STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a Comprehensive Care Plan (CP- a personalized document that outlines a resident's needs, goals, and the specific services required to achieve them, ensuring consistent and holistic care) for one of three sampled residents (Resident 1), to address Resident 1's Urinary Tract Infection (UTI- infection that happens when bacteria enter the urethra, and infect the urinary tract) after returning from the hospital to the facility.This failure placed Resident 1 at risk for recurrent hospitalizations, which the resident experienced six times from 11/2/2025 through 1/10/2026.During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnosis metabolic encephalopathy (brain dysfunction caused by diseases or toxins in the body) and readmitted to the facility on [DATE] with diagnosis of UTI.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 10/25/2025, the MDS indicated Resident 1 had moderate to severe cognitive (ability to think, remember and reason) skills for daily decision making. The MDS indicated Resident 1 was independent (Resident completes the activity by themself with no assistance from a helper) for eating, personal hygiene, oral hygiene, roll left and right, sit to lying, and lying to sitting on side of bed. The MDS indicated Resident 1 required maximal assistance (Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) for toileting and showering, and partial assistance (Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) for upper body dressing, lower body dressing, putting on taking off footwear, sit to stand, chair and bed transfers, and required supervision (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for personal hygiene. The MDS indicated Resident 1 was frequently incontinent (seven or more episodes of urinary incontinence, but at least one episode of continent voiding).During a review of Resident 1's Medical Administration Record (MAR) dated 1/8/2026, indicated Ciprofloxacin (medication to treat UTI) 500 milligram (mg-unit of mass) give one tablet by mouth in the morning for UTI for seven days.During a review of Resident 1's medical record, no Care Plan interventions were found that addressed Resident 1's UTI to include problem statement, goals, monitoring parameters, comfort measures, or physician notification requirements. During a concurrent interview and record review interview on 1/14/2026 at 1:15 PM with the Minimum Data Set (MDS) nurse, the MDS nurse stated she was working on updating Resident 1's CP, which had not been updated since 10/16/2025. The MDS nurse stated that the CP should be updated quarterly and upon each resident's admission or readmission. The MDS nurse further explained that since Resident 1 has had frequent hospitalizations, she intended to update the CP upon his next admission.During an interview on 1/14/2026 at 1:30 PM with the Director of Nursing (DON), the DON acknowledged Resident 1 did not (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: 056377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER The Rehabilitation Center on Pico		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	have a CP addressing the UTI following hospital return. The DON stated a Comprehensive Care Plan should have been initiated for Resident 1's UTI diagnosis to include interventions, goals, and failure to develop and implement the CP placed Resident 1 at risk for continued decline and recurrent hospitalizations.During a review of the facility's policy and procedure titled Comprehensive Care Plans-Timing, dated 1/2025, indicated the facility's interdisciplinary team is responsible for the review and revision of the comprehensive care plan after each assessment and completed within seven das and no more than 21 days after admission.