

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  06/13/2025
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to treat residents with respect and dignity for one of four sampled residents (Resident 4), when Resident 4 ' s privacy curtain was not fully pulled closed while Resident 4 showered.</p> <p>This failure had the potential to negatively affect Resident 4 ' s psychosocial well-being (refers to a resident ' s overall mental, emotional, and social health, encompassing aspects like happiness, life satisfaction, self-esteem, social functioning, and a sense of purpose).</p> <p>Findings:</p> <p>During a review of Resident 4 ' s admission Record, the Admisison Record indicated the facility admitted Resident 4 on 7/30/2023 and readmitted the resident on 4/19/2024 with diagnoses including dementia (a progressive state of decline in mental abilities), depression (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life), stroke ( loss of blood flow to a part of the brain).</p> <p>During a review of Resident 4 ' s History and Physical (H&amp;P), dated 4/18/2025, the H&amp;P indicated Resident 4 did not have the mental capacity to make complex healthcare decisions, was able to decide on activities of daily living (ADLs -activities such as bathing, dressing and toileting a person performs daily), and make needs known.</p> <p>During a review of Resident 4 ' s Minimum Data Set (MDS - resident assessment tool), dated 4/18/2025, the MDS indicated Resident 4 had severely impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated Resident 4 required moderate assistance with showers.</p> <p>During a concurrent observation and interview on 6/13/2025 at 8:48 a.m. with Licensed Vocational Nurse (LVN) 1 in the hallway near Shower Room (SR) 1, Certified Nursing Assistant (CNA) 1 assisted Resident 4 while showering. SR 1 ' s privacy curtain left a gap between the privacy curtain and SR 1 ' s wall and exposed Resident 4 while showering. LVN 1 stated the privacy curtain should have been closed to maintain Resident 4 ' s safety and privacy.</p> <p>During an interview on 6/13/2025 at 1:44 p.m. with the Director of Nursing (DON), the DON stated the staff should have pulled the privacy curtain in SR 1 when Resident 4 was in the shower room undressed. The DON stated the facility should treat residents with dignity. The DON stated this failure had the potential to cause Resident 4 to experience embarrassment and emotional distress.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  056380	Facility ID:  056380  If continuation sheet Page 1 of 7

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  06/13/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of a facility-provided policy and procedure (P&amp;P) titled, Resident Rights-Quality of Life, last revised on 4/30/2025, the P&amp;P indicated, Each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being . X. Facility Staff promotes, maintains, and protects resident privacy, including bodily privacy, when assisting with personal care and during treatment procedures.</p>		

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  06/13/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review the facility failed to provide reasonable accommodation of resident needs and preferences for one of four sampled residents (Resident 3) by failing to ensure the call light (an alerting device for nurses or other nursing personnel to assist a resident when in need) was within reach for Resident 3. This failure had the potential to result in Resident 3 ' s inability to call for facility staff assistance and delay in the provision of necessary care and services that could negatively affect the resident ' s well-being.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s admission Record, the admission Record indicated the facility originally admitted Resident 3 on 1/7/2025 and readmitted the resident on 4/21/2025 with diagnoses including cerebrovascular accident (CVA - stroke, loss of blood flow to a part of the brain), epilepsy (a condition with a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares and loss of consciousness), depressive disorder (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS &amp; ndash; a resident assessment tool), dated 4/28/2025, the MDS indicated Resident 3 had moderately impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated Resident 3 required maximal assistance from staff for toileting hygiene and lower body dressing and required moderate assistance with personal hygiene, oral hygiene, and upper body dressing.</p> <p>During a review of Resident 3 ' s Care Plan (CP), last revised on 5/22/2025, the CP indicated Resident 3 had an Activities of Daily Living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) self-care performance deficit related to seizures, depression, hemiplegia. The CP interventions indicated to ensure the call light was within Resident 3 ' s reach.</p> <p>During a concurrent observation and interview on 6/12/2025 at 9:30a.m. with Certified Nurse Assistant (CNA) 1 inside Resident 3 ' s room, Resident 3 ' s call light laid at the top of the resident ' s mattress, above Resident 3 ' s pillow. CNA 1 stated Resident 3 would not be able to reach the call light near the top of the mattress and the call light should have been placed within Resident 3 ' s reach to make sure the resident can call for assistance and to prevent accidents such as falls.</p> <p>During an interview on 6/12/2025 at 1:44 p.m. with the Director of Nursing (DON), the DON stated call lights should be within residents ' reach. The DON stated this failure had the potential to delay necessary care and lead to falls and medical emergencies.</p> <p>During a review of the facility-provided policy and procedure (P&amp;P) titled, Communication-Call System, last reviewed on 4/30/2025, the P&amp;P indicated, Call cords will be placed within the resident ' s reach in the resident ' s room.</p>		

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  06/13/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure residents received treatment and care in accordance with professional standards of practice to meet the resident's physical, mental, and psychosocial (relating to the interrelation of social factors and individual thoughts and behavior) needs for one of four sampled residents (Resident 1) by failing to arrange transportation for Resident 1's clinic appointment.</p> <p>This failure had the potential to negatively affect Resident 1 ' s well being (refers to a resident's overall mental, emotional, and social health, encompassing aspects like happiness, life satisfaction, self-esteem, social functioning, and a sense of purpose) and delay care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses of cerebral infarction (stroke, loss of blood flow to a part of the brain), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), heart failure, asthma, depression (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life).</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 1/10/2025, the H&amp;P indicated Resident 1 had the mental capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-resident assessment tool), dated 4/2/2025, the MDS indicated Resident 1 had moderately impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS also indicated Resident 1 was dependent on staff for toileting hygiene, upper and lower body dressing.</p> <p>During a review of Resident 1 ' s Order Summary Report, the report indicated the following physician ' s order:</p> <p>- 2/22/2025: Scheduled follow up appointment with pulmonologist on 2/28/2025 at 4p.m. Check in time is 3:40 p.m. Resident needs to be fully dressed (shirt, pant, socks, depends) with glasses and hearing aids, bilevel positive airway pressure (BIPAP-a device that helps people breath when they have trouble due to health issues), log of blood pressure and oxygen saturation (a measurement of how much oxygen the blood is carrying as a percentage) and list of medications.</p> <p>(continued on next page)</p>		

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  06/13/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/13/2025 at 3:21p.m. with the Social Services Director (SSD), Resident 1 ' s Appointment Notification form, dated 2/22/2025, was reviewed. The Appointment Notification indicated on 2/28/2025 at 3:40 p.m., Resident 1 had a scheduled appointment with pulmonologist (a physician who specializes in diagnosing and treating diseases of the breathing system). The Appointment Notification also indicated that Resident 1 was to be picked up by transportation on 2/28/2025 at 2:40 p.m. The SSD also stated transportation arrangement was not made ahead of the visit as facility utilized transportation agency that required transportation arrangement on the date of the appointment. The SSD stated on 2/28/25, there was no wheelchair-accessible transportation available. The SSD stated facility could have utilized a private transportation agency which would allow transportation arrangement few days prior to Resident 1 ' s clinic appointment.</p> <p>During an interview on 6/13/2025 at 3:40p.m. with the Director of Nursing (DON), the DON stated the facility does not have a procedure and policy on transportation. The DON stated the facility should have used a private transportation agency to schedule an appointment since private transportation agency would allow to schedule transportation ahead of the time. The DON stated the failure could potentially delay care and cause worsening of Resident 1 ' s condition.</p> <p>During a review of a facility-provided policy and procedure (P&amp;P) titled, Resident Rights, last revised on 4/30/2025, the P&amp;P indicated, The Facility makes every effort to assist each resident in exercising his/her rights by providing the following service .C. Transportation to community activities can be arranged (when possible) through the Activity or Social Service Departments.</p>		

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  06/13/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the medical records of one of four sampled residents (Resident 1) were maintained in accordance with accepted professional standards and practice, complete, and accurately documented by failing to document clinic appointment arrangements made for Resident 1.</p> <p>This deficient practice had the potential for inaccurate documentation and interventions for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was admitted on [DATE] with diagnoses of cerebral infarction (stroke, loss of blood flow to a part of the brain), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), heart failure, asthma, depression (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life).</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 1/10/2025, the H&amp;P indicated Resident 1 had the mental capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-resident assessment tool), dated 4/2/2025, the MDS indicated Resident 1 had moderately impaired cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS also indicated Resident 3 was dependent on staff for toileting hygiene, upper and lower body dressing.</p> <p>During a review of Resident 1 ' s Order Summary Report, the report indicated the following physician ' s order:</p> <p>- 2/22/2025: Scheduled follow up appointment with pulmonologist on 2/28/2025 at 4p.m. Check in time is 3:40p.m. Resident needs to be fully dressed (shirt, pant, socks, depends) with glasses and hearing aids, bilevel positive airway pressure (BIPAP-a device that helps people breath when they have trouble due to health issues), log of blood pressure and oxygen saturation (a measurement of how much oxygen the blood is carrying as a percentage) and list of medications.</p> <p>During a concurrent interview and record review on 6/13/2025 at 3:21p.m. with the Social Services Director (SSD), Resident 1 ' s Appointment Notification form, dated 2/22/2025 was reviewed. The Appointment Notification indicated, on 2/28/2025 at 3:40 p.m., Resident 1 had a scheduled appointment with pulmonologist (a physician who specializes in diagnosing and treating diseases of the breathing system). The Appointment Notification also indicated that Resident 1 was to be picked up by transportation on 2/28/2025 at 2:40p.m The SSD stated there was no documentation of the transportation arrangement made for the appointment. The SSD also stated there was no documentation of whether Resident 1 ' s appointment with pulmonologist was completed. The SSD stated documentation should have been made in Resident 1 ' s records regarding progress of the transportation arrangement and the appointment with the pulmonologist.</p> <p>(continued on next page)</p>		

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  06/13/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/13/2025 at 3:40p.m. with the Director of Nursing (DON), the DON stated each discipline is responsible for updating resident records and accurate documentation. The DON stated facility should document when transportation is arranged and when a resident leaves and returns to the facility from outpatient appointments.</p> <p>During a review of a facility-provided policy and procedure (P&amp;P) titled, Progress Notes, last revised on 4/30/2025, the P&amp;P indicated, Each discipline will be responsible for documenting the resident ' s progress according to Federal and State regulations and Facility policy .I. All disciplines at the Facility will document progress notes in the appropriate section of the resident ' s medical record according to professional standards and regulations. Progress notes will reflect the resident ' s current status, progress or lack of progress, changes in condition, adjustment to the Facility, and other relevant information.</p>		