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	04/15/2026

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure one of two sampled residents (Resident 1) diagnosed with dementia (a group of symptoms related to loss of memory, judgment, language, complex motor skills, and other intellectual function) received the necessary care and services for dementia, by failing to: Ensure Resident 1's dementia diagnosis was indicated in Resident 1's Wander/Elopement (when a resident leaves/escapes from a facility without a physician's order and without the staff knowing) Risk Evaluation, dated 4/6/2026. This deficient practice resulted in an inaccurate elopement risk assessment and Resident 1 eloping from the facility on 4/11/2026. Findings: During a review of Resident 1's admission Record (AR), AR indicated Resident 1 was admitted to the facility originally on 9/12/2024 and was re-admitted on [DATE] with diagnoses including bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive [period of feeling sad, hopeless or empty] lows to manic [being in a state of extreme, elevated energy and emotion] highs), dementia and insomnia (sleep disorder). During a review of Resident 1's History and Physical (H&P) dated 9/10/2025, the H&P indicated the resident did not have the capacity to understand or make decisions. During review of Resident 1's Minimum Data Set (MDS - a standardized assessment tool), dated 3/16/2026, the MDS indicated Resident 1 had impaired cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and required supervision (helper provides verbal cues and/or touching/steadying and/or contact guard assistance) from staff for activities of daily living (ADLs-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene). A review of Resident 1's care plan report titled [Resident 1] with cognitive status that may put him at increased risk of wandering outside the facility or exit seeking related to history of attempted to exit facility dated 9/12/2024 indicated interventions for facility staff to implement included Assessment of resident risk for elopement/wandering on admission, quarterly, and as needed. During a review of Resident 1's Wander/Elopement Risk Evaluation dated 4/6/2026, the evaluation did not indicate Resident 1 had a diagnosis of dementia, or other diagnosis impacting decision making. The Wander/Elopement Risk Evaluation indicated Resident 1 was not an elopement or wander risk. During a review of Resident 1's nursing progress notes dated 4/11/2026 at 7:30 a.m., the notes indicated During rounds, resident was noted not in his room, per prior shift, resident was awake all night and seen up in his wheelchair, wheeling in the hallway back and fort. CN look for the resident and did not found anywhere, supervisor was notified. during medpass resident still noted not in his room. facility search initiated with no success and activated Code Green. Supervisor contacted [local PD] and reported resident missing. MD [medical doctor] and medical director MD notified and made aware. [Local PD] officers responded, completed assessment and searched surrounding area. resident not found in the nearby area as per police officers. During a concurrent observation of the facility's surveillance video of the front lobby and interview on 4/14/2026 at 9:29 a.m., the recording of the front lobby's video surveillance dated 4/11/2026 at 5:30 a.m. was viewed with the Director of Nursing (DON). The video showed a male resident (identified as Resident 1 by the DON) sitting in a wheelchair approximately (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	04/15/2026

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5-6 feet from the front door, behind three poles linked together by fabric (retractable barrier), facing the front door. Housekeeper 1 was observed in the lobby behind Resident 1 (at one point within 3-4 feet from the resident) mopping/sweeping the floor. At 5:31 am (4/11/2026) Housekeeper 1walked around a desk and entered a door, out of camera sight. Resident 1 then looked towards the door Housekeeper 1 entered and rapidly self-propelled around the retractable barrier and out of the unlocked front door. Approximately 4 seconds later Housekeeper 1 reentered the lobby, walked towards the front door while mopping/sweeping and continued to mop/sweep the lobby. The DON stated the time on the video surveillance was one hour ahead and the resident eloped per video surveillance on 4/11/2026 at 6:31 a.m. During a concurrent interview and record review with the Licensed Vocational Nurse 3 (LVN3) on 4/15/2026 at 8:44 a.m., LVN3 reviewed Resident 1's Wander/Elopement Risk Evaluation, dated 4/6/2026, LVN3 verified the evaluation indicated Resident 1 did not have any diagnosis of dementia, or other diagnosis impacting decision making. LVN3 verified the evaluation indicated Resident 1 was not an elopement or wander risk. LVN3 did not know if Resident 1 had a dementia diagnosis and stated Resident 1 had risk factors for elopement since Resident 1 used a wheelchair independently, had psychiatric (mental) illness that could impact cognition, memory and decision making. LVN3 stated that according to the resident's assessments and risk factors, Resident 1 was not at risk for elopement. During a concurrent interview and record review with the Director of Nursing (DON) on 4/15/2026 at 1:11 p.m., the DON reviewed Resident 1's Wander/Elopement Risk Evaluation, dated 4/6/2026. The DON verified the evaluation indicated Resident 1 did not have any diagnosis of dementia, or other diagnosis impacting decision making and Resident 1 was not an elopement or wander risk. The DON stated that based on LVN3's assessment, and documentation, Resident 1 had multiple risks for elopement that should have triggered Resident 1 as a risk for elopement. The DON stated that according to the instructions under Wander/Elopement Risk Evaluation documentation, residents with any risk factors had to be triggered for risk for elopement. During a review of the facility's policy and procedure (P&P), titled, Safety and Supervision of Resident, reviewed on 1/22/2026, the P&P indicated that facility-oriented and resident-oriented approaches to safety were used together to implement a systems approach to safety, which considered the hazards identified in the environment and individual resident risk factors and then adjusted interventions accordingly. During a review of the facility's P&P, titled, Wandering and Elopements, reviewed on 1/22/2026, the P&P indicated that the facility would identify residents who were at risk of unsafe wandering or elopement and strived to prevent harm while maintaining the least restrictive environment possible for residents. The P&P indicated if a resident was identified as not alert, or at risk for wandering, elopement, or safety concerns, the resident's care plan would include appropriate strategies and interventions to maintain the resident's safety while promoting the least restrictive environment. During a review of facility's P&P, titled, Dementia-Clinical Protocol, reviewed on 1/22/2026, the P&P indicated that for the individual with confirmed dementia, the interdisciplinary team (IDT) would identify and document the resident's condition and level support needed during care planning and review changing needs as they arise. P&P also indicated that IDT would adjust interventions and the overall plan depending on the individual's responses to those interventions, progression of dementia, development of new acute medical conditions or complications, changes in resident or family wishes, and other relevant factors.