

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Hollywood Premier Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 Fountain Ave. Los Angeles, CA 90029	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>47883</p> <p>Based on interview and record review, the facility failed to ensure residents were informed in advance of the risks and benefits of psychoactive medication (a drug that changes brain function and results in alterations in perception, mood, consciousness, or behavior) and hypnotic medication (drugs that induce or prolong sleep in patients with sleep disorder) for one of three sampled residents (Resident 1). This deficient practice violated the resident ' s right to make an informed decision regarding the use of psychoactive medications.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility initially admitted Resident 1 on 6/12/2024 with diagnoses including schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act), and diabetes type 2 (a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly).</p> <p>A review of Resident 1 ' s History and Physical, dated 6/20/2024, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 6/19/2024, indicated the resident had moderately impaired cognition (ability to remember and make decisions). The MDS indicated Resident 1 was taking hypnotic medication (drugs that induce or prolong sleep in patients with sleep disorders) during the last 7 days.</p> <p>A review of Resident 1 ' s Physician's Order, dated 7/2/2024, indicated to :</p> <ul style="list-style-type: none"> -Discontinue Lorazepam 0.5 milligram (mg -unit of measurement) every eight hours as needed for anxiety manifested by pacing. -Give Lorazepam 1 mg every 8 hours as needed for anxiety manifested by pacing. -Give Zyprexa 5 mg at bedtime for Schizophrenia manifested by aggressive behavior. <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 0552</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 7/11/2024 at 4:25 PM, the Director of Nursing (DON) reviewed Resident 1 ' s informed consents for Zyprexa 5 mg at bedtime for schizophrenia, dated 7/2/2024 and for Lorazepam 1 mg at bedtime for Schizophrenia manifested by aggressive behavior, dated 7/02/2024. The DON stated that both consents did not indicate the name of the physician who obtained the informed consent. The DON further stated that she was unable to provide documented evidence that Resident 1 ' s informed consent was obtained from the physician prior to the initiation of therapy.</p> <p>A review of the facility policy and procedure titled, Psychotropic Medication Use, revised in July 2022, indicated residents would only receive antipsychotic medication when necessary to treat specific condition.</p> <p>A review of the facility policy and procedure titled, Informed Consent for medication / treatment, reviewed 1/31/2024, indicated the attending physician will inform the resident of the medication or treatment orders with the adverse side effects of this medication or treatment. This is verified that resident or resident representative or both were informed by the MD (medical doctor) by signing the facility ' s verification of informed consent which will be in the resident ' s medical record.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47883</p> <p>Based on interview and record review, the facility failed to initiate a Zyprexa care plan (antipsychotic medication [a class of psychotropic medication used to manage psychosis [including delusions, hallucinations, paranoia, or disordered thought]] for one of three sampled resident (Resident 1). This deficient practice resulted in a failure to meet the resident ' s psychosocial needs.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated that the facility initially admitted Resident 1 on 6/12/2024 with diagnoses including schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves), depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act), and diabetes type 2 (a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly).</p> <p>A review of Resident 1 ' s History and Physical, dated 6/20/2024, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 6/19/2024, indicated the resident had moderately impaired cognition (ability to remember and make decisions). The MDS indicated Resident 1 was taking hypnotic medication (drugs that induce or prolong sleep in patients with sleep disorders) during the last 7 days.</p> <p>A review of Resident 1's Physician's Order, dated 7/2/2024 indicated to give Zyprexa 5 mg at bedtime for schizophrenia manifested by aggressive behavior.</p> <p>During concurrent interview and record review on 7/11/2024 at 4:25 PM, Resident 1 ' s chart was reviewed by the Director of Nursing (DON). The DON stated that no new care plan for the administration of Zyprexa was initiated and that it was important to initiate a care plan for Zyprexa with measurable objectives to meet the resident ' s needs and desired outcomes.</p> <p>A review of the facility's recent policy and procedure titled, Care Plans, Comprehensive Person - Centered, last reviewed on 1/31/2024, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs was developed and implemented for each resident.</p>		