

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  01/03/2025
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50391</p> <p>Based on interview and record review, the facility failed to allow one of two sampled residents (Resident 2) to return to the facility following hospitalization at the General Acute Care Hospital (GACH). Resident 2, who had a bipolar disorder (associated with mood swings), was deemed medically stable to return to the facility but remained at the GACH for over three weeks. This deficient practice placed Resident 2 at risk for discharge from the facility against her needs or wants and a potential for psychosocial harm of not returning to primary residence at the facility.</p> <p>Findings:</p> <p>A review of the admission record indicated Resident 2 was readmitted to the facility on [DATE] with diagnoses including schizoaffective disorder bipolar type (combination of symptoms of schizophrenia and mood disorder), bipolar disorder, and anxiety disorder (intense, excessive, and persistent worry and fear about every day).</p> <p>A review of Resident 2's quarterly Minimum Data Set (MDS - a resident assessment tool) dated 12/11/2024, indicated the resident was cognitively intact (having the ability to think, learn, and remember clearly) for decision making and had the ability to understand and be understood. The MDS indicated Resident 2 required some help with self-care and there were no indications of psychosis or behavioral symptoms noted.</p> <p>A review of the Nursing Progress note dated 12/17/24 at 8:15 am indicated the Psychiatric Emergency Team (PET, a mobile team that provides psychiatric evaluations and crisis intervention for individuals experiencing a mental health crisis) was called for Resident 2, as the resident was yelling and screaming. The Nursing Progress Note indicated Resident 2 was on 1:1 supervision.</p> <p>According to a review of the Nursing Progress Notes dated 12/17/2024 at 2:50 pm, a mental health worker assessed Resident 2 as she had behaviors of yelling and screaming. The note indicated Resident 2 remained on 1:1 supervision for safety.</p> <p>A review of the Physician's Order dated 12/17/2024 indicated to transfer Resident 2 via 5150 (the number of the section of the Welfare and Institutions Code, which allows an adult who is experiencing a mental health crisis to be involuntarily detained for a 72- hour psychiatric hospitalization [potentially three days] when evaluated to be a danger to others, to herself, or gravely disabled) due to damaging medical equipment (Resident 2's bedframe) with a lighter.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the GACH psychiatry inpatient progress note dated 12/20/2024 indicated Resident 2 could discharge back to the skilled nursing facility.</p> <p>According to a review of the GACH inpatient progress note dated 12/21/2024, Resident 2 was medically stable at this time for placement.</p> <p>A review of Resident 2's medical record indicated there was no documentation regarding specific needs of Resident 2 that could not be met at the facility.</p> <p>On 1/3/2025 at 9 am during an interview with the GACHs Social Worker (SW, a trained professional who helps people, families, and communities deal with challenges in their lives, including mental health, substance abuse, homelessness, and domestic violence) 1, he stated the facility Resident 2 had come from would not allow Resident 2 to return to the facility. SW 1 stated he made several attempts since Resident 1 was medically cleared to return to the facility since 1/21/2025. SW 1 stated that he has not received any confirmation about Resident 2 returning to the facility and now the facility was not returning his calls.</p> <p>During an interview on 1/3/2025 at 10 am, the Administrator (ADM) stated Resident 2 could not return to the facility because the facility did not have the level of care needed to keep the resident safe. The Administrator stated Resident 2, Required a higher safety standard that we do not possess here at the facility.</p> <p>During an interview on 1/3/2025 at 10:45 am, the Director Of Nursing (DON) stated Resident 2 could not return to the facility because of the fire risk the resident posed and that the facility tried tirelessly to place Resident 2 at another facility with better care, but she understands how difficult it was for conserved residents to find placement.</p> <p>On 1/3/25 at 11 am, an interview was attempted with Resident 2. Resident 2 did not answer any questions.</p> <p>A review of the facility's policy dated 7/2017 titled, Bed Hold, indicated that upon admission, the facility advises residents and/or their representatives in writing that the facility has a bed hold policy and would hold the resident's bed for up to seven days if the resident was transferred to an acute care hospital or went on therapeutic leave of no more than the state allowed overnights per calendar year, as long as the resident or his/her representative notified the facility within twenty four hours of the transfer that they wish to have the facility hold the resident's bed.</p> <p>A review of the facility's policy dated 1/31/2024 titled, Transfer or Discharge, Emergency, indicated the requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source.</p>		