

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Los Feliz Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 Rowena Avenue Los Angeles, CA 90039	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on interview and record review, the facility failed to provide a safe, comfortable, and homelike environment for one of four sampled residents (Resident 1) when Resident 1's patio was observed with belongings from multiple residents including four clear trash bags with facility curtains, three facility mattresses, and a wheelchair all covered in a blue tarp (a piece of material [such as durable plastic or waterproofed canvas] used especially for protecting exposed objects or areas).</p> <p>This deficient practice had the potential to affect Resident 1's homelike environment.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted Resident 1 on 1/12/2024 with diagnoses that included contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of muscles upper arm and lower leg, rheumatoid arthritis (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 10/20/2024 indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident required substantial assistance (helper does more than half the effort) with toileting, showing, upper and lower body dressing and putting on and taking off footwear.</p> <p>During a concurrent observation and interview on 11/4/2024 at 11:49 p.m. with Resident 1 in Patio 1, Resident 1 stated there is a huge blue tarp that appears to have clear containers, and three trash bags on the floor and one on top of the tarp and appears to have some sort of linen. Resident 1 stated noticing this about two weeks ago and nothing has been done by the facility and only covered it up with a tarp. Resident 1 stated can go outside to patio but does not because there can be rodents (small gnawing mammals [such as a mouse, squirrel, or [NAME]]) under the tarp.</p> <p>During a concurrent observation and interview on 11/4/2024 at 1:18 p.m. with the Environmental Director (ED) in Patio 1, the ED stated the items under the tarp have been brought out in the Patio 1 for one week and they are residents' belonging. The ED stated there are three bags with curtains that need to be washed, and four mattresses that belong to the facility.</p> <p>(continued on next page)</p>

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/4/2024 at 3:39 p.m., Resident 1 stated Patio 1 is a fire hazard to have the patio like this. Resident 1 stated not able to go out into the patio and enjoy the patio when it looks cluttered like this.</p> <p>During an interview on 11/4/2024 at 4 p.m., the Director of Nursing (DON) stated Resident 1 did complain about items in Patio 1 and Resident 1 was told it would be moved. The DON stated that Patio 1 is almost entirely consumed with residents' belongings. The DON stated having items in Patio 1 can be an eye sore for other residents, it is ugly looking and would not be nice for residents to see. The DON stated if residents want to go into Patio 1, they will be limited to the space in Patio 1. The DON stated per policy the facility is not providing home like environment to the residents.</p> <p>A review of the facility's P&P titled, Resident Rooms and Environment, last reviewed 5/23/2024 indicated the facility provides residents with a safe, clean, comfortable, and homelike environment. The facility staff will provide residents with a pleasant environment and person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences.</p>		