

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 the food preparation equipment in the kitchen was clean when one of one ice machines (Ice Machine 1) had yellowish-brown debris on the interior of the ice storage compartment according to the facility's policy and procedures (P&P) titled, Cleaning Schedule, last reviewed 1/1/2026 and the Food and Drug Administration's (FDA) Food Code, dated 2022. This failure had the potential to cause foodborne illness in 120 out of 121 residents who receive and consume food prepared from the facility kitchen. Findings: During a concurrent observation and interview on 7/27/2026 at 7:50 AM with the Dietary Services Supervisor (DSS) in the kitchen, the interior of Ice Machine 1 was inspected. The surveyor (writer) used a white sheet of paper towel to wipe the interior of the compartment where the ice is stored after being formed. The sheet of paper towel was observed to have scattered wet, yellowish-brown debris. The DSS stated the yellowish-brown debris should not be present inside the ice storage compartment of Ice Machine 1. The DSS stated Ice Machine 1 must be cleaned and may need to be cleaned more frequently than once a month. The DSS further stated the yellowish-brown debris could contaminate the ice that the residents consume, which could then cause the residents to get sick. During an interview on 7/30/2026 at 9:16 AM with the Infection Preventionist Nurse (IPN), the IPN stated all kitchen equipment should be clean, including the ice machine. The ice machine must be clean because there is a high risk for the ice machine to spread diseases through water. The IPN further stated the kitchen ice machine must be clean to prevent the spread of diseases to the residents who consume the ice produced. During an interview on 7/30/2026 at 2:39 PM with the DSS, the DSS stated after the yellowish-brown debris was found inside the ice storage compartment of Ice Machine 1 on 7/27/2026, kitchen staff immediately cleaned Ice Machine 1 that same day. The DSS stated per facility policy, the ice interior of the ice machine is to be washed once a month. The DSS further stated that DSS believes the facility's policy is wrong and Ice Machine 1 should be cleaned more frequently than once a month. The DSS stated moving forward DSS will ensure the kitchen staff clean the interior of Ice Machine 1 daily to prevent the build-up of further brown debris in the ice storage compartment. During a review of the Ice Machine Cleaning Schedule for 2026, Ice Machine 1 was cleaned on the following dates: 1/13/2026, 2/17/2026, 3/17/2026, 4/27/2026, 5/11/2026, 6/29/2026, and 7/27/2026. During a review of the facility's policy and procedures (P&P) titled, Ice Machine - Operation and Cleaning, last reviewed 1/1/2026, the P&P indicated the inside of the ice machine must be washed on no less than a monthly basis. During a review of the P&P titled, Cleaning Schedule, last reviewed 1/1/2026, the P&P indicated the dietary staff will maintain a sanitary environment in the dietary department by complying with the routine cleaning schedule developed by the DSS. During a review of the Food and Drug Administration's (FDA) Food Code, dated 2022, the FDA's Food Code indicated, equipment food contact surfaces shall be clean to sight and touch. (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
--	-------	-----------

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure two of two staffs (Housekeeping Supervisor - [HKS] and the Environmental Supervisor - [EVS]) understood the correct water temperatures and drying temperatures when washing and drying linen for residents in the facility according to the facility's policy and procedures (P&P) titled, Laundry - Sorting, Washing & Drying, last reviewed 1/1/2026, California Code of Regulations Title 22 Section 71629 - Laundry Service (CCR), undated, and the manufacturer's guidelines titled, Washer-Extractor Pocket Hardmount, dated December 2005. The facility has three linen Washing Machines (1, 2, and 3) and four linen Dryer Machines (1, 2, 3, and 4). This failure increased the potential for the spread of infections and diseases among the 121 residents residing in the facility. Findings: During a tour observation of the facility's laundry room on 7/28/2026 at 12:54 PM with the Housekeeping Supervisor (HKS), the interior of the laundry room was observed to have four linen dryer machines and three linen washing machines. The facility's Hot Water Temperature Log for July 2026 and the Dryer Machine Temperature Log for July 2026 were posted along the wall inside the laundry room. During an interview on 7/28/2026 at 12:56 PM with the HKS, the HKS stated the facility has four tumble dryer machines and three washing machines in the laundry room. The HKS stated all the facility's laundry is done within the laundry room. The HKS stated first the soiled laundry is sorted in the dirty linen room. Then each load is placed in the linen washing machine to be washed. After the laundry is washed, it is immediately placed in the tumble dryer to be dried. After the laundry is dried, it is placed in the folding station to be folded. During a concurrent interview and record review on 7/28/2026 at 12:58 PM with the HKS, the facility's Hot Water Temperature Log for July 2026 was reviewed. The Hot Water Temperature Log indicated that from July 1, 2026 to July 28, 2026, the hot water temperatures for linen Washing Machines 1, 2, and 3 ranged from 130 degrees Fahrenheit (F-unit for measuring temperature) to 157 degrees F. HKS stated the laundry staff check the water temperature of each washing machine through the machine's sensor and write down the highest recorded temperature on the log daily. The HKS stated the hot water temperature for each washing machine should be within the range of 140 degrees F to 160 degrees F. The HKS further stated it is important to monitor the temperatures of the washing machines to ensure the water temperature is hot enough to kill bacteria (microorganisms that can spread disease) on the clothing and linens being washed. The HKS stated residents can get sick from the bacteria on the clothing and linens if the bacteria are not killed with hot water. During a review of the facility's Hot Water Temperature Log for June 2026, the Hot Water Temperature Log indicated that from June 1, 2026 to June 30, 2026, the hot water temperatures for linen Washing Machines 1, 2, and 3 ranged from 140 degrees F to 143 degrees F. During a review of the facility's Hot Water Temperature Log for May 2026, the Hot Water Temperature Log indicated that from May 1, 2026 to May 31, 2026, the hot water temperatures for linen Washing Machines 1, 2, and 3 ranged from 140 degrees F to 143 degrees F. During a concurrent interview and record review on 7/28/2026 at 1:00 PM with the HKS, the facility's linen Dryer Machine Temperature Log for July 2026 was reviewed. The linen Dryer Machine Temperature Log indicated that from July 1, 2026 to July 28, 2026, the temperatures for Dryer Machines 1, 2, 3, and 4 ranged from 150 degrees F to 180 degrees F. The HKS stated the goal temperature range for the dryer machines should be within 160 degrees F to 180 degrees F. During a review of the facility's linen Dryer Machine Temperature Log for June 2026, the linen Dryer Machine Temperature Log indicated that from June 1, 2026 to June 30, 2026, the temperatures for linen Dryer Machines 1, 2, 3, and 4 ranged from 155 degrees F to 175 degrees F. During a review of the facility's linen Dryer Machine Temperature Log for May 2026, the linen Dryer (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 - Many	Machine Temperature Log indicated that from May 1, 2026 to May 31, 2026, the temperatures for linen Dryer Machines 1, 2, 3, and 4 ranged from 145 degrees F to 175 degrees F. During a concurrent observation and interview on 7/29/2026 at 2:23 PM with the HKS in the laundry room, a load of soiled linens was placed inside Washing Machine 3. The HKS started the washing cycle on Washing Machine 3 and monitored the water temperature inside through Washing Machine 3's temperature sensor. For the first minute of Washing Machine 3's wash cycle, the HKS was observed monitoring the washing machine water temperature until the water temperature reached a maximum temperature of 147 degrees F. HKS stated HKS monitors the water temperature for the first minute of the wash cycle because that is when the water reaches the highest temperature before the temperature starts lowering. The HKS stated a load of residents' clothing takes 30 minutes to wash, while a load of soiled linens takes 45 minutes to wash. During a concurrent interview and record review on 7/29/2026 at 2:38 PM with the Environmental Supervisor (EVS), the EVS stated that the hot water for the linen washing machine should be at 140 degrees F to 160 degrees F. The EVS reviewed the facility's policy and procedures (P&P) titled, Laundry - Sorting, Washing & Drying, last reviewed 1/1/2026, and confirmed that the P&P indicated that sheets, pillowcases, diapers, towels, and draw sheets must be washed with the hottest available water, along with the correct setting on the machine and that residents' clothing must be washed using established procedures while ensuring that all facility infection control procedures are followed. The EVS further stated that the facility's P&P does not specify what hot water temperatures the linens and clothing must be washed in. The EVS further stated the facility follows Title 22 of the California Code of Regulations guidelines for washing machine hot water temperatures. The EVS then left to look for additional information regarding the hot water temperature parameters for washing linen. During a concurrent interview and record review on 7/29/2026 at 2:40 PM with the EVS, California Code of Regulations Title 22 Section 71629 - Laundry Service (CCR), undated, was reviewed. The EVS stated that the CCR indicated, All linens shall be washed using an effective soap or detergent and thoroughly rinsed to remove soap or detergent and soil. Linens shall be exposed to water at a minimum temperature of 160 degrees F for at least 24 minutes during the washing process, or a lower temperature of 140 degrees F for 24 minutes may be utilized if the linens are subsequently passed through a flatwork ironer at 110-115 feet per minute at a temperature of 300 degrees F or a tumbler dryer at a temperature of 180 degrees F. The EVS stated this is the temperature requirement that the facility follows because the facility's P&P does not explicitly define the hot water temperature requirement of the washing machines. During an interview on 7/30/2026 at 9:00 AM with the Infection Preventionist Nurse (IPN), the IPN stated all laundry is washed and dried within the facility's laundry room. The IPN stated some residents in the facility prefer to have their personal clothing laundered by their family members, but all facility linens such as bedding are laundered in the facility's laundry room. The IPN further stated, It is important to wash laundry at the appropriate temperature to kill germs and prevent the spread of diseases to the residents. During an interview on 7/30/2026 at 11:08 AM with the Director of Nursing (DON), the DON stated, Clothing and linens need to be washed at the appropriate temperature because the purpose of the hot water is to kill the germs on the clothing and linen. The germs need to be killed to make sure they don't spread illness and disease to the residents. During a review of the washing machine manufacturer's guidelines titled, Washer-Extractor Pocket Hardmount, dated December 2005, the manufacturer's guidelines indicated the washing machines are capable supplying water at a temperature range of 80-200 degrees Fahrenheit.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review, the facility failed to protect 19 of 19 residents' (Residents 7, 9, 13, 23, 26, 27, 33, 39, 45, 53, 55, 57, 60, 65, 82, 101, 106, 107 & 129) rights to privacy and confidentiality of records according to the facility's policies and procedures (P&P) titled Resident Rights with a review date of 1/01/2025 and titled Education Requirements-medical Records Manual-HIPAA (the Health Insurance Portability and Accountability Act of 1996 - a federal privacy rule which establishes national standards to protect individuals' medical records and other individually identifiable health information) with a review date of 1/01/2026, evidenced by when Licensed Vocational Nurse (LVN) 8 left the 9 aforementioned residents' medical records hidden under a laptop computer in the facility's hallway. This deficient practice of violating the residents' rights to privacy and confidentiality of records had the potential to result in unauthorized access to Residents 7, 9, 13, 23, 26, 27, 33, 39, 45, 53, 55, 57, 60, 65, 82, 101, 106, 107 and 129 personal information not limited to diagnoses, treatment and medication, and also placing the residents at increased risk for psychological harm and financial harm. Findings: 1. During a review of Resident 7's admission record (face sheet - a document containing demographic and diagnostic information) indicated Resident 7 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Type 2 diabetes mellitus (T2DM - a disorder characterized by difficulty in blood sugar control and poor wound healing); hemiplegia and hemiparesis ([paralysis that affects one side of the body] and hemiparesis [weakness or the inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing]) following cerebral infarction (damage to the tissues in the brain due to loss of oxygen to the area) affecting left non-dominant side; dysphagia following cerebral infarction (difficulty swallowing); aphasia following cerebral infarction (a language disorder that occurs when a stroke damages brain areas responsible for language processing); unspecified dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems); neuromuscular dysfunction of the bladder (a condition where the nerves and muscles controlling bladder function don't work properly due to damage to the brain, spinal cord, or nerves); and encephalopathy (brain dysfunction that can appear as confusion, memory loss, personality changes and/or coma in the most severe form). During a review of Resident 7's history and physical (H&P - a physician's complete patient examination) dated 4/18/2026 indicated, Resident 7 does not have the capacity to understand make medical decisions due to impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). During a review of Resident 7's Minimum Data Set (MDS - a resident assessment tool) dated 6/22/2026, indicated, Resident 7 had severely impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS also indicated, Resident 7 did not use any mobility devices (helps a person walk or move from place to place when one has a disability or injury) to get around. 2. During a review of Resident 9's admission record, the record indicated Resident 9 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements); T2DM; reduced mobility (ability to move freely, purposefully, and independently); dysphagia; unspecified dementia; and vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow and oxygen to the brain, damaging brain tissue). During a review of Resident 9's H&P dated, the H&P indicated, Resident 9 does not have the capacity to understand and make medical decisions due to unspecified (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dementia. During a review of Resident 9's MDS dated [DATE], indicated, Resident 9 had severely impaired cognition (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS also indicated, Resident 9 did not use any mobility devices to get around. 3. During a review of Resident 13's admission record, the record indicated Resident 13 was admitted to the facility on [DATE] with the following diagnoses: T2DM; chronic fatigue (a serious, long-term illness that causes extreme exhaustion lasting six months or more); polyneuropathy (simultaneous malfunction of many peripheral nerves throughout the body); major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest); anxiety disorder (a condition of excessive worry about daily issues and situations); unspecified psychosis (not enough information to make a diagnosis of a specific psychotic disorder); insomnia (a sleep disorder characterized by difficulty falling asleep, staying asleep, or waking up too early, resulting in poor sleep quality and potentially affecting daytime functioning); and dysphagia. During a review of Resident 13's H&P dated 5/06/2026, the H&P indicated, Resident 13 had the capacity to understand and make medical decisions. During a review of Resident 13's MDS dated [DATE], the MDS indicated, Resident 13 had severely impaired cognition. The MDS also indicated Resident 13 used a wheelchair for mobility/to get around. 4. During a review of Resident 23's admission record, the record indicated Resident 23 was admitted to the facility on [DATE] and readmitted on [DATE] and again on 7/18/2026 with the following diagnoses: unspecified displaced fracture of the second cervical vertebra (a broken bone high up in the neck where the broken pieces have shifted out of their normal alignment); pulmonary hypertension, unspecified (dangerously high blood pressure in the blood vessels connecting the heart to the lungs); hyperlipidemia (high cholesterol or having too much fat in your blood); atrial fibrillation (a-fib - an irregular and often very rapid heart rhythm); heart failure (when heart muscle cannot pump enough blood to meet the body's needs for blood and oxygen); major depressive disorder; dysphagia; and vascular dementia. During a review of Resident 23's H&P dated 1/06/2026, the H&P indicated, Resident 23 does not have the capacity to understand and make medical decisions. During a review of Resident 23's MDS dated [DATE], the MDS indicated, Resident 23 had severely impaired cognition. The MDS also indicated, Resident 23 walks independently without the use of any mobility devices to get around. 5. During a review of Resident 26's admission record, the record indicated Resident 26 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: essential (primary) hypertension (HTN- high blood pressure without a single identifiable cause); hyperlipidemia; unspecified dementia; spinal stenosis (the bony tunnels inside your spine are getting too narrow, which crowds and pinches the nerves running through them); and depression, unspecified (a diagnosis used when a person has symptoms of depression that cause real distress or trouble in daily life). During a review of Resident 26's H&P dated 5/06/2026, the H&P also indicated Resident 26 does not have the capacity to understand and make medical decisions. During a review of Resident 26's MDS dated [DATE], the MDS indicated, Resident 26 had severely impaired cognition. The MDS also indicated Resident 26 uses either a walker or a wheelchair for mobility/to get around. 6. During a review of Resident 27's admission record, the record indicated Resident 27 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: metabolic encephalopathy (a general term that describes a brain disease, damage or malfunction; brain function is disturbed); T2DM; dysphagia; abnormalities of gait and mobility ([gait - a person's manner of walking] and [mobility - ability to move freely and easily]); acute kidney failure (when kidneys suddenly cannot remove waste from the blood); During a review of Resident 27's H&P dated XXX, the H&P indicated, Resident 27 has the capacity to understand and make medical decisions. During a (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	review of Resident 27's MDS dated [DATE], the MDS indicated, Resident 27 has moderately impaired cognition (make poor decisions, cues and supervisions required). The MDS also indicated, Resident 27 walks independently without the use of any mobility devices to get around. 7. During a review of Resident 33's admission record, the record indicated Resident 33 was admitted to the facility on [DATE] with the following diagnoses: psychotic disturbance, mood disturbance, and anxiety (a complex psychological condition where a person is struggling with reality, emotional regulation, and intense worry); hyperlipidemia; essential (primary) HTN; cerebral aneurysm (a weak, bulging spot on an artery in the brain that fills with blood); reduced mobility; delusional disorders (a mental health condition where a person has fixed, false beliefs [delusions] that last for one month or longer); and unspecified glaucoma (a condition in which there is a build-up of fluid in the eye which presses on the retina [senses the light and sends images] and the optic nerve [sends the images received from retina to the brain] causing vision loss and blindness). During a review of Resident 33's H&P dated 9/04/2025, the H&P indicated, Resident 33 had fluctuating (changing a lot and going up and down in an irregular way) capacity to understand and make medical decisions. During a review of Resident 33's MDS dated [DATE], the MDS indicated, Resident 33 had severely impaired cognition. The MDS also indicated, Resident 33 uses walker and wheelchair, for mobility/to get around. 8. During a review of Resident 39's admission record, the record indicated Resident 39 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: severe protein-calorie malnutrition (a serious medical condition caused by a deep lack of food, calories, and protein dangerous lack of enough protein, calories, or both in the diet); unspecified dementia; hyperlipidemia; vascular dementia; essential (primary) hypertension; anxiety disorder; epilepsy, unspecified, not intractable (a long term brain disease that causes repeated seizures due to abnormal electrical signals produced by damaged brain cells); major depressive disorder; and unspecified osteoarthritis, unspecified site (joint cartilage is breaking down, causing pain or stiffness, but the chart lacks the exact joint location or the specific cause). During a review of Resident 39's H&P dated 3/29/2026, indicated Resident 39 does not have the capacity to understand and make medical decisions. During a review of Resident 39's MDS dated [DATE], the MDS indicated, Resident 39 has severely impaired cognition. The MDS also indicated, Resident 39 walks independently without the use of any mobility devices to get around. 9. During a review of Resident 45's admission record, the record indicated Resident # was admitted to the facility on [DATE] with the following diagnoses: polyneuropathy; vascular dementia; essential HTN; hyperlipidemia; anemia (a health condition where your blood does not have enough healthy red blood cells or hemoglobin); lack of coordination (an inability to work together smoothly or move the body with proper balance and control); and reduced mobility. During a review of Resident 45's H&P dated 8/06/2025, the H&P indicated, Resident 45 does not have the capacity to understand and make medical decisions. During a review of Resident 45's MDS dated [DATE], the MDS indicated, Resident 45 has severely impaired cognition. The MDS also indicated, Resident 45 uses a walker and wheelchair for mobility/to get around. 10. During a review of Resident 53's admission record, the record indicated Resident 53 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: unspecified dementia; anxiety disorder; essential (primary) hypertension; gastro-esophageal reflux disease (GERD - a common condition where the stomach acid repeatedly flows back into the esophagus [a tube that connects your mouth and stomach]); and dysphagia. During a review of Resident 53's H&P dated 11/19/2025, the H&P indicated, Resident 53 does not have the capacity to understand and make medical decisions. During a review of Resident 53's MDS dated [DATE], the MDS indicated, Resident 53 has severely impaired cognition. The MDS also indicated, Resident 53 walks independently without the use of any mobility devices to get around. 11. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 55's admission record, the record indicated Resident 55 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: T2DM; reduced mobility; lack of coordination; dysphagia; bacteremia (the presence of bacteria in the bloodstream, which can be transient [short time] and resolve on its own, or lead to a serious infection like sepsis if the immune system is overwhelmed); hyperlipidemia; essential (primary) hypertension; unspecified mood disorder (when a person has significant emotional or mood symptoms, but those signs do not fit the exact rules for a specific condition); unspecified dementia; major depressive disorder; GERD; benign prostatic hyperplasia without lower urinary tract symptoms (a non-cancerous enlargement of the prostate gland that occurs commonly as men age). During a review of Resident 55's H&P dated 4/09/2026, the H&P indicated, Resident 55 has an end-stage (the final phase of a progressive, terminal illness or chronic condition) dementia. During a review of Resident 55's MDS dated [DATE], the MDS indicated, Resident 55 has severely impaired cognition. The MDS also indicated, Resident 55 uses mobility device, a wheelchair, to get around. 12. During a review of Resident 57's admission record, the record indicated Resident 57 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: metabolic encephalopathy; T2DM; acute respiratory failure with hypoxia (a sudden, life-threatening condition where your lungs cannot transfer enough oxygen into your blood); asthma (a chronic lung disease that causes your airways to swell, narrow, and fill with mucus, leading to difficulty breathing, wheezing, coughing, and chest tightness); lack of coordination; dysphagia; essential (primary) hypertension; hyperlipidemia; GERD; anemia; unspecified dementia; and muscle weakness. During a review of Resident 57's H&P dated 7/15/2026, the H&P indicated, Resident 57 does not have the capacity to understand and make medical decisions. During a review of Resident 57's MDS dated [DATE], the MDS indicated, Resident 57 has severely impaired cognition. The MDS also indicated, Resident 57 walks independently without the use of any mobility devices to get around. 13. During a review of Resident 60's admission record, the record indicated Resident 60 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: hemiplegia and hemiparesis; protein-calorie malnutrition; muscle weakness; dysphagia; chronic kidney disease, unspecified (longstanding disease of the kidneys leading to renal failure); essential (primary) hypertension; hyperlipidemia; unspecified dementia; vascular dementia; depression; delusional disorder; anxiety disorder; During a review of Resident 60's H&P dated 9/03/2025, the H&P indicated, Resident 60 does not have the capacity to understand and make medical decisions. During a review of Resident 60's MDS dated [DATE], the MDS indicated, Resident 60 has severely impaired cognition. The MDS also indicated, Resident 60 walks independently without the use of any mobility devices to get around. 14. During a review of Resident 65's admission record, the record indicated Resident 65 was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Parkinson's disease; osteomyelitis of vertebra (swelling or infection that occurs in the bones of the spine); anemia; hyperlipidemia; polyneuropathy; and GERD. During a review of Resident 's65 H&P dated 5/14/2026, the H&P indicated, Resident 65 does not have the capacity to understand and make medical decisions. During a review of Resident 65's MDS dated [DATE], the MDS indicated, Resident 65 has severely impaired cognition. The MDS also indicated, Resident 65 walks independently without the use of any mobility devices to get around. 15. During a review of Resident 82's admission record, the record indicated Resident 82 was admitted to the facility on [DATE] with the following diagnoses: T2DM; protein-calorie malnutrition; essential (primary) hypertension; muscle weakness; anemia; hyperlipidemia; chronic kidney disease; difficulty in walking; lack of coordination; and dysphagia. During a review of Resident 82's H&P dated 6/20/2026, the H&P indicated, Resident 82 had fluctuating capacity to understand and make medical decisions. During a review of Resident 82's MDS dated (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE], the MDS indicated, Resident 82 had severely impaired cognition. The MDS also indicated, Resident 82 uses a mobility device, walker, to get around. 16. During a review of Resident 101's admission record, the record indicated Resident 101 was admitted to the facility on [DATE] with the following diagnoses: dysphagia; unspecified dementia; essential (primary) hypertension; hyperlipidemia; major depressive disorder; and BPH. During a review of Resident 101's H&P dated 7/04/2026, the H&P indicated, Resident 101 does not have the capacity to understand and make medical decisions. During a review of Resident 101's MDS dated [DATE], the MDS indicated, Resident 101 had severely impaired cognition. The MDS also indicated, Resident 101 walks independently without the use of any mobility devices to get around. 17. During a review of Resident 106's admission record, the record indicated Resident 106 was admitted to the facility on 5e/27/2022 and readmitted on [DATE] with the following diagnoses: protein-calorie malnutrition; asthma; T2DM; lack of coordination; dysphagia; reduced mobility; muscle weakness; essential (primary) hypertension; hyperlipidemia; unspecified dementia; vascular dementia; GERD; and anemia. During a review of Resident 106's H&P dated 4/21/2026, the H&P indicated, Resident 106 does not have the capacity to understand and make medical decisions. During a review of Resident 106's MDS dated [DATE], the MDS indicated, Resident 106 had severely impaired cognition. The MDS also indicated, Resident 106 uses a wheelchair for mobility/to get around. 18. During a review of Resident 107's admission record, the record indicated Resident 107 was admitted to the facility on [DATE] and readmitted [DATE] with the following diagnoses: hemiplegia and hemiparesis; T2DM; lack of coordination; protein-calorie malnutrition; hyperlipidemia; BPH; essential HTN; and anemia. During a review of Resident 107's H&P dated 12/08/2025, the H&P indicated, Resident 107 had fluctuating capacity to understand and make medical decisions. During a review of Resident 107's MDS dated [DATE], the MDS indicated, Resident 107 was cognitively intact (a person's thinking and reasoning abilities are functioning properly and are not significantly impaired). The MDS also indicated, Resident 107 walks independently without the use of any mobility devices to get around. 19. During a review of Resident 129's admission record, the record indicated Resident 129 was admitted to the facility on [DATE] with the following diagnoses: T2DM; essential (primary) hypertension; delusional disorder; hyperlipidemia; unspecified dementia; psychotic disturbance, mood disturbance and anxiety. During a review of Resident 129's H&P dated 6/11/2025, the H&P indicated, Resident 129 had fluctuating capacity to understand and make medical decisions. During a review of Resident 129's MDS dated [DATE], the MDS indicated, Resident 129 had severely impaired cognition. The MDS also indicated, Resident 129 uses a wheelchair for mobility/to get around. During a facility tour on 7/27/2026 at 1:22 PM, a laptop computer sitting on top of Treatment Cart (a mobile workstation used by nurses to securely store, organize, and administer wound care supplies, dressings, topical medications, and diagnostic tools safely from one resident's room to another) A was observed unattended. Treatment Cart A was parked in the hallway against the wall between Nursing Station 1 and room [ROOM NUMBER]. When surveyor got closer to the laptop computer, two stacks of binder clipped 8.5 inch by 11 inch papers and one stack of loose 8.5 inch by 11 inch papers were found tucked under the laptop computer. When combined, all of the papers found under the laptop computer were three-quarters inch thick. When surveyor looked at the documents quickly, the surveyor found medical records of the following residents: Residents 7, 9, 13, 23, 26, 27, 33, 39, 45, 53, 55, 57, 60, 65, 82, 101, 106, 107 and 129. A total of 19 residents' medical records were found tucked under the laptop computer sitting on the Treatment Cart unattended. LVN 8 arrived at the location where the Treatment Cart A was parked. LVN 8 stated LVN 8 kept/placed the medical records of the 19 residents under the laptop computer sitting on top of Treatment Cart A because I believe that they (medical records) are safer there; to my (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	knowledge they are safe to be there underneath the computer. Both the surveyor and LVN 8 reviewed each page of the residents medical records and confirmed the fthat the residents' medical charts contained the following information about the residents. Binder Clip #1 (total of 25 pages) Resident 9's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 27's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 45's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 45's wounds. Resident 65's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 65's wounds. Resident 101's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 106's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 106's wounds. Resident 107's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 107's wounds. Resident 129's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Binder Clip #2 (total of 37 pages) Resident 7's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 7's wounds. Resident 13's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 23's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 23's wounds. Resident 26's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 33's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 39's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 53's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 55's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 55's wounds. Resident 57's medical records contained resident's name, date of birth , diagnoses, treatment plan and several black and white pictures of Resident 57's wounds. Resident 60's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Resident 82's medical records contained resident's name, date of birth , diagnoses, and treatment plan. Loose Pages (total of 10 pages) Nursing assignments for 7/27/2026 During the same interview and record review, LVN 8 stated that LVN 8 violated the HIPAA law when all 19 residents' medical records were left under a laptop computer unattended. LVN 8 stated HIPAA is a privacy and confidentiality law that prohibits healthcare workers from sharing residents' personal and medical information. LVN 8 also stated that LVN 8 violated residents' right to privacy and confidentiality when all 19 residents' medical records were left under a laptop computer unattended. LVN 8 stated the medical records may be stolen and used to impersonate the residents, and fraudulently open financial accounts such as credit cards and bank accounts. LVN 8 stated residents will be upset, they might feel scared that their information may be used fraudulently, and [residents] will not trust us anymore. During a review of LVN 8's employee file, indicated LVN 8 completed in-service education on HIPAA course on 7/16/2026. During an interview of 7/30/2026 at 9:10 AM with the Director of Staff Development (DSD - a licensed nurse who is responsible for planning and implementing the facility's orientation and educational programs for all employees), DSD stated that the medical records of 19 residents found under a laptop computer sitting on top of Treatment Cart A unattended was not acceptable because anyone can grab the medical records. steal the information. to open bank accounts, apply for government assistance. DSD stated that LVN 8 violated HIPAA when the medical records of 19 residents where kept under a laptop computer instead of a safe spot. nurse's (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	station and medical records office. DSD stated the potential harm that may happen to all 19 residents are identify theft, open bank accounts fraudulently, use residents information for financial gain; will feel hurt and unsafe in the facility because they might feel they are not protected.they feel vulnerable. During an interview on 7/30/2026 at 10:38 AM with the RN Supervisor (RNS) 1, RNS 1 stated HIPAA law is to protect the privacy of residents.do not show [medical records] to other people unless they are designated to care for the residents. RNS 1 stated that medical records are safely kept at the nursing stations, never under the laptop computer on top of the Treatment Cart, anyone can access the laptop computer and it [computer] is open to the public. RNS 1 stated all 19 residents may feel their privacy was opened, they will feel bad, upset, increase their medical condition like anxiety, depression.may feel like they will sue the facility. A review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Resident Rights with a review date of 1/01/2025 indicated, privacy and confidentiality including the right to privacy in his/her specific oral, written, and electronic communications. A review of the facility's P&P titled Education Requirements-medical Records Manual-HIPAA with a review date of 1/01/2026 indicated, to ensure that all employees receive necessary and appropriate training with regard to the privacy and security of protected health information (PHI) to carry out their functions on behalf of the facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of four sampled residents (Residents 106, 117, and 129) were free from physical restraints (a physical method or device used to limit a person's movement or freedom) for staff convenience to treat the residents' medical symptoms without a physician's order, consent, and according the facility's policy and procedures (P&P) titled, Restraints, last revised 5/1/2026. The facility staff positioned Residents 106, 117, and 129 beds against the walls. This failure resulted in restricting the residents' free movement, increased the risk of physical function decline, and increased the risk of entrapment (when a resident becomes trapped in the gaps of a bed system) by their beds potentially leading to accidents, asphyxiation (when a person cannot breathe normally), and death for Residents 106, 117, and 129. Findings: 1. During a review of Resident 106's admission Record, dated 7/30/2026, the admission Record indicated Resident 106 was originally admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including dementia (a progressive state of decline in mental abilities), toxic encephalopathy (a term for brain dysfunction or damage caused by exposure to toxic substances), and chronic obstructive pulmonary disease (a long-term lung condition that damages the airways and makes it difficult to breathe). During a review of Resident 106's History and Physical (H&P), dated 4/21/2026, the H&P indicated Resident 106 does not have the capacity to understand and make decisions. During a review of Resident 106's Minimum Data Set (MDS - a resident assessment tool), dated 6/4/2026, the MDS indicated Resident 106's experiences difficulty in cognitive skills in new situations. The MDS also indicated Resident 106 requires maximal staff assistance (helper does more than half the effort) when rolling left and right in bed. During a review of Resident 106's Order Summary Report, dated 7/30/2026, the Order Summary Report did not indicate a physician's order to place Resident 106's bed against the wall and also did not indicate any physician's orders to apply restraints on Resident 106. During a concurrent observation and interview on 7/27/2026 at 9:48 AM with Certified Nursing Assistant (CNA) 1 in Resident 106's room, Resident 106 was lying in bed with the left side of the bed positioned against a wall. CNA 1 stated Resident 106's bed is too close to the wall and should not be positioned against the wall. CNA 1 further stated the bed positioning could be considered a restraint because Resident 106 would not be able to get out of bed on the left side. CNA 1 stated the bed positioning is trapping Resident 106 in bed. During a concurrent observation and interview on 7/27/2026 at 10:05 AM with LVN 6 in Resident 106's room, Resident 106 was lying in bed with the left side of the bed positioned against the wall of the room. LVN 6 stated the positioning of the bed against the wall could be restricting Resident 106's movement. LVN 6 further stated the purpose of the bed being positioned against the wall is to prevent Resident 106 from falling off the left side of the bed. LVN 6 further stated restraints require physician's orders. 2. During a review of Resident 117's admission Record, dated 7/30/2026, the admission Record indicated Resident 117 was originally admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including dementia, reduced mobility (limitation in independent, purposeful physical movement or walking ability), and hypertension (a condition where the force of blood pushing against artery walls is consistently too high). During a review of Resident 117's H&P, dated 7/30/2026, the H&P indicated Resident 117 does not have the capacity to understand and make decisions. During a review of Resident 117's MDS, dated [DATE], the MDS indicated Resident 117 has severe cognitive impairment of thinking and memory. The MDS also indicated Resident 117 requires maximal assistance when rolling left and right (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	in bed. During a review of Resident 117's Order Summary Report, dated 7/30/2026, the Order Summary Report did not indicate a physician's order to place Resident 117's bed against the wall. It also did not indicate any physician's orders for restraints. During a concurrent observation and interview on 7/27/2026 at 9:41 AM with CNA 2 in Resident 117's room, Resident 117 was lying in bed with the left side of the bed positioned against the wall of the room. CNA 2 stated Resident 117's bed is positioned against the wall and should be moved away from the wall towards the middle of the room. CNA 2 stated Resident 117's bed should not be positioned against the wall because it restricts Resident 117 from getting out of bed on the left side. During a concurrent observation and interview on 7/27/2026 at 10:08 AM with LVN 7 in Resident 117's room, Resident 117 was lying in bed with the left side of the bed positioned against the wall of the room. LVN 7 stated Resident 117's bed should not be positioned against the wall because Resident 117 won't be able to get out of bed on the left side and this could be considered a restraint. 3. During a review of Resident 129's admission Record, dated 7/30/2026, the admission Record indicated Resident 129 was admitted to the facility on [DATE] with diagnoses including dementia, hypertension, and dorsalgia (back pain). During a review of Resident 129's H&P, dated 6/11/2025, the H&P indicated Resident 129 has fluctuating capacity to understand and make decisions. During a review of Resident 129 MDS, dated [DATE], the MDS indicated Resident 129 is rarely/never understood. The MDS also indicated Resident 129 requires moderate assistance (helper does less than half the effort) to roll left and right in bed. During a review of Resident 129's Order Summary Report, dated 7/30/2026, the Order Summary Report did not indicate a physician's order to place Resident 129's bed against the wall. It also did not indicate any physician's orders for restraints. During a concurrent observation and interview on 7/27/2026 at 9:36 AM with CNA 3 in Resident 129's room, Resident 129 was lying in bed with the left side of the bed positioned against the wall of the room. CNA 3 stated Resident 129's bed is always positioned against the wall and was also against the wall last week. During a concurrent observation and interview on 7/27/2026 at 10 AM with LVN 6 in Resident 129's room, Resident 129 was lying in bed with the left side of the bed positioned against the wall of the room. LVN 6 stated Resident 129's bed is positioned against the wall because Resident 129 is at risk for falls. LVN 6 stated Resident 129 will not fall on the left side of the bed because it is positioned against the wall. LVN 6 further stated if Resident 129 were able to walk, Resident 129 would not be able to get out of bed on the left side because it is against the wall. During an interview on 7/30/2026 at 8:40 AM with the Director of Staff Development (DSD), the DSD stated, Residents' beds should not be placed against the walls of their rooms because that would be considered a physical restraint and that would put the resident at risk for entrapment. Entrapment is when a resident can't get out. It could be dangerous to the resident because if there is an emergency they would not be able to get out. The DSD further stated before the resident's bed can be positioned against the wall, there should be informed consent from the resident/resident's responsible party, a physician's order, assessments, and a care plan. During an interview on 7/30/2026 at 8:50 AM with the DSD, the DSD stated after reviewing Resident 106, Resident 117, and Resident 129's medical records, the DSD could not find informed consents, physicians' orders, assessments, or care plans regarding these residents' beds being placed against their rooms' walls. During an interview on 7/30/2026 at 10:56 AM with the Director of Nursing (DON), the DON stated the definition of a restraint is something that restricts a resident's mobility and movement. The DON stated the facility must not unnecessarily restrain residents because it is against their residents' rights. The DON further stated unnecessarily restraining residents could cause the residents to suffer from accidents. The DON stated before a physical restraint is applied on a resident, the facility must first do an assessment, an interdisciplinary team (IDT - a group of healthcare professionals from (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	different departments) meeting, obtain a physician's order, obtain informed consent, and create a care plan for the restraint. The DON stated a resident's bed positioned against the wall could be considered a restraint because it restricts their movement. During an interview on 7/30/2026 at 2:56 PM with the DON, the DON stated after reviewing Resident 106, Resident 117, and Resident 129's medical records, the DON could not find informed consents, IDT meeting notes, care plans, or education provided regarding these residents' beds placed against the walls. During a review of the facility's P&P titled, Restraints, last revised 5/1/2026, the P&P indicated, The Facility will ensure that restraints will not be imposed for purposes of discipline or convenience. Restraints may only be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive intervention. Physical restraint is defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the residents' body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. This may include bed rails, beds against walls, restrictive clothing, etc. An assessment will be completed by a Registered Nurse prior to the application of any device that restricts movements or access to one's body. Restraints will only be used pursuant to a physician's order. Before any type of restraint is used, the Licensed Nurse will verify that informed consent has been obtained from the resident/responsible party and that the resident/responsible party was educated regarding the risks and benefits of restraint used. Care plans for residents with restraints will reflect the type of restraint to be used. The IDT will monitor the resident for any adverse effects of the use of restraints.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of four sampled residents (Residents 46, 113, and 117) received the treatment and services necessary to prevent or heal pressure ulcers (PU - localized damage to the skin and/or underlying tissue usually over a bony prominence) according to the manufacturer's undated guidelines for the Drive-branded LALM titled, Drive - Harmony - True Low Air Loss Tri-Therapy Mattress Replacement System, the facility's policy and procedures (P&P) titled, Support Surface Guidelines, last reviewed 5/1/2026, and undated manufacturer's guidelines for the Wellell-branded LALM titled, Wellell - Procure Elite - User Manual, undated when:1. Resident 46's Low Air Loss Mattress (LALM - a specialized medical support surface designed to prevent and treat skin ulcers by combining alternating pressure with a steady low-volume airflow) was not set consistent with Resident 46's weight. 2. Resident 113's LALM was not removed from Resident 113's bed after the physician's order was discontinued. 3. Resident 117's LALM was not set consistent with Resident 117's weight and was in place without an active physician's order. This failure placed Residents 46, 113, and 117 at increased risk of poor wound healing and increased their risk for the development of new PUs.Findings: 1. During a review of Resident 46's admission Record, dated 7/30/2026, the admission Record indicated Resident 46 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), and contractures (the severe tightening and shortening of muscles and other soft tissues that cause joints to become stiff and restrict normal movement) to the right and left knees. During a review of Resident 46's History and Physical (H&P), dated 6/3/2026, the H&P indicated Resident 46 does not have the capacity to understand and make decisions. During a review of Resident 46's Minimum Data Set (MDS - a resident assessment tool), dated 5/17/2026, the MDS indicated Resident 46 has severe cognitive impairment of thinking and memory. The MDS indicated Resident 46 has impairment to both sides of their lower extremities (hips, knees, ankles, and feet). The MDS also indicated Resident 46 requires maximal assistance (helper does more than half the effort) when rolling left and right in bed. The MDS also indicated Resident 46 is at risk of developing PUs. During a review of Resident 46's Weights and Vitals Summary, dated 7/30/2026, the Weights and Vitals Summary indicated Resident 46's weight on 7/1/2026 was 81 pounds (lbs- unit of measurement). During a review of Resident 46's physician's order, dated 3/13/2025, the physician's order indicated Resident 46 must have a LALM in place for skin management and to monitor for the proper setting (setting per resident weight or comfort) every shift. During a concurrent observation and interview on 7/27/2026 at 1:03 PM with Treatment Nurse (TN) 1 in Resident 46's room, Resident 46 was lying on top of a LALM while in bed. The Drive-branded LALM machine was turned on and the setting was set at 260 pounds. TN 1 stated the setting of the LALM was incorrect and was too high for the resident's weight. TN 1 stated Resident 46 weighs 81 lbs and the LALM should be set to the resident's most recent weight to function properly. TN 1 further stated if the LALM is not set at the correct setting, Resident 46 may develop further skin breakdown and develop PUs. 2. During a review of Resident 113's admission Record, dated 7/30/2026, the admission Record indicated Resident 113 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), bipolar disorder (a mental health condition that causes extreme shifts in mood, energy, and activity levels), and hypertension (a condition where the force of blood pushing against artery walls is consistently too high). During a review of Resident 113's H&P, dated 10/10/2025, the H&P indicated (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 46 does not have the capacity to understand and make decisions. During a review of Resident 113's MDS, dated [DATE], the MDS indicated Resident 113 has severe cognitive impairment of thinking and memory. The MDS also indicated Resident 113 requires maximal assistance when rolling left and right in bed. The MDS also indicated Resident 113 is at risk of developing PUs. During a review of Resident 113's Order Listing Report, dated 7/31/2026, the Order Listing Report indicated Resident 113 had a physician's order to apply a LALM for skin management that was initiated on 1/9/2025 and discontinued on 2/7/2025. During a concurrent observation and interview on 7/27/2026 at 1:10 PM with TN 1 in Resident 113's room, Resident 113 was lying on top of a LALM while in bed. The Drive-branded LALM machine was turned on and a light was blinking indicating low pressure. TN 1 stated the LALM machine is malfunctioning. TN 1 further stated after reviewing Resident 113's medical record, the LALM should not be in place on Resident 113's bed because there is no active physician's order for the treatment. TN 1 stated administering a treatment of LALM without an order could lead to Resident 113 developing a PU because Resident 113 is receiving a treatment Resident 113 no longer needs. 3. During a review of Resident 117's admission Record, dated 7/30/2026, the admission Record indicated Resident 117 was originally admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including dementia (a progressive state of decline in mental abilities), reduced mobility (limitation in independent, purposeful physical movement or walking ability), and hypertension (a condition where the force of blood pushing against artery walls is consistently too high). During a review of Resident 117's H&P, dated 7/30/2026, the H&P indicated Resident 117 does not have the capacity to understand and make decisions. During a review of Resident 117's MDS, dated [DATE], the MDS indicated Resident 117 has severe cognitive impairment of thinking and memory. The MDS also indicated Resident 117 requires maximal assistance when rolling left and right in bed. The MDS also indicated Resident 117 is at risk of developing PUs. During a review of Resident 117's Weights and Vitals Summary, dated 7/30/2026, the Weights and Vitals Summary indicated Resident 117's weight on 7/26/2026 was 101 lbs. During a review of Resident 117's Order Listing Report, dated 7/31/2026, the Order Listing Report indicated Resident 117 had a physician's order to apply a LALM for skin management that was initiated on 7/22/2025 and discontinued on 7/4/2026. During a review of Resident 117's physician's orders, dated 7/30/2026, the physician's orders indicated a new order was placed on 7/27/2026 at 6:16 PM to apply a LALM to Resident 117's bed for skin management. During a concurrent observation and interview on 7/27/2026 at 1:14 PM with TN 1 in Resident 117's room, Resident 117 was lying on top of a LALM while in bed. The Wellell-branded LALM machine was turned on and the setting was set to 360 lbs. TN 1 stated the setting of the LALM was incorrect and was too high for the resident's weight. TN 1 stated Resident 117 is 101 lbs and the LALM should be set to the resident's most recent weight to function properly. TN 1 further stated if the LALM is not set at the correct setting, Resident 117 may develop further skin breakdown and develop PUs. During an interview on 7/30/2026 at 10:50 AM with the Director of Nursing (DON), the DON stated the purpose of the LALM is for skin management and to help PU prevention and treatment. The DON stated a physician's order is required before placing a LALM on a resident's bed. The DON stated the setting of the LALM should be set to the resident's weight per manufacturer's guidelines. The DON stated the if the LALM settings are not set to the resident's weight, could result in the resident developing further skin breakdown. The DON further stated if the resident and/or the resident's responsible party requests to change the LALM setting for comfort, the resident and/or the resident's responsible party should be provided with education on the risks of going against the LALM manufacturer's guidelines, and this education should be documented in the resident's medical record. During an interview on 7/30/2026 at 11:30 AM with the Director of Staff (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Development (DSD), the DSD stated the purpose of the LALM is for the prevention and treatment of PUs. The DSD stated the correct setting of the LALM is the resident's current weight per manufacturer's guidelines. The DSD further stated after review of Resident 46 and 117's medical records, no documentation can be found indicating education was provided to the residents and/or residents' responsible party regarding the risks of changing the LALM setting against the manufacturer's guidelines. During a review of the facility's policy and procedures (P&P) titled, Support Surface Guidelines, last reviewed 5/1/2026, the P&P indicated, The facility will identify residents at risk for PUs and provide care and services to promote the prevention of PU development. The facility will implement measures to reduce tissue pressure that includes frequent repositioning, protective devices, and the use of support surfaces. Support surfaces: Low-air-loss mattresses are giant air-permeable pillows that are continuously inflated with air. During a review of the manufacturer's guidelines for the Drive-branded LALM titled, Drive - Harmony - True Low Air Loss Tri-Therapy Mattress Replacement System, undated, the manufacturer's guidelines indicated to adjust the LALM machine's pressure setting according to the weight and height of the patient. During a review of the manufacturer's guidelines for the Wellevest-branded LALM titled, Wellevest - Procure Elite - User Manual, undated, the manufacturer's guidelines indicated to adjust the LALM machine's pressure setting according to the weight and height of the patient.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado St Los Angeles, CA 90006	
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, for one of five residents (Resident 15) who had a diagnosis of protein-calorie malnutrition (lack of proper nutrition)., the facility failed to:1. Ensure a resident with a gastrostomy tube (GT - a tube that is passed through the abdominal wall to the stomach used to provide nutrition) received the tube feeding as ordered by the physician.2. Restart the tube feeding pump once the enteral feeding was stopped for at least 26 minutes. This deficient practices resulted the tube feeding (is a medical method used to deliver liquid nutrition directly into a person's gastrointestinal (GI-[stomach/intestine] tract) not infusing into Resident 15 and the pump was alarming and had the potential to result in the resident to not receive the adequate nutrition .Findings: A review of Resident 15's admission Record indicated the facility admitted to the resident on 7/5/2024 and readmitted the resident on 9/30/2025 with diagnoses of, but not limited to, dysphagia (difficulty swallowing), protein-calorie malnutrition and dementia (a progressive state of decline in mental abilities). A review of Resident 15's Minimum Data Set (MDS - a resident assessment tool), dated 5/1/2026, indicated the resident had severely impaired (never/rarely made decisions) cognitive skills for daily decision making. The MDS also indicated the resident required substantial to total assistance with all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). The MDS further indicated the resident had a feeding tube and received 51% or more of their calories from the tube feeding. A review of Resident 15's Physician Order, dated 5/7/2026, indicated to administer - Osmolite 1.5 (medical liquid food0 at 45 cubic centimeters (cc - unit of measurement) per hour for 20 hours via pump per G tube. to provide 900 ml/1350 kcals/56 g protein via enteral pump from 2 PM to 10 AM. During an observation on 7/28/2026 at 9:03 AM, Resident 15's feeding pump was observed alarming and with an alert on the screen reading Notice Pump Inactive. The screen also read Pump has been idle for 10 minutes. Press Continue. The enteral feeding bottle was dated 7/27/2026 and timed at 2 PM. There appeared to be about 300 ccs left in the bottle. During a concurrent interview and observation on 7/28/2026 at 9:19 AM (16 minutes later), at Resident 15's bedside with Licensed Vocational Nurse (LVN) 2, Resident 15's enteral feeding pump was observed paused and alarming. LVN 2 stated the feeding pump was scheduled to stop at 10 AM. LVN 2 further stated LVN 2 was not aware that the feeding pump was alarming and did not know why the feeding pump was paused. LVN 2 if Resident 15's feeding was stopped at 10 AM or even an hour later at 11 AM, Resident 15 would not receive his full dose of enteral feeding. LVN 2 further stated not receiving the full ordered dose could lead to Resident 15 having nutrition declining and losing weight. During an interview on 7/30/2026 at 1:08 PM, the Director of Nursing (DON) stated Resident 15's enteral feeding was ordered to start at 2 PM and stop at 10 AM for a total of 20 hours. The DON also stated staff can pause a resident's tube feeding when providing care or medication administration and staff should restart the feeding as soon as possible. The DON further stated the resident could suffer inadequate caloric intake if the feeding isn't restarted right away. A review of facility's policy and procedures titled, Tube Feeding/TPN, reviewed 1/1/2026, indicated the purpose was to ensure that the Facility meets the nutritional guidelines and resident's nutritional requirements per physician orders.		