

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3951 East Blvd. Los Angeles, CA 90066	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of six 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 exchanging money for sex while residing at the facility.</p> <p>On [DATE] at approximately 8:13 PM Resident 2 went inside Resident 1's room while Resident 1 (who did not have the capacity to consent for sexual activities) was laying down and Resident 2 pulled out his genitals. Resident 1 told Resident 2 to stop, and Resident 2 was masturbating in front of Resident 1 and got on top of Resident 1 while Resident 1 laying down. Resident 2 touched and sucked on Resident 1's breasts. Resident 1 told Resident 2 to stop, and Resident 2 did not stop.</p> <p>This failure resulted for Resident 1 to experience sexual abuse from Resident 2 under the care of the facility and she (Resident 1) felt like an Object, and like I don't matter.</p> <p>On [DATE] at 4:23 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 protect Resident 1 from sexual abuse from Resident 2 and for allowing Resident 2 to exchange money for sex this placed Resident 1 and other potential unidentified residents in the facility at risk for sexual abuse.</p> <p>On [DATE] at 12:53 PM, the Department removed the IJ situation while onsite 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:</p> <p>On [DATE], at 8:33 PM, the facility placed Resident 1 in a safe environment and a licensed nurse monitored Resident 1 every 15 minutes and notified Resident 1's Medical Doctor and the local law enforcement.</p> <p>On [DATE], at approximately 10:10 PM, the Program Director initiated a care plan to address the non-consensual sexual relationship with Resident 2 and placed Resident 2 on a one-to-one supervision (one-to-one sitters which patients are highly supervised to ensure safety).</p> <p>(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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 11:05 PM, the DON initiated a Change in Condition (COC, a sudden clinically important deviation from a patient's baseline in physical, cognitive (ability to think and process information), behavioral, or functional domains) to monitor Resident 2 for sexually inappropriate behavior towards Resident 1.</p> <p>On [DATE], at 9:45 PM, the facility sent Resident 1 to a General Acute Care Hospital for further evaluation and possible treatment. The facility readmitted Resident 1 on [DATE] and placed Resident 1 on a one-to-one supervision.</p> <p>On [DATE], at 5:17 PM, Nurse Practitioner 1 (NP1) determined Resident 1 lacked the capacity to consent for sexual activities.</p> <p>On [DATE], at 5:21 PM, NP1 determined Resident 2 lacked the capacity to consent for sexual activities.</p> <p>On [DATE], the DON conducted an audit of residents (77 current residents) with possible sexual activity.</p> <p>On [DATE], at approximately 1:30 to 2 PM, an outside consultant began to educate the staff (in general) including the DON, and Program Director on adherence to new protocols and abuse prevention.</p> <p>On [DATE], at approximately 8:30 PM, the Program Director initiated a care plan for Resident 2 to address behaviors related to exchanging money for sex.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on [DATE] and readmitted on [DATE]. The admission Record indicated the resident had diagnoses that included paranoid (unreasonably suspicious or mistrustful) schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 1's History and Physical (H&P) dated [DATE], indicated Resident 1 could not make her own decisions but could make needs known.</p> <p>During a review of Resident 1's Mental Health Conservatorship (when a judge appoints another person to act or make decisions for the person who needs help), dated [DATE], the Mental Health Conservatorship indicated Resident 1 was a Conservatee (an adult who, due to a physical or mental condition, is legally deemed unable to manage their own affairs or care for themselves) granted on [DATE] and expired on [DATE].</p> <p>During a review of Resident 1's Minute Order (a brief, written document that summarizes a judge's decision during a court hearing or proceeding), dated [DATE], the Minute Order indicated a Guardian was reappointed as Resident 1's conservator until [DATE].</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated [DATE], the MDS indicated Resident 1 had potential indicators of psychosis (loss of touch with reality), and delusions (misconceptions or beliefs, contrary to reality).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Care Plan Report dated [DATE], the Care Plan Report indicated Resident 1 was at risk to exhibit psychosocial distress related to an abuse allegation. The Care Plan Report indicated Resident reported to staff experiencing a sexual assault by a male peer. She stated, Resident (unidentified) touched me, sucked my breast, and hugged me while I was saying stop and no.</p> <p>During a review of Resident 1's Nurses Progress Note dated [DATE], timed 8:13 PM, the Nurses Progress Note indicated Resident 2 entered Resident 1's room and pushed himself on Resident 1 digging his hands and face into Resident 1's breasts. The Nurses Progress Note indicated Resident 1 expressed Resident 1 was uncomfortable and asked Resident 2 to stop and Resident 2 refused.</p> <p>During a review of Resident 1's Nurses Progress Notes dated [DATE] at 11:06 PM, the Nurses Progress Notes indicated Resident 1 went to the nurse 's station (on [DATE]) to report a sexual assault by a male peer (Resident 2). The Nurses Progress Notes indicated Resident 1 did not want Resident 2 to enter Resident 1's room again. The Nurses Progress Notes indicated Resident 1 was encouraged to Alert staff and get help if any man came to her room without her consensus.</p> <p>During a review of Resident 1's Social Service Progress Note dated [DATE] at 1:30 PM, the Social Service Progress Note indicated the DON, met with Resident 1 and Resident (Resident 1) reported that a male resident (Resident 2) entered the room, and although she (Resident 1) told him (Resident 1) to leave, he (Resident 2) proceeded to lie on top of her (Resident 1). The Social Service Progress Note indicated Resident 1 disclosed that she (Resident 1) had been in a brief relationship One week, (unidentified date) with a male resident (Resident 2). The Social Service Progress Note indicated the local police department interviewed (Resident 1).</p> <p>During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on [DATE], with diagnoses that included schizophrenia and personal history of traumatic brain injury (TBI-a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head).</p> <p>During a review of Resident 2's History and Physical dated [DATE] indicated Resident 2 did not have the capacity to make his own decisions but could make needs known.</p> <p>During a review of Resident 2's General Progress Notes dated [DATE] timed at 1:41 PM, the General Progress Notes indicated the Program Counselor was the writer of the General Progress Notes. The General Progress Notes indicated Resident 2 was sexually active with different residents (unidentified) and would give money.</p> <p>During a review of Resident 2's Social Service Progress Note dated [DATE] at 11:52 AM, the Social Service Progress Note indicated the local police department went to speak with Resident 2 on [DATE] at 9:15 am, and did not question Resident 2 because Resident 2 was asleep.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Nurses Progress Note dated [DATE] at 12:34 PM, the Nurses Progress Note indicated Resident 2 stated I touched her (Resident 1) breast, (on [DATE]). The Nurses Progress Note indicated Resident 2 was asked where he (Resident 2) touched Resident 1 and Resident 2 replied, I went to her (Resident 1) room, and I touched her (Resident 1) breast. The Nurses Progress Note indicated Resident 2 stated Resident 1 was in her bed and She (Resident 1) told me to stop then I left the room. The Nurses Progress Note indicated Resident 2 denied pulling down his pants and when asked what would happen if the resident (Resident 2) touched someone without consent, the resident replied, I will be in trouble.</p> <p>During a review of Resident 2's Nurses Progress Note dated [DATE] timed 12:45 AM, the Nurses Progress Note indicated Resident 2 reported he (Resident 2) went to Resident 1 's room and touched the resident 's (Resident 1) breast Because she is hot.</p> <p>During an observation and interview on [DATE] at 8:33 am, Resident 2 was observed asleep in his room not able to be interviewed.</p> <p>During an interview on [DATE] at 1:27 PM, with Resident 2, Resident 2 stated he (Resident 2) touched Resident 1's breasts on [DATE] evening (unidentified time). Resident 2 stated Resident 1 did not give him (Resident 2) permission to touch Resident 1 's breasts.</p> <p>During an interview on [DATE] at 1:36 PM with Registered Nurse 1 (RN 1), RN 1 stated he (RN1) saw Resident 2 going in and out of Resident 1's room on the evening of [DATE] (unspecified time prior to 8:13 PM). RN 1 stated he (RN1) notified the ADM and the psychiatrist (a medical doctor who specializes in the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders) once Resident 1 informed him (RN1) Resident 2 allegedly sexually assaulted her (Resident 1) on [DATE] at 8:13 PM.</p> <p>During an interview on [DATE] at 2:02 PM with Resident 3 (Resident 1's roommate), Resident 3 stated she (Resident 3) was in the room on [DATE] evening when she (Resident 3) heard Resident 1 said Stop it.</p> <p>During an interview on [DATE] at 2:16 PM, with Certified Nursing Assistant 1 (CNA1), CNA1 stated Resident 1 and Resident 2 were in a relationship in the past (unidentified time and date) and she (CNA1) observed Resident 1 and Resident 2 undressed and having sex. CNA1 stated she (CNA1) could not tell how long ago Resident 1, and Resident 2 had sex.</p> <p>During an observation and interview on [DATE] at 12:19 PM with Resident 1, in the facility 's meeting room Resident 1 was awake and stated on the day she (Resident 1) was assaulted ([DATE]), she (Resident 1) heard a knock on her door. Resident 1 stated she (Resident 1) saw Resident 2 and told him Hell no and Go away. Resident 1 stated Resident 2 went into her room where Resident 1 was lying down, and Resident 2 pulled out his genitals. Resident 1 stated she (Resident 1) told Resident 2 to stop, and Resident 2 was Jerking off in front of me and got on top of me while I was laying down and was playing with my breasts. Resident 1 stated she (Resident 1) kept asking Resident 2 to stop but Resident 2 did not stop. Resident 1 stated she (Resident 1) did not consent for Resident 2 to touch her (Resident 1). Resident 1 stated when Resident 2 touched her and did not stop, she (Resident 1) felt like an Object and Like I don't matter.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 1:12 PM, with the Nurse Practitioner who was covering for the Medical Director, the Nurse Practitioner stated he (Nurse Practitioner) was not familiar with the sexual activities of the facility and that the residents (in general) who were not capable of making decisions were not supposed to engage in sexual activities.</p> <p>During the concurrent interview and record review on [DATE] at 1:32 PM with the DON Resident 2's General Progress Notes, dated [DATE], timed at 1:41 PM were reviewed. The DON stated the General Progress Notes indicated Resident 2 was sexually active with different residents (unidentified) and would give money. The DON stated she (DON) did not know and was not aware Resident 2 would give and receive money for sex. The DON stated she (DON) and the facility did not investigate the allegations of Resident 2 receiving money for sex.</p> <p>During an interview on [DATE] at 1:45 PM with the Program Counselor, the Program Counselor stated he (Program Counselor) worked with Resident 2 and he (Program Counselor) was familiar with Resident 2. The Program Counselor stated he (Program Counselor) was the writer of Resident 2's General Progress Notes, dated [DATE], timed at 1:41 PM. The Program Counselor stated Resident 2 told him on [DATE] at 1:41 PM, that he (Resident2) would give and receive money for sexual favors from Resident 1 and other residents (could not remember which residents and how much money). The Program Counselor stated he (Program Counselor) reported what Resident 2 told him regarding the money exchange for sex to a director (unidentified) who no longer worked at the facility. The Program Counselor stated he (Program Counselor) was supposed to also report the money exchange for sex to the DON and to the ADM as another form of abuse exploitation (taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion).</p> <p>During an interview on [DATE] at 1:45 PM, the DON stated she (DON) was not aware until [DATE] regarding the sexual activities between Resident 1 and Resident 2.</p> <p>During an interview on [DATE] at 3:04 PM with Medical Doctor 1 (MD 1), MD 1 stated she (MD1) was not aware Resident 2 would give or receive money for sex. MD 1 stated that any illegal activity needed to be addressed by the facility. MD 1 stated a resident (in general) who would receive or give money for sex would be considered prostitution (the practice or occupation of engaging in sexual activity with someone for payment).</p> <p>During a review of the facility's Abuse Prohibition Policy and Procedure (P&P), with a revision date of [DATE], the P&P indicated Sexual Abuse was a non-consensual sexual contact of any type with a resident and included but was not limited to sexual harassment, sexual coercion or sexual assault. The P&P indicated the facility prohibited abuse, mistreatment, and exploitation for all residents.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled Identifying Sexual Abuse and Capacity to Consent last reviewed on [DATE], indicated A resident ' s consent to sexual activity is not valid if obtained from a resident who lacks capacity to consent (means you understand enough about something to make a decision) or if consent was obtained through intimidation, fear, or coercion (using force, threats, or intimidation to make someone do something they don't want to do). The P&P indicated generally sexual contact is non-consensual (something is done without the free and willing agreement) if the resident is either: a. appears to want the contact to occur but lacks the cognitive ability (the skills your brain uses to think, learn, and understand things) to consent (give permission) or b. does not want the contact to occur. The P&P indicated any allegation (claim that someone has done something wrong) or suspicion (feeling that something might be true or has happened) of sexual abuse, the facility would immediately report the allegation to authorities.</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement its Abuse Prohibition Policy and Procedure (P&P) to prohibit, prevent, and investigate allegations of sexual abuse (non-consensual contact of any type or sexual harassment), for two of six sampled residents (Resident 1 and Resident 2) by failing to ensure Resident 1 was free from sexual abuse from Resident 2 who had a history of exchanging money for sex while residing at the facility.</p> <p>On [DATE] at approximately 8:13 PM Resident 2 went inside Resident 1's room while Resident 1 (who did not have the capacity to consent for sexual activities) was laying down and Resident 2 pulled out his genitals. Resident 1 told Resident 2 to stop, and Resident 2 was masturbating in front of Resident 1 and got on top of Resident 1 while Resident 1 laying down. Resident 2 touched and sucked on Resident 1's breasts. Resident 1 told Resident 2 to stop, and Resident 2 did not stop.</p> <p>This failure resulted for Resident 1 to experience sexual abuse from Resident 2 under the care of the facility, and she (Resident 1) felt like an Object, and like I don't matter.</p> <p>On [DATE] at 4:23 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 P&P on abuse prevention and failure to protect Resident 1 from sexual abuse from Resident 2 and for allowing Resident 2 to exchange money for sex this placed Resident 1 and other potential unidentified residents in the facility at risk for sexual abuse.</p> <p>On [DATE] at 12:53 PM, the Department removed the IJ situation while onsite 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:</p> <p>On [DATE], at 8:33 PM, the facility placed Resident 1 in a safe environment and a licensed nurse monitored Resident 1 every 15 minutes and notified Resident 1 ' s Medical Doctor and the local law enforcement.</p> <p>On [DATE], at approximately 10:10 PM, the Program Director initiated a care plan to address the non-consensual sexual relationship with Resident 2 and placed Resident 2 on a one-to-one supervision (one-to-one sitters which patients are highly supervised to ensure safety).</p> <p>On [DATE], at 11:05 PM, the DON initiated a Change in Condition (COC, a sudden clinically important deviation from a patient's baseline in physical, cognitive (ability to think and process information), behavioral, or functional domains) to monitor Resident 2 for sexually inappropriate behavior towards Resident 1.</p> <p>On [DATE], at 9:45 PM, the facility sent Resident 1 to a General Acute Care Hospital for further evaluation and possible treatment. The facility readmitted Resident 1 on [DATE] and placed Resident 1 on a one-to-one supervision.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 5:17 PM, Nurse Practitioner 1 (NP1) determined Resident 1 lacked the capacity to consent for sexual activities.</p> <p>On [DATE], at 5:21 PM, NP1 determined Resident 2 lacked the capacity to consent for sexual activities.</p> <p>On [DATE], the DON conducted an audit of residents (77 current residents) with possible sexual activity.</p> <p>On [DATE], at approximately 1:30 to 2 PM, an outside consultant began to educate the staff (in general) including the DON, and Program Director on adherence to new protocols and abuse prevention.</p> <p>On [DATE], at approximately 8:30 PM, the Program Director initiated a care plan for Resident 2 to address behaviors related to exchanging money for sex.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on [DATE] and readmitted on [DATE]. The admission Record indicated the resident had diagnoses that included paranoid (unreasonably suspicious or mistrustful) schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 1's History and Physical (H&P) dated [DATE], it indicated Resident 1 could not make her own decisions but could make needs known.</p> <p>During a review of Resident 1's Mental Health Conservatorship (when a judge appoints another person to act or make decisions for the person who needs help), dated [DATE], the Mental Health Conservatorship indicated Resident 1 was a Conservatee (an adult who, due to a physical or mental condition, is legally deemed unable to manage their own affairs or care for themselves) granted on [DATE] and expired on [DATE].</p> <p>During a review of Resident 1's Minute Order (a brief, written document that summarizes a judge's decision during a court hearing or proceeding), dated [DATE], the Minute Order indicated a Guardian was reappointed as Resident 1's conservator until [DATE].</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated [DATE], the MDS indicated Resident 1 had potential indicators of psychosis (loss of touch with reality), and delusions (misconceptions or beliefs, contrary to reality).</p> <p>During a review of Resident 1's Care Plan Report dated [DATE], the Care Plan Report indicated Resident 1 was at risk to exhibit psychosocial distress related to an abuse allegation. The Care Plan Report indicated Resident reported to staff experiencing a sexual assault by a male peer. She stated, Resident (unidentified) touched me, sucked my breast, and hugged me while I was saying stop and no.</p> <p>During a review of Resident 1's Nurses Progress Note dated [DATE], timed 8:13 PM, the Nurses Progress Note indicated Resident 2 entered Resident 1 ' s room and pushed himself on Resident 1 digging his hands and face into Resident 1 ' s breasts. The Nurses Progress Note indicated Resident 1 expressed Resident 1 was uncomfortable and asked Resident 2 to stop and Resident 2 refused.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Nurses Progress Notes dated [DATE] at 11:06 PM, the Nurses Progress Notes indicated Resident 1 went to the nurse's station (on [DATE]) to report a sexual assault by a male peer (Resident 2). The Nurses Progress Notes indicated Resident 1 did not want Resident 2 to enter Resident 1's room again. The Nurses Progress Notes indicated Resident 1 was encouraged to Alert staff and get help if any man came to her room without her consensus.</p> <p>During a review of Resident 1's Social Service Progress Note dated [DATE] at 1:30 PM, the Social Service Progress Note indicated the DON, met with Resident 1 and Resident (Resident 1) reported that a male resident (Resident 2) entered the room, and although she (Resident 1) told him (Resident 2) to leave, he (Resident 2) proceeded to lie on top of her (Resident 1). The Social Service Progress Note indicated Resident 1 disclosed that she (Resident 1) had been in a brief relationship One week, (unidentified date) with a male resident (Resident 2). The Social Service Progress Note indicated the local police department interviewed (Resident 1).</p> <p>During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on [DATE], with diagnoses that included schizophrenia and personal history of traumatic brain injury (TBI-a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head).</p> <p>During a review of Resident 2's History and Physical dated [DATE] indicated Resident 2 did not have the capacity to make his own decisions but could make needs known.</p> <p>During a review of Resident 2's General Progress Notes dated [DATE] timed at 1:41 PM, the General Progress Notes indicated the Program Counselor was the writer of the General Progress Notes. The General Progress Notes indicated Resident 2 was sexually active with different residents (unidentified) and would give money.</p> <p>During a review of Resident 2's Nurses Progress Note dated [DATE] timed 12:45 AM, the Nurses Progress Note indicated Resident 2 reported he (Resident 2) went to Resident 1's room and touched the resident's (Resident 1) breast Because she is hot.</p> <p>During a review of Resident 2's Social Service Progress Note dated [DATE] at 11:52 AM, the Social Service Progress Note indicated the local police department went to speak with Resident 2 on [DATE] at 9:15 am, and did not question Resident 2 because Resident 2 was asleep.</p> <p>During a review of Resident 2's Nurses Progress Note dated [DATE] at 12:34 PM, the Nurses Progress Note indicated Resident 2 stated I touched her (Resident 1) breast, (on [DATE]). The Nurses Progress Note indicated Resident 2 was asked where he (Resident 2) touched Resident 1 and Resident 2 replied, I went to her (Resident 1) room, and I touched her (Resident 1) breast. The Nurses Progress Note indicated Resident 2 stated Resident 1 was in her bed and She (Resident 1) told me to stop then I left the room. The Nurses Progress Note indicated Resident 2 denied pulling down his pants and when asked what would happen if the resident (Resident 2) touched someone without consent, the resident replied, I will be in trouble.</p> <p>During an observation and interview on [DATE] at 8:33 am, Resident 2 was observed asleep in his room and not able to be interviewed.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Meadowbrook Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3951 East Blvd. Los Angeles, CA 90066	
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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:27 pm, with Resident 2, Resident 2 stated he (Resident 2) touched Resident 1 ' s breasts on [DATE] evening (unidentified time). Resident 2 stated Resident 1 did not give him (Resident 2) permission to touch Resident 1 ' s breasts.</p> <p>During an interview on [DATE] at 1:36 PM with Registered Nurse 1 (RN 1), RN 1 stated he (RN1) saw Resident 2 going in and out of Resident 1 ' s room on the evening of [DATE] (unspecified time prior to 8:13 PM). RN 1 stated he (RN1) notified the ADM and the psychiatrist (a medical doctor who specializes in the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders) once Resident 1 informed him (RN1) Resident 2 allegedly sexually assaulted her (Resident 1) on [DATE] at 8:13 PM.</p> <p>During an interview on [DATE] at 2:02 PM with Resident 3 (Resident 1 ' s roommate), Resident 3 stated she (Resident 3) was in the room on [DATE] evening when she (Resident 3) heard Resident 1 said stop it.</p> <p>During an interview on [DATE] at 2:16 PM, with Certified Nursing Assistant 1 (CNA1), CNA1 stated Resident 1 and Resident 2 were in a relationship in the past (unidentified time and date) and she (CNA1) observed Resident 1 and Resident 2 undressed and having sex. CNA1 stated she (CNA1) could not tell how long ago Resident 1, and Resident 2 had sex.</p> <p>During an observation and interview on [DATE] at 12:19 PM with Resident 1 in the facility ' s meeting room, Resident 1 stated she (Resident 1) was awake and stated on the day she (Resident 1) was assaulted ([DATE]), she (Resident 1) heard a knock on her door. Resident 1 stated she (Resident 1) saw Resident 2 and told him Hell no and Go away. Resident 1 stated Resident 2 went into her room where Resident 1 was lying down, and Resident 2 pulled out his genitals. Resident 1 stated she (Resident 1) told Resident 2 to stop, and Resident 2 was Jerking off in front of me and got on top of me while I was laying down and was playing with my breasts. Resident 1 stated she (Resident 1) kept asking Resident 2 to stop but Resident 2 did not stop. Resident 1 stated she (Resident 1) did not consent for Resident 2 to touch her (Resident 1). Resident 1 stated when Resident 2 touched her and did not stop, she (Resident 1) felt like an Object and Like I don't matter.</p> <p>During a telephone interview on [DATE] at 1:12 PM, with the Nurse Practitioner who was covering for the Medical Director, the Nurse Practitioner stated he (Nurse Practitioner) was not familiar with the sexual activities of the facility and that the residents (in general) who were not capable of making decisions were not supposed to engage in sexual activities.</p> <p>During the concurrent interview and record review on [DATE] at 1:32 PM with the DON Resident 2's General Progress Notes, dated [DATE], timed at 1:41 PM were reviewed. The DON stated the General Progress Notes indicated Resident 2 was sexually active with different residents (unidentified) and would give money. The DON stated she (DON) did not know and was not aware Resident 2 would give and receive money for sex. The DON stated she (DON) and the facility did not investigate the allegations of Resident 2 receiving money for sex.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 1:45 PM with the Program Counselor, the Program Counselor stated he (Program Counselor) worked with Resident 2, and he (Program Counselor) was familiar with Resident 2. The Program Counselor stated he (Program Counselor) was the writer of Resident 2's General Progress Notes, dated [DATE], timed at 1:41 PM. The Program Counselor stated Resident 2 told him on [DATE] at 1:41 PM, that he (Resident2) would give and receive money for sexual favors from Resident 1 and other residents (could not remember which residents and how much money). The Program Counselor stated he (Program Counselor) reported what Resident 2 told him regarding the money exchange for sex to a director (unidentified) who no longer worked at the facility. The Program Counselor stated he (Program Counselor) was supposed to also report the money exchange for sex to the DON and to the ADM as another form of abuse exploitation (taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion).</p> <p>During an interview on [DATE] at 1:45 PM, the DON stated she (DON) was not aware until [DATE] regarding the sexual activities between Resident 1 and Resident 2.</p> <p>During an interview on [DATE] at 3:04 PM with Medical Doctor 1 (MD 1), MD 1 stated she (MD1) was not aware Resident 2 would give or receive money for sex. MD 1 stated that any illegal activity needed to be addressed by the facility. MD 1 stated a resident (in general) who would receive or give money for sex would be considered prostitution (the practice or occupation of engaging in sexual activity with someone for payment).</p> <p>During a telephone interview on [DATE] at 1:12 pm, with the Nurse Practitioner who was covering for the Medical Director, the Nurse Practitioner stated he (Nurse Practitioner) was not familiar with the sexual activities of the facility and that the residents who were not capable of making decisions were not supposed to engage in sexual activities.</p> <p>During an interview and record review on [DATE] at 1:32 pm with the DON Resident 2's General Progress Notes, dated [DATE], timed at 1:41pm were reviewed. The DON stated she (DON) was not aware Resident 2 would give and receive money for sex and that she (DON) and the facility did not investigate the allegations of Resident 2 receiving money for sex.</p> <p>During a review of the facility's Abuse Prohibition Policy and Procedure (P&P), with a revision date of [DATE], the P&P indicated Sexual Abuse was a non-consensual sexual contact of any type with a resident and included but was not limited to sexual harassment, sexual coercion or sexual assault. The P&P indicated the facility prohibited abuse, mistreatment, and exploitation for all residents. The P&P indicated the facility would implement an abuse prohibition program through the following: Reporting of incidents, and the facility would respond to the results of their investigations. The P&P indicated employees were designated as mandated reporters and were obligated to immediately report any suspicion of a crime against a resident. The P&P indicated reporting a suspicion of a crime only to an immediate supervisor does not meet the obligation to report.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled Identifying Sexual Abuse and Capacity to Consent last reviewed on [DATE], indicated A resident ' s consent to sexual activity is not valid if obtained from a resident who lacks capacity to consent (means you understand enough about something to make a decision) or if consent was obtained through intimidation, fear, or coercion (using force, threats, or intimidation to make someone do something they don't want to do). The P&P indicated generally sexual contact is non-consensual (something is done without the free and willing agreement) if the resident is either: a. appears to want the contact to occur but lacks the cognitive ability (the skills your brain uses to think, learn, and understand things) to consent (give permission) or b. does not want the contact to occur. The P&P indicated any allegation (claim that someone has done something wrong) or suspicion (feeling that something might be true or has happened) of sexual abuse, the facility would immediately report the allegation to authorities.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to maintain an infection prevention and control program (prevents or stops the spread of infections in healthcare settings) designed to provide a safe, sanitary (clean), and comfortable environment, and to help prevent the development and transmission of communicable diseases (illnesses that can spread from person to person) and infections for three of three sampled residents (Resident 4, Resident 5, and Resident 7) and infections by failing to:</p> <p>Ensure the facility implement appropriate precautions to prevent transmission of sexually transmitted infection (STI) among residents. Resident 7 who had a diagnosis of sexually transmitted diseases had unprotected sex (Sexual intercourse without a condom) with Resident 4. Resident 4 had also unprotected sex with Resident 5.</p> <p>This failure had a potential risk for Resident 4 and Resident 5 to be exposed or to get sexually transmitted infection.</p> <p>Findings:</p> <p>During a review of Resident 4's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses of paranoid (unreasonably suspicious or mistrustful) schizophrenia (a mental illness that is characterized by disturbances in thought) and impulse control disorder (a person has difficulty resisting strong urges to do something, even if it is harmful to themselves or others).</p> <p>During a review of Resident 4's History and Physical dated 9/16/2024, the History and Physical indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4's Conservatorship (when a judge appoints another person to act or make decisions for the person who needs help), dated 11/14/2024 indicated Resident 4 was gravely disabled (someone is no longer able to provide for their own food, clothing, or shelter because of a mental health disorder) authorizing the conservator to place him into a facility.</p> <p>During a record review of Resident 4's Nursing Progress Notes dated 3/5/2025 at 4 PM, the Nursing Progress Notes indicated The resident (Resident 4) had an anal contact (through the butt) with female peer (Resident 7) without the use of a condom.</p> <p>During a record review of Resident 4's STI virus test collected on 3/6/2025, the STI virus test indicated it was negative on 3/8/2025.</p> <p>During a review of Resident 5's admission Record, the admission Record indicated the facility admitted Resident 5 on 10/8/2024 with diagnosis that included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior).</p> <p>During a review of Resident 5's History and Physical dated 12/3/2024, the History and Physical indicted Resident 5 did not have the capacity to make her own decision but could make her needs known.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 5's Conservatorship dated 3/18/2024, the Conservatorship indicated Resident 5 was gravely disabled authorizing the conservator to place her into an institute of mental disease (IMD, a psychiatric hospital or other specialized facility that provides care, diagnosis, and treatment for individuals with severe mental health disorders).</p> <p>During a review of Resident 5's Social Services Progress Notes dated 3/11/2025 at 8:05 PM, the Social Services Progress Notes indicated the facility educated Resident 5 about the dangers of unprotected sex.</p> <p>During a review of Resident 5's STI virus test collected on 5/20/2025, the STI virus test indicated it was negative on 5/21/2025.</p> <p>During a review of Resident 5's Nursing Progress Notes dated 5/22/2025 at 12:29 PM, the Nursing Progress Notes indicated Resident 5 had unprotected sex with a male peer (unidentified) on three separate occasions. The Nursing Progress Notes indicated Resident 5 spoke with another female (unidentified) who disclosed she had STI virus and this female also had unprotected sex with the same male. The Nursing Progress Notes nursing notes indicated Resident 5 was anxious about the possibility of having contracted sexually transmitted virus.</p> <p>During a review of Resident 7's admission Record, the admission Record indicted the facility admitted the resident on 2/25/2020 with diagnosis that included paranoid schizophrenia, herpes viral infection, and sexually transmitted virus.</p> <p>During a review of Resident 7's Conservatorship dated 8/24/2024, the Conservatorship indicated Resident 7 was gravely disabled authorizing the conservator to place her into an institute of mental disease.</p> <p>During a review of Resident 7's laboratory (lab) results report dated 11/1/2024, the lab results indicated Resident 7's confirmation of sexually transmitted virus.</p> <p>During a review of Resident 7's History and Physical dated 2/9/2025, the History and Physical indicated Resident 7 did not have the capacity to make her own decisions but could make her needs known.</p> <p>During a review of Resident 7's Care Plan Report dated 1/23/2025, the Care Plan Report indicated the resident was at risk for complications related to history of herpes viral infection. The Care Plan Report indicated the facility would educate Resident 7 on proper personal hygiene (taking care of your body to keep it clean and healthy) and infection control such as using a condom for safe sex.</p> <p>During a review of Resident 7's Medication Administration Record (MAR) dated 6/3/2025, the MAR indicated Resident 7 was taking medication for sexually transmitted virus.</p> <p>During a review of Resident 7's social services progress notes dated 3/11/2025 at 8:02 PM, the social services notes indicated the facility educated Resident 7 about the dangers of unprotected sex.</p> <p>During an interview on 5/23/2025 at 3:23 PM with the Director of Nursing (DON), the DON stated Resident 4 had unprotected sex with Resident 5 on three occasions in the past (specific dates unknown). The DON also stated Resident 4 had sex with Resident 7 in the past (specific dates unknown).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/27/2025 at 10 AM with Resident 7, Resident 7 stated she (Resident 7) had unprotected sex with Resident 4 a few months ago but could not specify the exact dates.</p> <p>During an interview on 5/27/2025 at 10:31 AM with Resident 5, Resident 5 stated she had unprotected sex with Resident 4 on four or five occasions in the past. Resident 5 stated she (Resident 5) could not specify the exact dates. Resident 5 stated she (Resident 5) was worried she (Resident 5) got STI virus because Resident 7 told her (Resident 5) she (Resident 7) had STI virus.</p> <p>During a telephone interview on 5/27/2025 at 1:12 pm, with the Nurse Practitioner who was covering for the Medical Director, the Nurse Practitioner stated he (Nurse Practitioner) was not familiar with the sexual activities of the facility and that the residents (in general) who were not capable of making decisions were not supposed to engage in sexual activities.</p> <p>During an interview on 5/28/2025 at 1:35 PM with Primary Counselor 3 (PC 3), PC 3 stated residents (in general) could engage in sexual activity during Free time, between the hours of 6 to 7 PM. PC 3 stated residents (in general) would need to get consent from a roommate to be able to have sex in their room. PC 3 stated the facility could not force the roommate to leave the room while the residents had sex, but the residents who had sex were asked to keep the curtain closed if the roommate did not leave the room. When asked how the staff knew if the residents were practicing safe sex, PC 3 stated I don't know. When asked how the facility ensured residents practice safe sex, PC 3 stated I don't know.</p> <p>During an interview on 5/28/2025 at 2:04 PM with Certified Nursing Assistant 5 (CNA 5), CNA 5 stated If residents liked it each other, it would be hard to stop them from getting together. CNA 5 stated she (CNA5) would not question the residents who would go in and out of each other's room during Free time. CNA 5 stated she (CNA5) would question a resident (in general) who would go into another resident's room if it was not Free time.</p> <p>During an interview on 5/29/2025, at 3:09 pm, with the Infection Preventionist Nurse (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment), the IP nurse stated the residents (in general) who had unprotected sex with any resident who had STI virus were at risk for contracting STI virus.</p> <p>During a review of the facility's policy and procedures (P&P) titled, Infection Prevention and Control Program, dated 2/26/2025, the P&P indicated the facility would establish and maintain a safe, sanitary and comfortable environment and to help prevent the development and transmission (spread) of communicable diseases and infections. The P&P indicated the infection prevention and control program are a facility-wide effort involving all disciplines (staff) and individuals. The P&P indicated the facility would identify infections or possible complication of existing infections and would institute measures to avoid complications or dissemination (spread). The P&P indicated the facility would follow established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC - an organization that protects the public's health).</p> <p>During a review of the Centers for Disease (CDC) Guideline titled Preventing HIV, dated 9/26/2024, the CDC Guideline indicated not having sex and using condoms help to prevent HIV. Retrieved from https://www.cdc.gov/hiv/prevention/index.html#:~:text=You%20can%20choose%20not%20having,prevent%20transmitting%20HIV%20to%20others</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the CDC Guideline titled About HIV, dated 1/14/2025, the CDC Guideline indicated a person can spread HIV through anal or vaginal sex. The CDC guideline indicated body fluids such as blood (cum), pre-seminal fluid (pre-cum), rectal (butt) fluids, and vaginal fluids. The CDC Guideline indicated HIV spread could be prevented by using condoms the right way every time you have sex.</p> <p>Retrieved from: https://www.cdc.gov/hiv/causes/index.html.</p>		