

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Hollywood Presbyterian Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 4636 Fountain Avenue Los Angeles, CA 90029	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. (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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review, observation and interview, the facility failed to ensure 1 of 3 sampled residents (Resident 1), when Resident 1 did not have access to an appropriate call light (remote with button used to call staff for help) system in accordance with the facility's policy and procedure titled Call Light System. This deficient practice had the potential for Resident 1's self-esteem, emotions, and physical care to be affected. Findings: During a review of Resident 1's History and Physical (H&P), dated 6/16/2025, the H&P indicated Resident 1's medical history included quadriplegia (paralysis [no movement] from the neck down, affecting all four limbs) and chronic respiratory failure (long term condition in which not enough oxygen passes from the lungs into the blood) with tracheostomy (an artificial opening through the neck usually for the relief of difficulty in breathing) on a ventilator (a medical device to help support or replace breathing). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/23/2025, indicated Resident 1's cognitive (ability to think and process information) skills for daily decision making was intact, and required two person physical assistance for activities of daily living (bathing, dressing, toileting, transferring, feeding). Resident 1 had the ability to make self understood and understand others. The MDS also indicated Resident 1 had impairment on both sides of the upper and lower extremities (arms and legs) and was dependent on staff to help with movement. During a concurrent observation and interview on 7/15/2025 at 4:12 p.m. with Resident 1 in Resident 1's room, Resident 1 was alert, had a tablet (electronic device) on his table in front of him, and a call light (remote with a button used to call staff for help) next to his head. Resident 1 stated he could not move his arms because he was quadriplegic (paralysis [no movement] from the neck down, affecting all four limbs). Resident 1 stated he was not given a different call light that he could access. Resident 1 stated he calls for help by making two clicking sounds. Resident 1 stated, Sometimes they (staff) don't hear me and I have to wait long. During an interview on 7/17/2025 at 8:18 a.m. with the Director of Engineering (DOE), DOE stated there is an adaptive (made accessible for individuals with difficulty using an object) call light system that could be used. DOE stated, If requested we can provide the pad or the call bell for the residents. The DOE stated the adaptive call light is like a round pad that they (the resident) can touch with their cheek and could be used for quadriplegic residents. DOE stated the department would notify engineering if needed and will send someone to change from a regular hand call light to the special call button or pad. During an interview on 7/17/2025 at 8:40 a.m. with Director of Nursing (DON), DON stated adaptive call system use depends on the assessment to make sure the residents are using appropriate call system. DON stated no residents were currently using the tap/pad call light. DON acknowledged it would be appropriate for someone who is unable to use their arms to use a tap/pad call light system. DON stated Resident 1 had the regular call light now and Resident 1 should have the appropriate call light system. During a review of the facility's policy and procedure titled, Call Light System, dated 11/26/2024, the P&P indicated: A. Ensure that the call light is always within easy reach of the patient/resident. B. For paraplegic patients/residents who may have limited upper body mobility, adaptive call light devices should be provided to ensure they can easily signal for assistance.</p>		