labeled properly. During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program dated [DATE], the P&P indicated, This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary. and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. The P&P indicated, .supplies are routinely checked for expiration dates and are replaced as necessary. The P&P indicated, Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection.

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to respect the residents' rights to dignity and respect for one of one sampled residents (Resident 110). By failing to utilize privacy curtains or closing the door while the resident was undressed from the waist down. This deficient practice left Resident 110 exposed to facility staff, residents, and visitors, leaving Resident 110 vulnerable to exploitation, humiliation, and safety concerns.Findings: During a review of Resident 110's admission Record, the admission Record indicated the facility admitted the resident on 6/2/2025 and readmitted the resident on 8/2/2025 with diagnoses including other sequelae(after effects) of cerebral infarction (a stroke caused by a blocked blood vessel in the brain), immunodeficiency(the decreased ability of the body to fight infections and other diseases) due to conditions classified elsewhere, dysphagia(difficulty swallowing) following cerebral infarction, anxiety disorder(excessive worry, fear, and nervousness) unspecified, vascular dementia (a progressive state of decline in mental abilities caused by reduced blood flow to the brain), unspecified severity(degree of illness) without behavioral disturbance(acting in ways that are disruptive), contracture (a stiffening/shortening at any joint, that reduces joint's range of motion) right knee, contracture left knee, and lack of coordination(uncoordinated movement is due to a muscle control problem that causes an inability to coordinate movement). During a review of Resident 's 110 History and Physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated 6/14/2025, the H&P indicated Resident 110 had fluctuating (varying irregularly) capacity (ability) to understand and make decisions. During a review of Resident 110's Minimum Data Set (MDS- a resident assessment tool), dated 9/9/2025, the MDS indicated Resident 110 had severe cognitive(ability to think, understand, learn, and remember) impairment and required partial/moderate assistance (helper lifts, holds, or supports trunk or limbs and provides less than half the effort) from facility staff for rolling left and right, sit to lying to sitting on side of bed, chair/bed to chair transfer, toileting hygiene, bathing, lower body dressing, putting on/taking off footwear. During an observation on 12/3/2025 at 12:49PM in the facility's hallway outside of Resident 110's room, the room door was observed wide open with an open privacy curtain. Resident 110 was observed unclothed and exposed from the waist down. Resident 110's pants were observed down by her ankles while lying down on her back in her bed. Resident 110's stomach, pelvis (bony structure at the base of the spine connecting the torso to the legs), pubic (above sexual organs) area, and legs were exposed, and visible from the facility hallway outside of Resident 110's room. During a concurrent observation and interview on 12/3/2025 at 12:52 PM in Resident 110's room with Licensed Vocational Nurse (LVN) 2, LVN 2 confirmed Resident 110 was on her back in the bed unclothed, exposed from the waist down, with her pants around her ankles. The privacy curtain and room door were open, and Resident 110 was visible from the facility hallway. LVN 2 pulled Resident 110's privacy curtain closed and stated facility staff needed to provide privacy and protect Resident 110 since she was confused and not aware that she was exposed. LVN2 stated leaving the resident exposed would be undignified (behaviors or actions lacking respect and are beneath a person's usual standards). LVN 2 stated other residents passing by could have seen Resident 110 and may not have understood why the resident was exposed. LVN 2 stated Resident 110 would have probably felt embarrassed. During an interview on 12/3/2025 at 3:40PM with Registered Nurse (RN) 2 stated facility staff needed to have provided care to help residents maintain their privacy and dignity when they were not able to or if they were confused. RN 2 stated if a resident was exposed and visible to others, the resident would have probably feel embarrassed. During an interview on 12/4/2025 at 2:33 PM with the Director of Nursing (DON), the DON stated it was not appropriate for facility staff to have left a resident exposed, visible to others. The DON stated residents had to be provided with dignity (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and privacy, especially if they were confused. During a review of the facility's policy and procedure (P&P) titled, Promoting/Maintaining Resident Dignity, dated 5/2/2025, the P&P indicated It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life . The P&P indicated, All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. The P&P indicated, Maintain resident privacy. The P&P indicated, Each resident will be provided equal access to quality care regardless of diagnosis, severity of condition or payment source.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident's medical records were updated to show documentation that advance directives (a legal document indicating resident preference on End-of-life treatment decisions) were discussed and written information were provided to the residents and/or responsible parties for one (1) of 1 sampled residents (Resident 84).This deficient practice had the potential to result in resident's healthcare wishes not being known or followed, placing the resident at risk of receiving unwanted or inappropriate treatment. Findings:During a review of Resident 84's admission Records, the admission Records indicated Resident 84 was admitted on [DATE] to the facility with a diagnosis of aftercare following joint replacement; presence of right artificial knee joint; type 2 diabetes mellitus without complications (a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 84's History and Physical (H&P) dated 11/21/25, the H&P indicated patient has the capacity to understand and make decisions.During a concurrent interview and record review for Resident 84 on 12/02/25 at 11:41 am with Admissions (AD), stated that the Advance Directive Acknowledgement Form was not completed for Resident 84. AD hasn't reviewed the Advance Directive Acknowledgement Form with resident/family because resident was recently admitted . AD stated he still has to perform and ask resident/family regarding Advance Directives. AD also mentioned that he normally reviews the advance directive acknowledgment form with the resident and/or family when the resident is first admitted , if they do not have an advance directive and they would like more information regarding an advance directive then he would let social services know. During an interview with Resident 84 on 12/04/2025 at 9:23 am, used phone translator number 402497, Resident 84 stated she does not know anything about paperwork because her daughter signed and took care of papers when she was admitted to facility. During an interview on 12/04/25 at 11:15 am with Director of Nursing (DON), he stated that the advance directive is done prior to admission or on admission. He also mentioned that it's important to have an advance directive to assist the resident with their wishes and if they have an assigned designee to make decisions.During a review of the facility's policy and procedure (P&P) titled, Residents' Rights Regarding Treatment and Advance Directives, dated 5/02/25, the P&P indicated, on admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident, if cognitively able to, would like to formulate an advance directive. The P&P indicated, provide the resident or resident representative information, in a manner that is easy to understand, about the right to refuse medial or surgical treatment and formulate an advance directive. Upon admission, should the resident have an advance directive, copies will be made and placed on the chart as well as communicate with staff.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to appropriately destroy or remove identifiable information on discarded medications for two (2) out of 2 sampled residents (Resident 87, 91). This deficient practice has the potential for unauthorized release of resident's personal information. Findings: During a review of Resident 87's admission Records, the admission Records indicated Resident 87 has original admission date on 6/02/23 and re-admission on [DATE] to the facility with diagnoses of dysphagia following cerebral infarction (difficulty swallowing after a stroke); gout, unspecified (type of arthritis that causes painful, swollen joints due to too much uric acid a natural waste product); muscle weakness(Generalized)(weakness in many muscles throughout the body.During a review of Resident 87's Minimum Data Set (MDS- a resident assessment tool), dated 09/17/25, the MDS indicated that the resident has the capacity to make herself understood and to understand others. During a review of Resident 91's admission Records, the admission Records indicated Resident 91 was admitted on [DATE] to the facility with diagnoses of traumatic subdural hemorrhage without loss of consciousness, subsequent encounter(bleeding around the brain caused by an injury without fainting); pulmonary fibrosis, unspecified (is a lung disease where the lung tissue gets thick, scarred, and stiff, making it hard to breathe and get enough oxygen); emphysema (is a condition where the lungs are damaged and don't work well making it hard to breath).During a review of Resident 91's MDS dated [DATE], the MDS indicated that the resident has the ability to make herself understood and to understand others. During an observation and interview on 12/03/25 at 11:31AM, with Registered Nurse 1 (RN 1) in medication room, two (2) medication bottles with Resident 87's and Resident 91's information label attached to it, were found in blue disposal bin. RN 1 stated that they place all the non-narcotic medications that are discontinued or waste inside the bin including the medication bottle with Resident's name on it. RN 1 stated that they do not take the label off, as everything goes back to the pharmacy for proper disposal. During an Interview with Director of Nursing (DON) on 12/4/25 at 10:55 AM, the DON stated that when disposing of medication bottles there should not be a resident's name on it. DON added that License Nurses should blacken it out or peel off labels with personal information. During a review of the facility's policy and procedure (P&P) titled, Confidentiality of Personal and Medical Records, dated 05/02/25, the P&P indicated, facility honors the resident's right to secure and confidential personal and medical records. This includes the right to confidentiality of all information contained in a resident's records, regardless of the form of storage or location of the record.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed ensure the Minimum Data Set (MDS, a standardized resident assessment tool) assessment for the Restorative Nursing Program (RNP, nursing interventions that aim to promote, maintain, and support a resident's ability to perform at their highest level) was accurately performed for two of three sampled residents (Resident 79 and Resident 86). These failures had the potential to result in adequate care for Resident 79 and Resident 86.Findings: During a review of Resident 79's admission record, the admission record indicated the facility admitted the resident on 12/27/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis (weakness or the inability to move on one side of the body), cerebral infarction (stroke, loss of blood flow to part of the brain), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and dementia (a progressive state of decline in mental abilities). During a review of Resident 79's Care Plan (a plan of care that summarizes a resident's health conditions, specific care needs, and current treatments) Report initiated 4/4/2025, the Care Plan Report indicated the resident was on the RNP for walking due to the resident's potential for a decline in walking skills related to a cerebrovascular accident (stroke). The Care Plan Report indicated a goal for Resident 79 was to maintain the resident's ability to ambulate (walk) with an assistive device and to facilitate the ease of transfers. The Care Plan Report indicated an intervention (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) to ambulate Resident 79 up to 90 feet with minimal assistance (when an individual is able to perform the majority of an activity but requires some assistance from another person) and a front wheeled walker every day five times a week as tolerated. During a review of Resident 79's Documentation Survey Report dated 9/1/2025 - 9/30/2025, the Documentation Survey Report indicated the resident was on the RNP for walking. The report indicated Resident 79 was to be ambulated up to 90 feet with minimal assistance and a front wheeled walker every day five times a week as tolerated. The report indicated Resident 79 was ambulated on 9/23/2025, and 9/24/2025. During a review of Resident 79's Minimum Data Set (MDS, a resident assessment tool) dated 9/29/2025, the MDS indicated Resident 79 did not receive at least 15 minutes a day of the RNP in the prior 7 calendar days (9/21/2025 - 9/28/2025). During a review of Resident 86's admission Record, the admission Record indicated the facility re-admitted the resident on 1/7/2025 with diagnoses that included peripheral vascular disease (PVD, a slow progressive narrowing of the blood flow to the arms and legs), hyperlipidemia (high levels of cholesterol in the blood), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), lack of coordination (lack of muscle control that causes awkward, clumsy movements that affect how you walk, use your arms, speak, or move your eyes), and acquired absence of the left leg above the knee (a condition where an individual has lost a part of their leg through the section above the knee). During a review of Resident 86's Documentation Survey Report dated 9/1/2025 - 9/30/2025, the report indicated the resident was on the RNP for Active Assisted Range of Motion (AAROM: a type of physical therapy exercise where a person uses their own muscles to move a joint but gets help from a therapist) of the bilateral (both) upper extremities (arms) using 2 pound weights every day five times a week as tolerated and for AAROM of the right lower extremity (leg) and left hip every day five times a week as tolerated. The report indicated there was documentation that Resident 86 received AAROM of the bilateral upper extremities, right lower extremity, and left hip on 9/17/2025. During a review of Resident 86's MDS dated [DATE], the MDS indicated Resident 86 did not receive at least 15 minutes a day of the RNP during the prior seven calendar days (9/12/2025 - 9/18/2025). During a review of Resident 86's Care Plan Report revised 9/30/2025, the Care Plan Report indicated the resident was on the RNP for AAROM due to the resident's potential for decline in ROM related to a left above the knee amputation (absence of the left leg above the knee). The Care Plan Report indicated Resident 86 (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was to receive AAROM of the lower right extremity (right leg), left hip, and bilateral upper extremities (both arms). The Care Plan Report indicated goals for Resident 86 were to be able to adapt and adjust to living as independently and safely as possible, enable good hygiene, promote functional mobility, and decrease the risk for skin breakdown. The Care Plan Report indicated interventions included having AAROM on the right and left upper extremity using a two-pound (lbs., a unit of mass) weights daily five times a week as tolerated, and AAROM on the right lower extremity and left hip daily five times a week as tolerated. During an observation on 12/03/2025 at 10:34 AM, in Resident 86's Room, Restorative Nursing Assistant 1 (RNA 1) observed assisting Resident 86 to perform RNA exercises on the resident's bilateral upper extremities with 2 lbs. weights; and ARROM exercises with right lower extremity and left hip. Resident 86 was observed tolerating the RNA exercises well. RNA 1 was observed to finish performing RNA exercises with Resident 86 at 10:50 AM. During an interview on 12/03/2025 at 11:00 AM with RNA 1, RNA 1 stated the exercises for an RNP usually lasted 10 - 15 minutes to complete per resident depending on how the resident tolerated the exercise. RNA 1 stated the goal for an RNP was 15 minutes per resident. During an interview on 12/4/2025 at 10:11 AM with RNA 2, RNA 2 stated each RNP took 15 minutes to complete per resident. During a concurrent interview and record review on 12/4/2025 at 10:52 AM with the MDS Coordinator (MDSC), Resident 79's MDS dated [DATE] and Resident 86's MDS dated [DATE] were reviewed. The MDSC stated the MDS for Resident 79 and Resident 86 did not indicate the residents were on a RNP because the intervention did not indicate how many minutes Resident 79 and Resident 86 were receiving RNP exercises a day. During a concurrent interview and record review on 12/4/2025 at 2:06 PM with the Director of Nursing (DON), Resident 79's MDS dated [DATE] and Resident 86's MDS dated [DATE] were reviewed. The DON stated each RNA tried to spend at least 15 minutes with each resident on the RNP when doing exercises if the resident tolerated the exercises. The DON stated the intervention for the RNP for Resident 79 and Resident 86 did not indicate the number of minutes the RNA exercises were to take place. The DON stated Resident 79's and Resident 86's RNP was not reflected on the residents' MDS because the residents' intervention for RNA did not include the number of minutes the RNP was to take place. The DON stated the MDS for Resident 79 and Resident 86 was not accurate because it did not indicate the residents were on the RNP. The DON stated the MDS assessment should have been accurate to ensure Resident 79, and Resident 86 received appropriate care. During a review of the facility's Policy and Procedure (P&P) titled Restorative Nursing Program dated 5/2/2025, the P&P indicated Potential candidates for restorative nursing services may be identified though one or more of the following processes: physical assessments, MDS assessments, Specialized rehabilitation assessments, in-house referrals due to unusual occurrence/event.A resident's Restorative Nursing plan will include: the problem, need, or strength the restorative tasks are to address, the type of activities to be performed, frequency of activities, duration of activities, measurable goal and target date. During a review of the facility's P&P titled Resident Assessment -RAI dated 5/2/2025, the P&P indicated This facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history and preferences using the resident assessment instrument (RAI) specified by CMS.The current version of the RAI (MDS 3.0) will be utilized when conducting a comprehensive assessment of each resident in accordance with the instructions found in the RAI Manual.The assessment will include at least.special treatments and procedures.The assessment process will include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. During a review of the Centers for Medicare & Medicaid Services user manual titled Long-erm Care Facility Resident Assessment Instrument 3.0 User's Manual dated 10/2025, the user manual indicated Steps for Assessments: 1. Review the restorative nursing program notes and/or flow sheets in the medical record.2. For the 7-day look-back period, enter the number of days on which the technique, training or skill practice was performed for a total of at least 15 minutes during the 24-hour period.3. The following criteria for restorative nursing programs must be met in order to code O0500: Measurable (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	objectives and interventions must be documented in the care plan and in the medical record. If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the resident's medical record. Evidence of periodic evaluation by the licensed nurse must be present in the resident's medical record. When not contraindicated by state practice act provisions, a progress note written by the restorative aide and countersigned by a licensed nurse is sufficient to document the restorative nursing program once the purpose and objectives of treatment have been established. Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity. A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a restorative nursing program. Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide treatments and services to maintain or improve mobility (ability to move) and Range of Motion (ROM, full movement potential of a joint) for two of three sampled residents (Resident 79 and Resident 86). By failing to:1. Implement Resident 79's Restorative Nursing Program (RNP, nursing interventions that aim to promote, maintain, and support a resident's ability to perform at their highest level) for walking as indicated Resident 79's Care Plan (a plan of care that summarizes a resident's health conditions and the specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) Report initiated 4/4/2025.2. Implement Resident 86's RNP for Active Assisted ROM (AAROM, when the resident uses the muscles surrounding the joint to perform the exercise but requires some help from the therapist or equipment) as indicated in Resident 86's Care Plan Report revised 9/30/2025. These failures had the potential for Resident 79 and Resident 86 to develop a decline (to gradually become less, worse, or lower) in mobility and ROM.Findings: During a review of Resident 79's admission Record, the admission Record indicated the facility admitted the resident on 12/27/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis (weakness or the inability to move on one side of the body), cerebral infarction (stroke, loss of blood flow to part of the brain), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and dementia (a progressive state of decline in mental abilities). During a review of Resident 79's Care Plan Report initiated 4/4/2025, the Care Plan Report indicated the resident was on a RNP for walking due to the resident's potential for a decline in walking skills related to a cerebrovascular accident (stroke). The Care Plan Report indicated a goal to maintain Resident 79's ability to ambulate (walk) with an assistive device and to facilitate the ease of transfers. The Care Plan Report indicated an intervention (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) to ambulate Resident 79 up to 90 feet with minimal assistance (when an individual is able to perform the majority of an activity but requires some assistance from another person) and a front wheeled walker every day five times a week as tolerated. During a review of Resident 79's Minimum Data Set (MDS, a standardized resident assessment tool) dated 9/29/2025, the MDS indicated the resident had severely impaired cognition (having impairment with the ability to think, understand, and reason). The MDS indicated Resident 79 required partial/moderate assistance (helper does less than half the effort) for walking 50 feet with two turns. The MDS indicated Resident 79 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with walking 10 feet. During a review of Resident 79's Documentation Survey Report dated 11/1/2025 - 11/30/2025, the Documentation Survey Report indicated the resident was on a RNP for walking. The Documentation Survey Report indicated Resident 79 was to be ambulated up to 90 feet with minimal assistance and a front wheeled walker every day five times a week as tolerated. The Documentation Survey Report indicated documentation that Resident 79 was ambulated on 11/4/25, 11/5/25, 11/10/25, 11/11/25, 11/14/25, 11/17/25, 11/20/25, 11/21/2025, 11/26/2025, 11/27/2025, and 11/28/2025. The Documentation Survey Report indicated there was no documentation of the resident being ambulated on 11/3/2025, 11/6/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. During a review of Resident 86's admission Record, the admission Record indicated the facility re-admitted the resident on 1/7/2025 with diagnoses that included peripheral vascular disease (PVD, a slow progressive narrowing of the blood flow to the arms and legs), hyperlipidemia (high levels of cholesterol in the blood), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), lack of coordination (lack of muscle control that causes awkward, clumsy (continued on next page)

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	056293	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alcott Rehabilitation Hospital	3551 West Olympic Blvd. Los Angeles, CA 90019

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	movements that affect how you walk, use your arms, speak, or move your eyes), and acquired absence of the left leg above the knee (a condition where an individual has lost a part of their leg through the section above the knee). During a review of Resident 86's MDS dated [DATE], the MDS indicated the resident had moderately impaired cognition (some problems with the ability to think, understand, and reason). The MDS indicated Resident 86 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, showering/bathing self, lower body dressing, putting on footwear, and taking off footwear. The MDS indicated Resident 86 required partial/moderate assistance (helper does less than half the effort) for upper body dressing. The MDS indicated Resident 86 required supervision/touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as the resident completes the activity) for personal hygiene. The MDS indicated Resident 86 required set up or clean up assistance (helper sets up or cleans up and the resident does the activity) for eating and oral hygiene. During a review of Resident 86's Care Plan Report revised 9/30/2025, the Care Plan Report indicated the resident was on a RNP for AAROM due to the resident's potential for decline in ROM related to a left above knee amputation (absence of the left leg above the knee). The Care Plan Report indicated Resident 86 was to receive AAROM to the right lower extremity (right leg), left hip, and bilateral upper extremities (both arms). The Care Plan Report indicated goals for Resident 86 were to be able to adapt and adjust to living as independently and safely as possible, enable good hygiene, promote functional mobility, and decrease the risk for skin breakdown. The Care Plan Report indicated interventions for Resident 86 to have AAROM on the right and left upper extremity using a two-pound (lbs., a unit of mass) weights daily five times a week as tolerated, and AAROM on the right lower extremity and left hip daily five times a week as tolerated. During a review of Resident 86's Documentation Survey Report dated 11/1/2025 - 11/30/2025, the Documentation Survey Report indicated the resident was on a RNP for AAROM of the bilateral upper extremities using 2 lbs. weights every day five times a week as tolerated and for AAROM of the right lower extremity and left hip every day five times a week as tolerated. The Documentation Survey Report indicated there was documentation that Resident 86 received AAROM of the bilateral upper extremities, right lower extremity, and left hip on 11/4/2025, 11/5/2025, 11/10/2025, 11/11/2025, 11/14/2025, 11/17/2025, 11/20/2025, 11/21/2025, 11/26/2025, 11/27/2025, and 11/28/2025. The Documentation Survey Report indicated there was no documentation of the resident receiving RNA services on 11/3/2025, 11/6/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. During a concurrent interview and record review on 12/03/2025 at 11:00 AM, Restorative Nursing Assistant 1 (RNA 1) reviewed Resident 79's Documentation Survey Report dated 11/1/2025 - 11/31/2025 and Resident 86's Documentation Survey Report dated 11/1/2025 - 11/31/2025. RNA 1 stated he (RNA 1) was familiar with both Resident 79 and Resident 86 because he (RNA 1) was assigned to help both residents with RNP exercises. RNA 1 stated Resident 79 was assisted with ambulating 90 feet everyday five times a week as tolerated. RNA 1 stated Resident 86 was receiving AAROM for his bilateral upper extremities using two lbs. weights and AAROM for his right lower extremity and left hip every day five times a week as tolerated. RNA 1 stated the RNP exercises were scheduled to take place Monday - Friday and sometimes on the weekends if needed. RNA 1 stated the documentation for the RNP exercises was done under tasks on the Documentation Survey Report. RNA 1 confirmed there was no documentation on Resident 79's Documentation Survey Report on 11/3/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. RNA 1 stated there was no documentation on Resident 86's Documentation Survey Report on 11/3/2025, 11/6/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. RNA 1 stated the days that had no documentation indicated RNP exercises were not performed for Resident 79 and Resident 86. RNA 1 stated there was no documentation that Resident 76 or Resident 86 refused RNP exercises on the days that had no documentation on the Documentation Survey Reports. RNA 1 stated the interventions for Resident 76 and Resident 86 indicated the residents were both (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supposed to receive RNP exercises five times a week. RNA 1 stated the Documentation Survey Report for Resident 79 and Resident 86 did not indicate the residents received RNP exercises five times a week. RNA 1 was not sure why Resident 76 and Resident 86 did not receive RNP exercises five times a week. RNA 1 stated there wasn't shortage of RNAs at the facility. During an interview on 12/3/2025 at 11:10 AM with Resident 86, Resident 86 stated he liked to do exercises with the RNA. Resident 86 stated he would like to do RNP exercises every day because the exercises made him stronger. Resident 86 stated he did not do exercises every day because the RNAs had a schedule they had to follow. Resident 86 stated he had RNP exercises maybe three times a week. During a concurrent interview and record review on 12/4/2025 at 2:06 PM, the Director of Nursing (DON) reviewed Resident 79's Documentation Survey Report dated 11/1/2025 - 11/31/2025 and Resident 86's Documentation Survey Report dated 11/1/2025 - 11/31/2025. The DON stated there was no documentation that RNP exercises for Resident 79 were performed on 11/3/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. The DON stated there was no documentation that RNP exercises for Resident 86 were performed on 11/3/2025, 11/6/2025, 11/7/2025, 11/12/2025, 11/13/2025, 11/18/2025, 11/19/2025, 11/24/2025, and 11/25/2025. The DON stated there was no documentation that Resident 76 or Resident 86 refused RNP exercises on the days that were blank on the Documentation Survey Reports. The DON stated the purpose of the RNP was to maintain the resident's current level of mobility and ROM. The DON stated there was a potential for Resident 79 and Resident 86 to have a decline in their level of mobility and ROM. During a review of the facility's Policy and Procedure (P&P) titled Restorative Nursing Programs dated 5/2/2025, the P&P indicated It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level.Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services.Restorative aides will implement the plan for a designated length of time, performing the activities, and documenting on the electronic health record.

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F 0911 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to meet the requirement for no more than four residents per room for one of 63 resident residential rooms (room [ROOM NUMBER]). This deficient practice had the potential to result in inadequate space to provide necessary and safe nursing care and privacy for the residents in room eight.Findings: During multiple room observations conducted in room eight from 12/1/2025 to 12/4/2025, nursing staff were observed with adequate space to provide care to the residents in room [ROOM NUMBER]. Each resident in room [ROOM NUMBER] was observed to have privacy curtains for privacy, working call-lights, a dresser and a bedside table. During review of the facility's room waiver request letter dated 12/4/2025, the room waiver request letter indicated room [ROOM NUMBER] did not meet the 4 bed per room regulation. The letter indicated room [ROOM NUMBER]was in accordance with the special needs of residents and would not have an adverse effect on the residents' health and safety or impede the ability of any resident in the room to attain his/her highest practicable well-being. The letter indicated room [ROOM NUMBER] had 5 resident beds and was measured at 377 square feet (75.4 square feet per resident). During an interview on 12/4/2025 at 10:51 AM with Certified Nursing Assistant 4 (CNA 4), CNA 4 stated she was assigned to room [ROOM NUMBER]. CNA 4 stated room [ROOM NUMBER] had five beds. CNA 4 stated there were no issues with the space in the room. CNA 4 stated there was space in room [ROOM NUMBER] to place wheelchairs. CNA 4 stated no one had complained about feeling overcrowded in room [ROOM NUMBER]. A review of the facility's policy and procedures (P&P) titled Resident Rooms revised on 5/2/2025, the policy indicated resident bedrooms must be designed and equipped for adequate nursing care, comfort and privacy of resident and will measure at least 80 square feet per resident in multiple resident bedrooms. The Department is recommending continuation of the room waiver request.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure 24 out of 63 rooms (room [ROOM NUMBER], 6, 8, 12,19, 24, 26, 30, 32, 37, 39, 40, 41, 45, 46, 48, 50, 54, 56, 58, 59, 61, 62, and 63) met the required 80 square feet per resident regulation. This failure had the potential to result in the inadequate space necessary to provide safe nursing care and privacy for residents.Findings: During multiple room observations conducted from 12/1/2025 to 12/4/2025, nursing staff were observed with adequate space to provide care to the residents in each facility resident room. Each resident was observed to have privacy curtains for privacy, working call-lights, a dresser, and a bedside table. During a review of the facility's room wavier letter dated 12/4/2025, the letter indicated the facility was requesting a room variance (room size different from required amount) for 24 resident rooms (room [ROOM NUMBER], 6, 8, 12,19, 24, 26, 30, 32, 37, 39, 40, 41, 45, 46, 48, 50, 54, 56, 58, 59, 61, 62, and 63). The room waiver letter indicated the following rooms had less than 80 square feet per bed:Room NumberFloor AreaCapacityroom [ROOM NUMBER] The room waiver request letter indicated the rooms were in accordance with the special needs of the residents and would not have adverse effect on the residents' health and safety; and would not impede the ability of any resident in the rooms to attain his/her highest practicable well-being. The room wavier letter indicated resident, staff, and visitor safety would not be compromised by the facility's exiting room square footage. The room wavier letter indicated the room sizes were addressed with the resident council (an organized group of residents who meet regularly to discuss and address concerns about their rights, quality of care, and quality of life) who did not feel the room size negatively impacted their care or safety. During an interview on 12/4/2025 at 10:29 AM with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated she was assigned to room [ROOM NUMBER]. CNA 3 stated there was enough room to move around and have resident walkers and wheelchairs in the room. CNA 3 stated there were no issues with bumping into things or each other in room [ROOM NUMBER]. CNA 3 stated the residents in room [ROOM NUMBER] had not stated they felt crowded in the room. During an interview on 12/4/2025 at 10:35 AM with Licensed Vocational Nurse 4 (LVN 4), LVN 4 stated she was assigned to room [ROOM NUMBER]. LVN 4 stated she did not have any issues with not having enough space or feeling crowded in room [ROOM NUMBER]. LVN 4 stated she could place her medication cart in room [ROOM NUMBER] if she needed to. During an interview on 12/4/2025 at 10:39 AM with Resident 31, in room [ROOM NUMBER], Resident 31 reported having enough space in the room for belongings and to move around. During an interview on 12/4/2025 at 11:02 AM with LVN 5, LVN 5 stated she was assigned to room four. LVN 5 stated residents in room four had not stated anything about the room being too small or having enough room to move around. During an interview on 12/4/2025 at 11:06 AM with Resident 78, in room [ROOM NUMBER], Resident 78 had no complaints about the space in the room. Resident 78 reported having plenty of room to move around in room [ROOM NUMBER]. A review of the facility's policy and procedures (P&P) titled Resident Rooms revised on 5/2/2025, the policy indicated resident bedrooms must be designed and equipped for adequate nursing care, comfort and privacy of resident and will measure at least 80 square feet per resident in multiple resident bedrooms. The Department is recommending continuation of the room waiver request.