STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056377	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center on Pico	3233 W. Pico Boulevard 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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49390 Based on interview and record review, the facility failed to ensure medical records were accurately documented and complete for one of three sampled residents (Resident 2). Resident 2 had a history of depression not a current diagnosis of depression, as indicated on Resident 2's face sheet. This deficient practice had the potential to cause errors in medical treatment, plan of care, and delivery of necessary care and services. Findings: A review of the face sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including dementia (a progressive state of decline in mental abilities) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of the Psychiatrist Progress Note dated 8/23/2024, the Psychiatrist Progress Note indicated Resident 2 had a treatment plan that included no psychiatric medication at that time and was encouraged to participate in group activities. A review of the history and physical dated 10/23/2024 indicated Resident 2 was alert and oriented times one (being aware and knows their own name, but may not be aware of their location, time, or the current situation) at baseline and usually answers yes/no with a history of dementia and nonverbal. In addition, Resident 2's past medical history diagnosis included history of cerebrovascular accident (CVA- stroke, loss of blood flow to a part of the brain). A review of the Minimum Data Set Assessment (MDS, an resident assessment tool) dated 3/3/2025, indicated Resident 2 was severely cognitively impaired (problems with a person's ability to think, remember, use judgement, and make decisions). Further review of the MDS did not indicate an active diagnosis of Major Depressive Disorder, Recurrent, Unspecified. During a concurrent interview and record review on 4/4/2025 at 9:40 AM, the Director of Nursing (DON) stated, after review of Resident 2's History and Physical, that the diagnosis of depression was part of the resident's history and was not a current exhibiting symptom. After review of the MDS, the DON stated the diagnosis of depression was not indicated where active diagnoses were listed. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056377	A. Building B. Wing	04/04/2025

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/4/2025 at 11:30 AM, after review of the Psychiatrist Progress Notes dated 8/5/2024, the DON stated the psychiatrist indicated the single depression episode for Resident 2 was based on assessment of the resident. The Progress Note further indicated Resident 2 did not need antidepressant medication at this time. The DON stated the diagnosis of recurrent depression was a typo error and should read 'unspecified depression' as clarified by the psychiatrist. The DON stated the MDS was not coded with diagnosis of Major Depressive Disorder, Recurrent, Unspecified due to Resident 2 not being prescribed any antidepressant medication and solely having a history of depression. During an interview on 4/4/2025 at 3:20 PM, the Administrator (ADM) and DON stated that it was important to document the diagnosis accurately to ensure proper assessment and proper care of Resident 2's needs. A review of the facility's policy and procedure titled, Documentation Policy, dated July 2019 indicated the policy of the facility was to document relevant findings in the clinical record.