STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A269	A. Building B. Wing	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Behavioral Health Center	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)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility's Administrator (ADM) failed to ensure to provide a safe environment and oversee the safety of one of two sampled residents (Resident 10) by failing to: -Ensure Resident 10 who could not make her own decisions and Resident 9 who could not make his own decisions had a safe environment to engage in sexual activities that occurred in the facility. -Ensure all staff including Registered Nurse 1 (RN1) were aware Resident 9 and Resident 10 had sexual activities. These failures resulted for Resident 10 to feel unsafe, have emotional distress (mental suffering), and alleged Resident 9 was sexually and physically aggressive with her (Resident 10). Findings: During a review of Resident 9's admission Record, the admission Record indicated the facility admitted Resident 9 on 3/20/2025 with the diagnoses of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior) and anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life). During a review of Resident 9's History and Physical (H&P) dated 3/20/2025, the H&P indicated Resident 9 could not make his own medical decisions but can make his needs known. During a review of Resident 9's Minute Order (summaries of the decisions made by the judge during a hearing) dated 5/15/2025, the Minute Order indicated Resident 9's conservatorship ([NAME] arrangement where a court appoints someone [the conservator] to handle the personal or financial affairs of an adult [the conservatee] was still in place. The Minute Order indicated Resident 9 was the conservatee under the care of a conservator. During an interview on 6/6/2025 at 11:43 AM with Resident 9, Resident 9 stated on 6/2/2025 (time not specified) he (Resident 9) went to hang out in Resident 10's room, but Resident 10 did not want to hang out so Resident 9 stated he broke up with Resident 10. Resident 9 stated he left Resident 10's room and went back to his room. Resident 9 stated Resident 10 followed him into his (Resident 9's) room and offered to have sex with him. Resident 9 stated he (Resident 9) had sex with Resident 10. (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

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 10's admission Record, the admission Record indicated the facility admitted Resident 10 on 7/12/2023 with the diagnoses of paranoid (a pattern of behavior where a person feels distrustful and suspicious of other people and acts accordingly) schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 10's H&P dated 10/30/2024, the H&P indicated Resident 10 could not make her own decisions but could make her needs known. During a review of Resident 10's Minimum Data Set (MDS, a resident assessment tool) dated 4/27/2025, the MDS indicated Resident 10 had potential indicators (something that gives you a clue or shows you something about a situation, like a sign) for psychosis ((a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) such as hallucinations (experiencing something with your senses that isn't actually there, but feels real) and delusions (having false or unrealistic beliefs). During a review of Resident 10's Sexuality assessment dated [DATE], the Sexuality Assessment indicated Resident 10 was sexually active with Resident 9. During a review of Resident 10's Care Plan Report dated 6/2/2025, the Care Plan Report indicated Resident 10 exhibited psycho-social (focuses on the nature of self-understanding, social relationships, and the mental processes that support connections between the person and his/her social world) emotional distress and feeling unsafe. The Care Plan Report indicated Resident 10 reported I do not want to be here; I don't want to live in a co-ed facility. There is so much drama going to start after this. During a review of Resident 10's Change in Condition note dated 6/3/2025, the Change in Condition note indicated Resident 10 had sexual relations with a male peer (date of event and name of male peer not given). The Change in Condition note indicated Resident 10 broke up With him and seeing him triggered the behavior that resulted to panic anxiety, increased pacing in the hallway. The Change in Condition note indicated New or worsened delusions or hallucinations. The Change in Condition note indicated Resident stated I can ' t stand the COED (a facility where both men and women live) facility, I feel DTO (Danger to others - a person's behavior, actions, or mental state suggests they are likely to physically harm someone else) now, I want to hit someone if I don't leave this facility. During a review of Resident 10's Interdisciplinary (two or more different fields of study or areas of knowledge) Care Conference note dated 6/4/2025 indicated Resident 10 was evaluated by the Psychiatric Mobile Response Team (PMRT, non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency) on 6/3/2025 because she (Resident 10) wanted to hurt others. The Interdisciplinary Care Conference note indicated Resident 10 was transferred to a General Acute Care Hosptial (GACH). The Interdisciplinary Care Conference note indicated Resident 10 ' s thoughts were disorganized (having trouble thinking clearly and logically), had auditory hallucinations (hearing sounds or voices that aren't actually there), tangential thoughts (getting sidetracked during a conversation or when thinking about something), and rambling speech (talking in a way that's unclear, confusing, and doesn't stick to one main point). (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 10's Social Services Director note dated 6/5/2025 at 5:11 PM, the Social Services Director note indicated the GACH Doctor told Registered Nurse (RN) supervisor Resident 10 alleged her boyfriend (Resident 9) was aggressive with her. During a review of Resident 10's Medication Review Report dated 6/6/2025, the Medication Review Report indicated Resident 10 had an order to transfer to transfer to GACH due to danger to others. During a telephone interview on 6/6/2025 at 11:19 AM with Resident 10 who was at the GACH, Resident 10 stated she (Resident 10) had sex with Resident 9 but could not provide a date and time. Resident 10 was heard speaking very fast and unable to stay on topic. Resident 9 was difficult to understand and at times had rambling speech. Resident 10 stated it was too much (referring to having sex with Resident 9). Resident 10 stated she (Resident 10) did not want to back to the facility where she lived (Resident 10) and wanted to be placed at another facility once discharged from the hospital. During an interview on 6/6/2025 at 12:37 PM with Certified Nursing Assistant 6 (CNA 6), CNA 6 stated Resident 9 and Resident 10 had been hanging around for a while and had been in a relationship. CNA 6 stated Resident 9 and Resident 10 had been boyfriend and girlfriend. CNA 6 stated Resident 9 and Resident 10 had the privilege to have sex, and the facility could not deny them having sex. CNA 6 stated the residents (in general) would need to know what the consequences were for having sex and staff (in general) could offer the residents (in general) protection. CNA 6 stated if residents (in general) wanted to have sex, they (Residents in general) would need to speak with the licensed staff for an assessment. CNA 6 stated if staff saw residents (in general) hanging around together, they (staff in general) needed to alert the program director, especially if the residents (in general) held hands and or kissed. During an interview on 6/6/2025 at 12:58 PM with RN 1, RN1 stated he (RN1) was not aware Resident 9 and Resident 10 were having sex and stated he (RN1) had only seen them walking together. RN 1 stated Resident 9 and Resident 10 had not notified staff they were having sex or asked staff for any condoms. RN 1 stated if the residents (in general) wanted to have sex, the facility would need to monitor the residents (in general) to make sure it was consensual (done with the willing agreement of everyone involved). RN 1 stated residents (in general) could have sex in their room if their roommates were ok with it. [NAME] an interview on 6/6/2025 at 1:1PM with the Director of Nursing, the DON stated Resident 10 spoke very fast and kept changing topics (in general before Resident 10 went to the GACH). The DON stated Resident 10 appeared to be in a manic state (a period of unusually elevated mood and energy). The DON stated Resident 10 told her (DON) she (Resident 10) was DTO and wanted to hit others. The DON stated Resident 10 told her (DON) she (Resident 10) broke up with Resident 9. The DON stated Resident 10 told her she (Resident 10) did not want it (sex) anymore and the girls are talking about me. The DON stated Resident 10 told her (DON) she (Resident 10) did not want to live in a coed facility. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/6/2021 at 3:11 PM with the facility's Administrator (ADM), the ADM stated daily rounds (regular check-in where the medical team visits each patient to review their condition and plan for their care) we done all times. The ADM stated residents who could consent were monitored via the daily rounds and residents (in general) who could not consent needed to be monitored more closely. The ADM stated each program counselor had a specific case load of residents and the program counselors were obligated to check on their specific residents. The ADM stated residents were encouraged to have sex during specified times, specifically between six to seven PM. The ADM stated if the room was closed between six and seven PM, the staff could know to provide privacy and not enter a resident ' s room. The ADM stated residents would report to staff if they felt unsafe and staff were close to the rooms to be able to respond right away. During a review of the facility's investigation report letter dated 6/9/2025, the investigation report letter indicated the facility was investigating an alleged abuse on 6/5/2025 between the alleged victim (Resident 10) and the alleged aggressor (Resident 9). The investigation report letter indicated the facility received a call from the hospital informing the facility Resident 10 reported her boyfriend was sexually and physically aggressive with her during Resident 10 ' s time at the facility. During a review of the facility's job description titled Administrator, revised 10/2020, the job description indicated The primary purpose of this position is to direct the day-to-day functions of the facility in accordance with current federal, state and local standards, guidelines and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to residents at all times). The job description indicated the ADM would be responsible for all programs and activities. The job description indicated the ADM would have the following responsibilities: Ensure that each resident receives necessary care and services to attain and maintain the highest practical physical, mental and psychosocial well-being consistent with the resident ' s comprehensive assessment and plan of care Participate in the facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and during emergencies. Ensure the facility and resident environment remain as free of accidents as possible and that each resident receives adequate supervision and assistive devices to prevent accidents, including identifying and analyzing hazards and risks, implementing interventions and monitoring the effectiveness of those interventions when necessary. T Ensure that the therapeutic recreation activity programs are planned, implemented and evaluated to meet the needs and interests of residents to maximize resident quality of life and quality of care. Observe, monitor and evaluate outcomes of all facility programs, policies and procedures to ensure effectiveness and fulfill administrative and professional responsibility. Consult with department directors concerning the operation of their departments to assist in eliminating/correcting problem areas and/or improving services. Develop and implement a facility compliance program that meets state and federal requirements. (continued on next page)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that an adequate number of appropriately trained, competent, licensed professionals and nonlicensed personnel are on duty at all times to meet the needs of the residents. Ensure the planning, implementation and evaluation of an environmental safety program that will maintain the health, welfare and safety of residents, staff and visitors. Ensure the facility complies with applicable federal, state and local standards and regulations including the Americans with Disabilities Act, OSHA, Centers for Medicare and Medicaid Services (CMS), Life Safety Code, etc. Ensure that all facility personnel, residents, visitors, etc., follow established safety policies and procedures. Review accident/incident reports (e.g., falls, injuries of an unknown source, abuse, etc.); monitor to determine the effectiveness of the facility ' s safety and risk management programs. Is involved with residents, family members, personnel, visitors, government agencies/personnel, etc., under all conditions/circumstances. Must possess the ability to plan, organize, develop, implement and interpret the programs, goals, objectives, policies, procedures, etc., that are necessary for providing quality care and maintaining a sound operation. During a review of the facility ' s policy and procedure (P&P), titled Administrator, dated 3/2021, indicated A licensed administrator is responsible for the day-to-day functions of the facility. The P&P indicated the ADM would implement established resident care policies, personnel policies, safety and security policies, and other operational policies and procedures necessary to remain in compliance with current laws, regulations, and guidelines governing long-term care facilities and ensuring that the facility admits only those residents for whom it can provide adequate care.