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	05/22/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, the facility failed to review, update, and/or revise a care plan for smoking interventions for one of three sampled residents (Resident 1) by failing to: -Ensure to update the smoking care plan with appropriate interventions and alternative interventions. On 5/10/2026 at 9:30 AM, Resident 1 was involved in a verbal and physical incident with Resident 2 and Resident 3 in the smoking patio at the facility. This failure resulted in Resident 1 not to follow the facility's smoking rules and had the potential not to address Resident 1's needs.Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 5/22/2021 with diagnoses of schizophrenia (a severe, chronic brain disorder that disrupts how a person perceives reality), dementia (a decline in mental abilities severe enough to interfere with daily life), and major depressive disorder (mental health condition characterized by a persistent feeling of sadness, loss of interest, and lack of energy that severely disrupts daily life). During a review of Resident 1's Care Plan Report dated 5/23/2021, the Care Plan Report indicated Resident 1 refused to surrender smoking materials and shared cigarettes with other residents (unidentified). The Care Plan Report indicated the goals for the resident included not share cigarettes and to follow facility rules. The Care Plan Report indicated the interventions included to discourage family from providing smoking material. During a review of Resident 1's History and Physical examination (H&P) dated 7/14/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - Resident assessment tool) dated 4/28/2026, indicated Resident 1 had intact cognition, and had little interest or pleasure in participating in activities at the facility. The MDS indicated Resident 1 did not hallucinate (sensory experiences that appear real but are created by the person's mind), did not manifest physical, behavior symptoms, was not prescribed antipsychotic medications (used to control behavioral symptoms), and was not on antidepressant medications (used to reduce symptoms of depression). Resident 1 was independent with activities of daily living (ADLs, such as walking, dressing, locomotion, and personal hygiene). During a review of Resident 1's Social Services Progress Note dated 5/11/2026, the Social Services Progress Note indicated Resident 1 did not want to discuss or elaborate on the incident [on 5/10/2026 at 9:30 AM]. During a review of Resident 1's Care Conference notes dated 5/11/2026, the Care Conference notes indicated an Interdisciplinary Team (IDT- a group of healthcare professionals from different disciplines [nurses, social worker, therapist, physician, etc.] that provide care for the residents) meeting was held for Resident 1 to discuss Resident's 1 behavior. The Care Conference notes indicated Resident 1 explained that she (Resident 1) shared a cigarette with Resident 2, who then shared the cigarette with Resident 3. The Care Conference notes indicated Resident 1 believed Resident 3 took the cigarette from Resident 2 which lead to a misunderstanding of the situation. During a review of Physician's Orders for Resident 1, for the month of May 2026, indicated there were orders for the nurses to monitor, every shift, Resident 1 for manifestation of mood problems, physical, verbal, or other behavioral symptoms or to assess emotional state (such hostile, anger, calm, despondent, stress, pleasant, sad, fear, etc.). During an interview on 5/22/2026 at 10:15AM with Certified Nurse Assistant 1 (CNA1), CNA1 stated Resident 1 (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
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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had many incidents related to not following the facility's rules about smoking. CNA 1 stated Resident 1 would share cigarettes with other residents despite knowing it was against the rules. During an interview on 5/22/2026 at 10:45AM with the Director of Staff and Development (DSD), the DSD stated that all staff (in general) at the facility completed training related to signs and symptoms of aggressive behavior and abuse. The DSD stated the staff (unidentified) monitored the smoking area during the incident on 5/10/2026 at 9:30 AM should have noticed Resident 1's increasingly aggressive behavior and redirected the situation. During an interview on 5/22/2026 at 11:15AM with Registered Nurse1 (RN 1), RN1 stated the entire interdisciplinary team had access to update care plans for Resident 1. RN 1 stated that care plans should be updated after any significant event. RN 1 stated that Resident 1's interventions were not appropriate for the resident. RN 1 stated that if interventions were appropriately revised then no incident would have occurred. During an interview on 5/22/2026 at 11:38AM with Activities Aide (AA 1), AA1 stated that she (AA1) was the staff present at the time of the incident on 5/22/26 at 11:38AM. AA 1 stated the smoking break was at 9AM and there were five people present at that time. AA 1 stated she (AA1) looked down at her smart watch to keep track of time, and that is when the incident occurred. AA 1 explained Resident 1's reaction was faster than a blink of the eye. AA 1 stated that if she had been looking at the residents before the incident occurred, she would have been able to intervene. During an interview on 5/22/2026 at 12:50PM.Director of Nursing (DON), stated that it is important to keep care plans updated because that is the best way to make sure there is no care deficit for the residents. The DON stated Interventions for Resident 1 were difficult to create because she chooses not to listen to staff and follow rules. The DON admits that Resident 1's care plan interventions have not been revised and updated to more appropriate interventions. During a review of the facility's policies and procedures tiled Smoking Policy Residents revised in April 2026, indicated the facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision or violates any item in this smoking policy. The policies and procedures indicated Residents are not permitted to give smoking items to other residents. During a review of the facility's policies and procedures titled Care Plans - Comprehensive, revised in April 2026, indicated an individualized care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. The policies and procedures indicated assessments of residents are ongoing and care plans are revised as information about the change between the resident and the resident's condition change.