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	09/12/2025

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

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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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1) was free from sexual abuse (non-consensual sexual contact of any type or sexual harassment) from Resident 2 who had a history of inappropriate sexual behavior of walking around the facility with his genitals (sexual organs) out and masturbating (stimulate own genitals for sexual pleasure) excessively (extremely) while residing in the facility. On 9/6/2025 at approximately 3:55 AM to 4 AM, Certified Nursing Assistant 1 (CNA1) heard grunting (mumbling)/moaning from Resident 1's room (who was nonverbal). CNA1 observed Resident 2 on top of Resident 1 who was in a supine (lying face up) position between Resident 1's legs naked from the waist down on Resident 1's bed. Licensed Vocational Nurse (LVN1 who came into Resident 1's room after CNA1 screamed for help) noticed Resident 2 pulling his pants up walking away from Resident 1. Resident 1 was unable to verbalize the incident. The facility called 911 (emergency phone number) and sent Resident 1 to the General Acute Care Hospital 2 (GACH2) for a trauma evaluation (assessing the immediate physical injuries). GACH2 admitted Resident 1 for an evaluation on sexual assault (nonconsensual sexual act). This failure resulted in Resident 1 to experience sexual abuse from Resident 2 under the care of the facility and resulted in Resident 1 to be admitted to GACH2 for an evaluation on sexual assault. On 9/9/2025 at 2:21PM, the Department called an Immediate Jeopardy Situation (IJ, a situation in which the provider's non-compliance with one or more requirements of participation has caused, or likely to cause, serious injury, harm impairment, or death to a patient) in the presence of the facility's Administrator (ADM) and the Director of Nursing (DON) related to the failure to protect Resident 1 from sexual abuse from Resident 2 for allowing inappropriate sexual behavior of walking around the facility with his genitals out and masturbating excessively while residing in the facility. This placed Resident 1 and other potential unidentified residents in the facility at risk for sexual abuse. On 9/12/2025 at 2:44 PM, the Department removed the IJ situation while onsite in the presence of the ADM and DON after the surveyor verified the facility's implementation of the IJ removal plan (includes all actions the agency has taken or will take to immediately address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely) through observation, interview, and record review, which included: -On 9/6/2025, the facility staff (unidentified) separated Resident 2 from Resident 1 and placed Resident 1 on a one-to-one supervision (where a single staff member is assigned to directly supervise no more than one individual). -On 9/6/2025 at 4:30 AM, the facility transferred Resident 1 to GACH2 via emergency services for immediate trauma evaluation. -On 9/6/2025 at 12:33PM, the facility transferred Resident 2 to GACH3 for an evaluation of inappropriate sexual behavior. -On 9/7/2025 at 12:12AM, the facility readmitted Resident 2 from GACH3 and provided one-to-one supervision. -On 9/8/2025 at 12:24 AM, the facility transferred Resident 2 to GACH4 via 5150 (involuntary 72-hour psychiatric [relating to mental illness or its treatment] hold) due to inappropriate sexual behavior. -On 9/9/2025 the Director of Clinical and Regional Director of Operations provided training on abuse prevention education to the ADM, the DON, to all the department heads, and staff. -On 9/10/2025, the facility conducted a wide safety check for all 80 in-house residents to ask for any exposure and physical advances or touching by Resident 2. -On 9/11/2025, the licensed nurses (unidentified) checked seven nonverbal residents for any signs of skin discoloration to the genital areas. Findings: 1.During a review of Resident 1's admission Record, the admission record indicated the facility admitted the resident 1 on 5/27/2025 with diagnoses including generalized muscle weakness (a widespread loss of muscle strength that affects multiple muscle groups throughout the body), anxiety (excessive worry, fear, and nervousness), and developmental disorders of speech and language (difficulties in learning, understanding, and using spoken words). During a review of Resident 1's History and Physical (H&P) dated 6/9/2025, the H&P indicated Resident 1 did not have capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 8/29/2025, the MDS indicated Resident 1's cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired (reduced). The MDS indicated Resident 1 had unclear speech (slurred or mumbled words) and was rarely/never understood. The MDS indicated Resident 1 was dependent (helper does all the effort) with eating, personal hygiene (practices and habits that maintain cleanliness and health of the body) oral(mouth) hygiene, showering/bathing, dressing, and toilet use. The MDS indicated Resident 1 was dependent on staff to go from sitting to lying position and from lying position to a sitting position on the

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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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. (continued on next page)

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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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its policies and procedures to prohibit and prevent sexual abuse (non-consensual sexual contact of any type or sexual harassment), for one of four sampled residents (Resident 1) by failing to: -Ensure to closely monitor Resident 2 who had a history of inappropriate sexual behavior of walking around the facility with his genitals (sexual organs) out and masturbating (stimulate own genitals for sexual pleasure) excessively (extremely) while residing in the facility. -Ensure Resident 1 was free from sexual abuse from Resident 2. -Ensure to conduct an interdisciplinary team meeting (IDT, a collaborative group of diverse health care professionals from different fields who work together) to address Resident 2's inappropriate sexual behavior of walking around with his genitals out and masturbating. On 9/6/2025 at approximately 3:55 AM to 4 AM, Certified Nursing Assistant 1 (CNA1) heard grunting (mumbling)/moaning from Resident 1's room (who was nonverbal). CNA1 observed Resident 2 on top of Resident 1 who was in a supine (lying face up) position between Resident 1's legs naked from the waist down on Resident 1's bed. Licensed Vocational Nurse1 (LVN1 who came into Resident 1's room after CNA1 screamed for help) noticed Resident 2 pulling his pants up walking away from Resident 1. Resident 1 was unable to verbalize the incident. The facility called 911 (emergency phone number) and sent Resident 1 to the General Acute Care Hospital 2 (GACH2) for a trauma evaluation (assessing the immediate physical injuries). GACH2 admitted Resident 1 for an evaluation on sexual assault (nonconsensual sexual act). This failure resulted in Resident 1 to experience sexual abuse from Resident 2 under the care of the facility and resulted in Resident 1 to be admitted to GACH2 for an evaluation on sexual assault. On 9/9/2025 at 2:31 PM, the Department called an Immediate Jeopardy Situation (IJ, a situation in which the provider's non-compliance with one or more requirements of participation has caused, or likely to cause, serious injury, harm impairment, or death to a patient) in the presence of the facility's Administrator (ADM) and the Director of Nursing (DON) related to the failure to implement its policies and procedures to prevent and to protect Resident 1 from sexual abuse from Resident 2 and for not monitoring Resident 2 closely and allowing Resident 2's inappropriate sexual behavior of walking around the facility with his genitals out and masturbating excessively while residing in the facility. This placed Resident 1 and other potential unidentified residents in the facility at risk for sexual abuse. On 9/12/2025 at 2:44 PM, the Department removed the IJ situation while onsite in the presence of the ADM and DON after the surveyor verified the facility's implementation of the IJ removal plan (includes all actions the agency has taken or will take to immediately address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely) through observation, interview, and record review, which included: -On 9/6/2025, the facility staff (unidentified) separated Resident 2 from Resident 1 and placed Resident 1 on a one-to-one supervision (where a single staff member is assigned to directly supervise no more than one individual). -On 9/6/2025 at 4:30 AM, the facility transferred Resident 1 to GACH2 via emergency services for immediate trauma evaluation. -On 9/6/2025 at 12:33PM, the facility transferred Resident 2 to GACH3 for an evaluation of inappropriate sexual behavior. -On 9/7/2025 at 12:12AM, the facility readmitted Resident 2 from GACH3 and provided one-to-one supervision. -On 9/8/2025 at 12:24 AM, the facility transferred Resident 2 to GACH4 via 5150 (involuntary 72-hour psychiatric [relating to mental illness or its treatment] hold) due to inappropriate sexual behavior. -On 9/9/2025 the Director of Clinical and Regional Director of Operations provided training on abuse prevention education to the ADM, the DON, to all the department heads, and staff. -On 9/10/2025, the facility conducted a wide safety check for all 80 in-house residents to ask for any exposure and physical advances or touching by Resident 2. -On 9/11/2025, the licensed nurses (unidentified) checked seven nonverbal residents for any signs of skin discoloration to the genital areas. Findings: 1.During a review of Resident 1's admission Record, the admission record indicated the facility admitted Resident 1 on 5/27/2025 with diagnoses including generalized muscle weakness (a widespread loss of muscle strength that affects multiple muscle groups throughout the body), anxiety (excessive worry, fear, and nervousness), and developmental disorders of speech and language (difficulties in learning, understanding, and using spoken words). During a review of Resident 1's History and Physical (H&P) dated 6/9/2025, the H&P indicated Resident 1 did not have capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 8/29/2025, the MDS indicated Resident 1's cognition (the process of acquiring knowledge and understanding through thought, experience, and the

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. (continued on next page)

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on interviews and record reviews, the facility failed to:1. Implement the plan of correction (POC - a formal document that explains step-by-step how an organization will fix a problem and ensure it does not happen again) as indicated on the CMS 2567 statement of deficiency signed and dated 10/6/2025 to prevent and protect the residents from resident-to-resident sexual abuse (any unwanted sexual contact of any type, behavior, or act forced upon a person without their freely given consent).2. Ensure a third-party consulting agency (an outside business [not affiliated with the facility] hired to give expert advice or perform a specialized service) not affiliated with the facility, provided sexual abuse prevention training to the facility staff by the POC completion date (the specific date by which the facility will correct the deficiencies) of 10/9/2025. These failures placed the facility residents at increased risk of further resident-to-resident abuse. Findings: A review of the facility POC signed and dated 10/6/2025 indicated that on 10/9/2025, the facility Administrator coordinated with a third-party consulting firm will deliver directed inservice training (DIST) to facility staff. The DIST focused on prevention and appropriate response to resident-to-resident sexual abuse in alignment with regulatory requirements (specific rules and laws that a government says a facility must follow). The POC indicated monitoring (keeping a close eye on something to check its progress using data to make sure it's going well and to spot problems early) and the monthly activities outlined(described) commenced (start/begin) during week of 10/19/2025 and to continue through 4/20/26 (6 months). The POC completion date was 10/9/2025. A review of facility email dated 10/10/2025 at 4:32PM titled POC . from the nursing consulting agency to the DON, indicated, The monthly DIST will not start until after the POC is accepted. Therefore, there has been no training as of today. A review of the facility CMS 2567 indicated the state agency accepted the facility POC on 10/20/2025. A review of an email dated 10/22/2025 at 11:46AM titled POC accepted from the nursing consulting agency to the DON, email indicated, .start coming on my visits beginning on Thursday 10/30/2025. On 10/29/2025 at 7:42AM, the California Department of Public health (CDPH) conducted an unannounced onsite revisit (an official follow-up visit to confirm and verify that the facility corrected federal deficiencies identified during previously investigated resident to resident sexual abuse). abbreviated survey to verify if the facility had corrected and implemented its POC verification revisit at the facility the POC was reviewed. During an interview on 10/29/2025 at 2PM, the Director of Nursing (DON) stated that the third-party nurse consulting agency had not started raining the facility on monitoring, preventing and how to appropriately respond to resident-to-resident sexual abuse. The DON stated the facility will start the DIST on 10/30/2025. During an interview on 10/29/2025 at 2:30PM, Licensed Vocational Nurse (LVN) 4 stated, I have not attended any class on resident-to resident abuse this month by an outside consultant. There was posted information about training on 10/30/2025. LVN 4 stated there was a scheduled training for the POC because of the Immediate Jeopardy (IJ-is an official finding that a healthcare facility's failures in following safety rules have caused, or are highly likely to cause, serious injury, harm, or death to a patient or resident, requiring immediate action to fix the problem) called at the facility. LVN 4 stated, It was very important to know what to do to prevent abuse -from happening again. During an interview on 10/29/2025 at 2:38PM, LVN 5 stated, I have not received training from an outside nursing consultant agency on abuse. During a concurrent interview and concurrent record review with the DON on 10/29/2025 at 2:44 PM, the facility POC with a completion date of 10/9/2025 was reviewed. The DON stated training by the outside third-party agency consultant was not stated. The DON stated the facility contacted the third-party nurse consultant for the monthly in- services, the nurse consultant company stated the abuse training would start after the state agency accepted the facility POC. The DON stated the POC had been accepted, however, the abuse training and monitoring that was supposed to start the week of 10/19/2025 had not started, and that the third-party consultant nurse had done nothing. The DON stated, I can't think of the potential harm on the residents for not implementing resident-to-resident sexual abuse training. The DON further stated, Our Director of Staff Development (DSD) had in-serviced our staff. There is no difference between the clinical mentor (an experienced healthcare professional who guides and trains less experienced staff) we had and the outside agency nurse consultant. It was the same way that we provided the abuse training, so I do not see the potential for harm. During a concurrent interview and concurrent record review on 10/29/2025 at 3PM with the DON, the facility's POC with a completion date of 10/9/2025 was reviewed. The DON confirmed and stated that the facility POC indicated the facility will implement the following: 1. Develop and implement by the third party a monitoring tool to support weekly on-site (physical location)