

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 11/05/2024
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>43454</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean, sanitary, and accident-free environment in two of two shower rooms, Shower room A and Shower room B.</p> <p>This deficient practice had the potential for residents to be exposed to dirt, spread of disease - causing organisms, and accidents.</p> <p>Findings:</p> <p>During an observation of Shower Room A on 11/5/2024 at 11:22 a.m., observed shower room A with Social Services Director (SSD) and observed soiled and wet Mepilex (foam dressing is designed to help manage non to low exuding acute and chronic wounds) on the floor.</p> <p>During an observation of Shower Room A on 11/5/2024 at 11:23 a.m., observed shower room B with SSD and observed soiled and wet face towel on the floor, and hair on the water drain.</p> <p>During an interview with Housekeeping 1 (HS 1) on 11/5/2024 at 11:28 a.m. Was called to observe the shower rooms and he stated the shower room are not clean, the mepilex should not be on the floor and should be tossed out after each shower. HS 1 further stated, the face towel and hairs should not be on the floor as well.</p> <p>During an interview with Director of Nursing (DON) on 11/5/2024 at 2:17 p.m., DON stated, the shower rooms should be clean after each use.</p> <p>During a review of facility ' s policy and procedures (P&P), titled, Cleaning and Disinfection of Environmental Surfaces, revised August 2019, the P&P indicated that, Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.</p> <p>During a review of facility ' s P&P titled, Homelike Environment, reviewed 1/31/2024, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on observation, interview and record review, the facility failed to ensure the residents receive adequate supervision and assistance based on the residents ' individual needs to prevent accidental injuries for one of five sampled residents (Resident 2) by failing to ensure Certified Nursing Assistant 3 (CNA 3) was awake and alert while in Resident 2's room.</p> <p>This deficient practice had the potential for resident to experience unavoidable accidents.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including urinary tract infection (UTI- an infection in the bladder/urinary tract), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and unspecified dementia (a progressive state of decline in mental abilities).</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/16/2024, indicated Resident 2 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was severely impaired. The MDS indicated Resident 2 was totally dependent from staffs for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an observation of Resident 2's room on 11/5/2024 at 12:01 p.m., Resident 2 was observed lying in bed, with eyes closed and next to Resident 2 was CNA3 who was sitting and has his (CNA3) ' s head laying on the bedside table with his both eyes closed.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant 4 (CNA 4) on 11/5/2024 at 12:03 p.m., CNA4 observed Resident 2's room with the surveyor and noticed CNA3 next to Resident 2 ' s bed. CNA4 called off CNA3's name loudly and after three calls, CNA3's eyes opened and woke up.</p> <p>During an interview with CNA3 on 11/5/2024 at 12:04 p.m., CNA3 stated, he was tired and had a long day. CNA3 stated, he was waiting for Resident 2 to wake up so he could change his (Resident 2's) incontinent brief.</p> <p>During a concurrent observation and interview with Registered Nurse 1 (RN 1) on 11/5/2024 at 12:19 p.m., RN 1 stated, staff should be awake and not had their head down while on the clock and while assisting residents. RN 1 stated, this may cause accident like fall, and they won ' t be able to assess in case residents starts having shortness of breath (SOB).</p> <p>During an interview with Director of Nursing (DON) on 11/5/2024 at 2:21 p.m., DON stated, the nurses should not be taking a nap while on duty. DON stated, this affects residents care.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility 's policy and procedure (P&P), titled, Safety and Supervision of Residents reviewed 1/31/2024, the P&P indicated, Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards, and try to prevent avoidable accidents . The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices.</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on observation, interview and record review, the facility failed to ensure the residents were served the food preferences listed on the lunch meal ticket (physician ordered diet with resident food preferences) and received substitute meal options of similar nutritive value when one of four sampled residents (Resident 1)'s food preferences were not honored when Resident 1 verbalized, she does not like Mocha Mix (liquid non-dairy creamers).</p> <p>This deficient practice had the potential to result in decreased meal satisfaction, decreased nutritive value for the meal and weight loss.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure) and depression (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/10/2024, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 1 was independent from staffs for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves): eating. The same MDS also indicated, Resident 1's daily preferences and choices while at the facility was very important.</p> <p>A review of Resident 1's Physician 's order dated 10/13/2024 indicated, renal regular no added salt diet (diet low in sodium, phosphorus and sometimes potassium and protein).</p> <p>A review of Resident 1's meal ticket (physician ordered diet with resident food preferences) for breakfast, lunch and dinner dated 11/5/2024, indicated Renal regular texture diet and likes mocha mix.</p> <p>During an interview with Resident 1 on 11/5/2024 at 11:14 a.m., Resident 1 stated, she does not like mocha mix on her meal tray, but she kept getting the same mocha mix on her tray. Resident 1 stated, on her meal ticket, it indicated on her likes that she liked mocha mix, so she wrote on the meal ticket that she does not like mocha mix. Resident 1 stated, she kept getting the wrong tray and she had to keep telling the nurses to have it changed.</p> <p>During a concurrent observation and interview with Dietary Supervisor (DS) on 11/5/2024 at 11:33 a.m., DS stated, she spoke with Resident 1 regarding her food preferences and Resident 1 verbalized that she does not like mocha mix. DS stated, Resident 1 is on a Renal diet, and they must give mocha mix instead of regular milk. DS stated, they have substitute for mocha mix but she needs to get the Registered Dietitian (RD) to talk to Resident 1 so they can substitute the mocha mix. DS stated, she had not consulted with RD regarding substitution for mocha mix, which is why she have been putting mocha mix as Resident 1 ' s likes. DS further stated, she should have the RD involved as soon as she was informed of Resident 1's food preferences and substitution.</p> <p>(continued on next page)</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's policy and procedure (P&P), titled, Resident Food Preferences reviewed 1/31/2024, the P&P indicated, The Dietitian and nursing staff, assisted by the Physician, will identify any nutritional issues and dietary recommendations that might be in conflict with the resident ' s food preferences . The resident has the right not to comply with the therapeutic diets.</p> <p>A review of facility's P&P titled, Renal Non-dairy Substitutions, created on 10/10/2024, the P&P indicated, Renal diets have restrictions in sodium, phosphorus, calcium, potassium and oxalates . Recommended substitutions are listed below: non-dairy, rice milk, soy milk, almond milk, mocha mix, half and half.</p>