STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056489	A. Building B. Wing	02/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hollywood Premier Healthcare Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296 Based on interview and record review, the facility failed to ensure one sampled resident (Resident 3) had a signed informed consent for psychotropic medications (drugs that affect the brain and nervous system, altering mood, behavior, and cognitive function). This failure had the potential for lack of education regarding the use of a psychotropic medication for Resident 3. Findings: A review of Resident 3 ' s admission record indicated the resident was admitted to the facility on [DATE], with diagnoses including anxiety disorder (a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and paraplegia (loss of movement and/or sensation, to some degree, of the legs). A review of Resident 3 ' s Minimum Data Set (MDS - a resident assessment tool) dated 9/9/24, indicated the resident was alert and oriented with good recall. A review of Resident 3 ' s Use of Antidepressant Medication Care Plan dated 11/25/24, indicated Resident 3 was prescribed Duloxetine HCL oral capsule delayed release one time a day for polyneuropathy (the nerves that are located outside of the brain and spinal cord (peripheral nerves) are damaged). During a concurrent interview and record review on 2/7/25 at 12:55 PM, with Licensed Vocational Nurse (LVN) 1, Resident 3 ' s consents for treatment were reviewed. LVN 1 stated she did not see an informed consent for the medication duloxetine. LVN 1 stated there must be an informed consent for psychotropic medications although it was being administered for another use. LVN 1 stated either the doctor or nurse can give the verbal informed consent. LVN 1 stated during medication pass the nurses would inform the resident what the medications were and their side effects. LVN 1 stated that although the education was given during the med pass, there was no informed consent paperwork located in the physical or electronic chart. During an interview on 2/7/25 at 1:42 PM with the Director of Nursing (DON), the Informed Consent Policy for Psychotropic Medications was requested. The DON stated the facility did not have an informed consent policy. The DON provided an Administering Medication Policy. A review of the Administering Medication and Psychotropic Medication policies indicated no verbiage regarding informed consent for psychotropic medications. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056489	A. Building B. Wing	02/07/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/7/25 at 2:05 PM the DON stated the RN supervisor took the order for Resident 3 ' s psychotropic medication but did not document if she obtained the informed consent. The DON stated it was the doctor ' s responsibility to obtain the informed consent. The DON stated the RN supervisor should check that Resident 3 had an informed consent. The DON stated the risk to Resident 3 would be risks and benefits for taking the psychotropic medication and new medication would not be given.