

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Ararat Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2373 Colorado Blvd. Los Angeles, CA 90041	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report a Coronavirus 2019 (COVID-19, a contagious disease) outbreak (two or more linked cases of the same illness) to the California Department of Public Health (CDPH) in accordance with the facility's policy and procedure titled Communicable Diseases - Outbreak when the facility experienced a COVID-19 outbreak on 8/14/25. This deficient practice resulted in the facility failing to notify CDPH when an outbreak occurred and had the potential for the facility to underreport future outbreaks within the facility. A review of Resident 3's admission record indicated the Resident was originally admitted to the facility on [DATE], with a diagnosis of Poly-osteoarthritis (pain, swelling, and stiffness in the joints), heart disease (Problems with the heart, such as blocked arteries or heart damage) and hypertensive heart disease(Heart problems caused by long-term high blood pressure). A review of Resident 3's History and physical (H&P) dated 2/25/2025, indicated this Resident has the capacity to understand and make decisions. A review of Resident 3's Minimum data set (MDS- a standardized assessment and screening tool) dated 8/12/2025, indicated, Resident 3 has moderate cognitive impairment(may remember some things but have trouble with short- term memory, recalling information after a delay, or staying fully oriented to time), and requires partial assistance (helper does less than half the effort) with showering. Only requiring set-up or clean - up for toileting, oral hygiene and dressing. A review of Resident 3's Change in Condition Evaluation dated 8/15/2025, indicated Resident 3 had a runny nose, voice hoarsening, occasional cough and weakness. The Evaluation Covid antigen test performed on 8/13/2025 indicated a positive COVID-19 result. A review of Resident 4's admission record indicated the Resident was admitted on [DATE], with a diagnosis of a fracture to the shaft of the right femur (a break in the long, straight part of the thigh bone on the right side). A review of Resident 4's History and physical (H&P) dated 11/1/2024, indicated the Resident does not have the capacity to understand and make decisions. A review of Resident 4's Minimum data set (MDS- a standardized assessment and screening tool) indicated the Resident has severe memory impairment (may not be able to remember or repeat words, recall information, or answer orientation questions) but only requires set up or clean up assistance meaning helper sets up or cleans up and Resident can complete activity by self-such as oral care and eating. A review of Resident 4's Change in Condition Evaluation dated 8/16/2025, indicated Resident 4 had a runny nose. Resident 4 was tested for COVID-19 on 8/16/25 and a positive result. A review of Resident 5's admission record indicated the Resident was admitted to the facility on [DATE], with a diagnosis of congestive heart failure (the heart isn't pumping blood as well as it should, so fluid can build up in the body). A review of Resident 5's Minimum data set (MDS- a standardized assessment and screening tool) dated 5/4/2025, indicated the Resident had the ability to answer simple questions and participate in conversation, but will often need help with more complex decisions, problem - solving or remembering instructions. Resident 5 requires substantial assistance meaning a helper does more than half the effort when getting dressed or toileting. A review of Resident 5's Progress notes dated 8/15/2025, indicated Resident 5 was tested for COVID- 19 on 8/15/2025 and had a positive test result. During a review of the facility provided document titled, Covid - 19 Contact information form for long -Term Care Facilities Resident, dated 8/13/2025, the Form indicated a total of three residents were positive for Covid - 19. The Form indicated the following:Resident 3 was confirmed COVID -19 positive on 8/13/2025Resident 4 was confirmed COVID-19 positive on : 8/16/2025Resident 5 was confirmed COVID-19 positive on: 8/15/2025 During an interview on 9/11/2025 at 11:15 AM with infection preventionist nurse (IP) 1, IP 1 stated since Residents 1, 4, and 5 were symptomatic and were positive for COVID-19, the facility should have reported the positive COVID- 19 residents to the California Department of Public Health. During an interview on 9/11/2025 at 12:35 with the Administrator (ADM) , the ADM stated the facility had a COVID-19 outbreak and stated that CDPH should have been notified regarding the COVID-19 outbreak. During a concurrent interview and record review on 9/11/2025 at 12:35 with the ADM, the ADM, the undated facility's policy and procedure (P&P) titled, Communicable diseases - outbreak was reviewed. The P&P indicated, the administrator will be responsible for reporting to the Department of Public Health and local public health officer a single case of a communicable disease requiring immediate reporting and epidemiology investigation. The Administrator stated not reporting to CDPH since she thought the facility's IP had reported the COVID-19 positive residents to CDPH. During an interview on 9/11/2025 at 12:45PM with Infection Preventionist (IP) 1 IP 1 stated not notifying CDPH because IP 1 thought IP 2 had notified CDPH</p>		