

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 10/15/2024
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 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** 36395</p> <p>Based on interview and record review the facility failed to ensure resident ' s belongings were protected from loss for one of three sampled residents (Resident 1). For Resident 1 who reported on 8/17/24 that her money in the amount of 40 dollars (\$) was missing, the facility failed to search and investigate Resident 1 ' s claim that Resident 1 lost \$40.</p> <p>This deficient practice resulted in Resident 1 not given her right to keep her possessions safely while at the facility.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 6/25/24 and readmitted on [DATE] with diagnoses including congestive heart failure (CHF, a heart disorder which causes the heart not to pump blood efficiently sometimes resulting in leg swelling) and chronic obstructive pulmonary disease (COPD, a chronic lung [breathing organ] disease causing difficulty in breathing).</p> <p>During a review of the Nursing Progress Note dated 8/17/24 at 6:02 p.m. indicated Resident 1 stated that she lost \$40. The Notes indicated licensed vocational nurse (LVN 1), searched for Resident 1 ' s missing \$40 but was unable to find the \$40.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/20/24, indicated Resident 1 was cognitively intact. Resident 1 was dependent (helper does all the effort) with toileting hygiene, shower/bathe self, upper/lower body dressing, putting taking off footwear, personal hygiene, partial assistance with oral hygiene and independent with eating.</p> <p>During a concurrent interview and record review on 10/15/24 at 12:47 p.m., with the director of staff development (DSD), the Nursing Progress Note dated 8/17/24 at 6:02 p.m. was reviewed. DSD stated Resident 1 reported to LVN 1 on 8/17/24 that Resident 1 was missing \$40. DSD stated there was no documentation that the \$40 was found. DSD stated when a money is reported missing, a Theft and Loss Form should be filled out and send to the social service designee (SSD) for investigation.</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 a telephone interview on 10/15/24 at 2:25 p.m., LVN 1 stated Resident 1 reported on 8/17/24 that Resident 1 was missing the \$40. LVN 1 stated she searched for Resident 1 's missing \$40 but was unable to find the \$40. LVN 1 stated she did not report to the SSD and did not fill out the Theft and Loss Form.</p> <p>During an interview on 10/15/24 at 4:01 p.m., the director of nursing (DON) stated she did not receive complaint from Resident 1 about the missing \$40. DON stated when the money is reported missing, the facility will conduct a search and when the money is not found and the money is small amount, the facility will replace the money.</p> <p>During a review of the facility's policy and procedures (P&P) titled Investigating Incidents of Theft and/or Misappropriation of Resident Property, reviewed on 1/31/24, the P&P indicated all reports of theft or misappropriation of resident property shall be promptly and thoroughly investigated. The same Policy indicated the facility will exercise reasonable care to protect the resident from property loss or theft, including promptly responding to and investigating complaints of theft or misappropriation of property.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to follow physician order for one of three sampled residents (Resident 1). For Resident 1, the facility failed to follow the physician order to monitor Resident 1 for sedation when Resident 1 was administered methocarbamol tablet (muscle relaxant) 500 milligrams (mg. metric unit of measurement, used for medication dosage and/or amount) orally three times a day and gabapentin (medication used to treat seizure or nerve pain) 300 mg. orally three times a day.</p> <p>These deficient practices had the potential to cause respiratory distress (slow and ineffective breathing) for Resident 1.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 6/25/24 and readmitted on [DATE] with diagnoses including congestive heart failure (CHF, a heart disorder which causes the heart not to pump blood efficiently sometimes resulting in leg swelling) and chronic obstructive pulmonary disease (COPD, a chronic lung [breathing organ] disease causing difficulty in breathing).</p> <p>During a review of the Physician Order dated 6/26/24 at 12:37 a.m., indicated an order for gabapentin oral capsule 300 mg. to give one capsule by mouth three times a day for neuropathic pain (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet) and to hold for sedation.</p> <p>During a review of the Physician Order dated 6/27/24 at 2:49 p.m., indicated an order for methocarbamol 500 mg. to give one tablet by mouth two times a day for low back pain/muscle stiffness and to hold for sedation.</p> <p>During a review of Resident 1 ' s Care Plan initiated on 6/27/24, indicated Resident 1 uses multiple pain medications that included gabapentin and methocarbamol. The care plan goal indicated Resident 1 will have no signs of opioid overdose such as pinpoint pupils, unresponsiveness, and slow, shallow breathing for 90 days. The interventions included to administer pain medications as ordered.</p> <p>During a review of the Physician Order dated 7/4/24 at 4:11 p.m., indicated and order for methocarbamol 500 mg. one tablet by mouth three times a day for low back pain and hold for sedation.</p> <p>During a review of the Medication Administration Record (MAR- daily documentation record used by a licensed nurse to document medications and treatments given to a resident) indicated Resident 1 was administered the methocarbamol 500 mg one tablet two times a day from 6/27/24 to 7/4/24. There was no documentation indicating Resident 1 was monitored for sedation.</p> <p>During a review of the MAR indicated Resident 1 was given methocarbamol 500 mg. three times a day from 7/5/24 to 7/15/24 and from 7/27/24 to 8/5/24. There was no documentation indicating Resident 1 was monitored for sedation.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the MAR indicated Resident 1 was administered gabapentin 300 mg. one capsule three times a day from 6/26/24 to 7/15/24 and from 7/27/24 to 8/31/24. There was no documentation indicating Resident 1 was monitored for sedation.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/20/24, indicated Resident 1 was cognitively intact. Resident 1 was dependent (helper does all the effort) with toileting hygiene, shower/bathe self, upper/lower body dressing, putting taking off footwear, personal hygiene, partial assistance with oral hygiene and independent with eating.</p> <p>During a concurrent interview and record review on 10/8/24 at 10:26 a.m., with licensed vocational nurse (LVN 2), Resident 1 ' s MAR dated 6/24 to 8/24 was reviewed. LVN 2 stated the gabapentin, and the methocarbamol had a physician order to give to Resident 1 and to hold for sedation. LVN 2 stated Resident 1 should be monitored for sedation by counting the respiratory rate and the respiratory rate should be above 12 breaths per minute. LVN 2 stated the methocarbamol, and the gabapentin can cause respiratory depression. LVN 1 stated she was unable to find documentation that Resident 1 was monitored for sedation.</p> <p>During an interview on 10/8/24 at 12:32 p.m., the director of nursing (DON) stated Resident 1 was given the gabapentin and the methocarbamol, but DON stated there was no documentation that Resident 1 was monitored for sedation.</p> <p>During a review of the facility' policy and procedures titled, Administering Medications, reviewed on 1/31/24, the P&P indicated medications are administered in accordance with prescriber orders including any required time frame.</p>