

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  04/01/2026
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interview, and record reviews, the facility failed to ensure a resident and/or responsible party were informed in advance and signed consent of the risks and benefits of a psychotropic medication (drug that affects behavior, mood, thoughts, or perception) for one of four sampled residents, Resident 1. This deficient practice violated Resident 1's right to make an informed decision about the use of psychotropic medication Depakote (a mood stabilizing medication). Findings: During a review of Resident 1's admission Records, Resident 1 was admitted to the facility on [DATE] with a diagnoses including toxic encephalopathy (permanent brain damage that causes severe confusion and forgetfulness), lack of coordination, anxiety disorder (a mental health condition with feeling of worry, anxiety, or fear interfering with one's daily activities). During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 1/5/2026, the MDS indicated Resident 1 had severe cognitive (ability to acquire and understand knowledge) impairment. During a review of Resident 1's History and Physical (H&amp;P) dated 10/2/2025, the H&amp;P indicated, Resident 1 does not have the capacity to understand and make decisions. During a review of Resident 1's Psychiatric Notes, the Psychiatric Notes dated 12/9/2025 indicated Resident 1 is currently managed by Depakote 500 mg three times a day (TID) for mood stabilizations/behavioral management. Plan continue current psychotropic medication as ordered. A review of Resident 1's Nursing Progress Notes dated 1/28/2026 indicated, Spoke with the resident to discuss the new psychotropic medication informed consent form, including the risk and benefits, possible side effects and Food and Drug Administration (FDA) black box warning ( warnings indicate that clinical data shows the drug can cause severe adverse reactions, requiring careful consideration before use) These were previously discussed by the MD prior to initiating the psychotropic medication. Resident verbalized understanding of the information provided, and he still wants the medication to be administered During a review of Resident 1's Psychotherapeutic Drug Informed Consent Form, on 1/28/2026 a psychiatrist (a medical doctor or physician who specializes in mental health) obtained an informed consent from Resident 1 for the medication Depakote. During a concurrent observation and interview on 4/1/2026 at 11 AM with Resident 1, Resident 1 was observed Alert and confused about place and situation, unable to verbalize understanding of medications administered. During an interview on 4/1/2025 at 11:45 with licensed vocational nurse (LVN)1, LVN 1 stated, a resident or responsible party consenting for a psychotropic medication must have the capacity to make decisions and understanding of the medication benefits and possible side effects. LVN 1 is unaware of who obtained the consent for the psychotropic medication Depakote for Resident 1. During an interview on 4/1/2026 at 12 PM with the director of social services (SS), SS stated, Resident 1 does not have the capacity to make medical decisions. Consent for treatment is signed by a resident, responsible party, or bioethics committee (multidisciplinary team that provide education, guidance, consultations for ethical dilemma such as medical decisions) in the absence of all. SS further stated, there was no discussion made by the bioethics committee for consent decisions on behalf of Resident 1. During a concurrent interview and record review on 4/1/2026 at 2:20 PM with registered nursing supervisor (RN), Resident 1's consent form was reviewed with RN. RN stated, It is not clinically sound to have a (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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>resident sign a consent when he or she does not have the capacity to make decisions and understandings. They can not tell if what they are signing is benefiting or harming them. RN acknowledged that, it is a deficiency to have Resident 1 sign a consent because Resident 1 does not have the capacity to understand and make decisions. During a telephone interview on 4/6/2026 at 1:13 PM with the facility psychiatrist, the psychiatrist stated, I went by what the nurses said, I did not assess the resident before signing the consent for the medication Depakote. The psychiatrist acknowledged, it is a deficiency to have a resident without a capacity sign a consent for medications or treatment. During a review of the facility's policy and procedure (P&amp;P) revised 1/22/2026, titled Consent to Treatment Policy, the P&amp;P indicated, Consent is obtained prior to initiation of treatment, except in emergency situations as permitted by las. Consent may be written or verbal, as appropriate, and must be documented in the medial record. If the resident lacks capacity, consent is obtained from the legally authorized representative (e.g., POA).</p>		