

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 02/06/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident representative of a significant change in behavior and safety risk for one of four sampled residents (Resident 2) who attempted to leave the facility on 10/5/2025 stating his daughter needed him. This failure had the potential to place the resident at risk for elopement and compromised the ability of the resident representative to participate in care planning and safety interventions. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnosis of dementia (progressive impaired ability to think, remember or make decisions that interferes with doing everyday activities). Resident 2 was listed as his own responsible party in the admission Record. During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 10/6/2025, indicated Resident 2 had severely impaired cognition (mentality to think, remember and reason) for decisions of daily living. The MDS indicated Resident 2 required partial assistance for oral hygiene, toileting, showering, upper and lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated Resident 2 required supervision for eating, roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, and toilet and chair transfer. During a review of Resident 2's History and Physical (H&P), dated 11/19/2025, the H&P indicated Resident 2 did not have the capacity to understand and make decisions. During a review of Resident 2's SBAR Communication Form, dated 10/5/2025, indicated Resident 2 had increased confusion and disorientation, and attempted to leave the facility stating his daughter needed him. There was no documented evidence staff notified family, guardian, or another responsible representative of the resident's attempt to leave or change in behavior. During an interview on 2/6/2026 at 12:42 PM, with Licensed Vocational Nurse 1 (LVN1), the LVN1 verified the SBAR communication form and acknowledged the facility staff had failed to notify Resident 2's family members regarding the episode of confusion and elopement on 10/5/2025. The LVN1 stated it is the facility policy to notify family members and coordinate with them when residents are unable to make their own decisions. During an interview on 2/6/2026 at 12:51 PM, with the Director of Nursing (DON), the DON stated it is important to notify family and make a change of condition for residents who demonstrate behavioral issues such as elopement or increased confusion. DON stated licensed nurses should write the person of the family member who was notified following an episode of confusion. During a review of the facility's policy and procedure titled Change in a Resident's Condition or Status, undated, indicated the facility will promptly notify the resident representative of changes in the resident's medical/mental condition or status following a significant change in the resident's physical, mental, or psychosocial status.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056489
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