

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Miracle Mile Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 South Fairfax Ave Los Angeles, CA 90019	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 3) who is continent (the inability to control the flow of urine or stool) of bladder (is a hollow, stretchy organ in the lower part of your abdomen that stores urine before it leaves your body through your urethra) and bowel (a long, tube-shaped organ in the abdomen that is part of the digestive system and is responsible for digesting food and expelling waste) received services and assistance to maintain continence.</p> <p>This failure had the potential to result in skin problems such as pressure ulcers (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence), skin irritation, rashes, redness, and peeling.</p> <p>Findings:</p> <p>During a review of the admission record indicated Resident 3 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including cerebral palsy (a group of neurological disorders that affect a person's ability to move, balance, and maintain posture), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and muscle atrophy (the partial or complete wasting away of a body part, organ, tissue, or cell) and wasting (weakening, shrinking, and loss of muscle).</p> <p>During a review of a history and physical (a term used to describe a physician's examination of a patient. In an H&P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) dated 4/7/2024 indicated Resident 3 had the capacity to understand and make decisions.</p> <p>During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/28/2024, indicated Resident 3 was cognitively intact (had sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment). The MDS indicated Resident 3 was dependent for toileting and required between substantial/maximal assistance to supervision or touching assistance for Activities of Daily Living (ADLs - ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Interdisciplinary Team meeting (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need) dated 10/16/2024 indicated, IDT met with resident to address any concerns/issues, stated that she has issues with not being assisted with her toileting needs in a timely manner at times, resident stated that there are some CNAs (Certified Nursing Assistant) that are good and some that are not so attentive. The same IDT indicated the CNAs to be instructed to monitor and offer toileting assistance every 2 hours.</p> <p>During a concurrent observation and interview with Resident 3 on 10/29/24 at 12:45 pm, Resident 3 ' s room was noted to have an ammonia like smell consistent with urine. Resident 3 ' s incontinence brief was observed to be soaked in urine. Resident 3 stated that she usually gets 2-person assist when receiving personal care. Resident 3 stated that she had asked CNA 3 who was assigned to her if she could get her incontinence brief changed around 9 am that morning. Resident 3 stated that CNA 3 informed her that he would not be available until 12 pm. Resident 3 stated that she was still waiting for CNA 3 to come and assist her.</p> <p>During an interview with CNA 3 on 10/29/24 at 12:57 pm, CNA 3 confirmed that he was assigned to Resident 3 who required 2-person assistance for personal care. CNA 3 stated that Resident 3 was incontinent of both bowel and bladder, required to be checked every 2 hours and changed promptly to avoid skin issues such as pressure ulcers or redness which may end up breaking the skin. CNA 3 admitted that CNA 3 had requested to be changed earlier that morning and that he had told her to wait until 12 pm when the person who had promised to help him change would be available.</p> <p>During an interview with the Director of Nursing on 10/30/2024 at 2 pm, the DON stated residents needed to be checked on at least every 2hrs and changed promptly to prevent skin break down such as pressure ulcers and redness. The DON stated when residents asked to be changed, facility staff needed to ensure they (facility staff) respected the resident ' s right to get be clean and change the residents.</p> <p>During a review of the Policy and Procedure (P&P) titled Resident Rights Guidelines for All Nursing Procedures, indicated the purpose To provide general guidelines for resident rights while caring for the resident. The same P&P her indicated under preparation the following:</p> <p>Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including:</p> <ul style="list-style-type: none"> a. Preventing, recognizing and reporting resident abuse; b. Resident dignity and respect, c. Resident notification of rights, services, and health/medical condition. d. Protection of resident funds and personal property; e. Confidentiality of protected health information; f. Resident right of refusal (medications and treatments); <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g. Use of restraints;</p> <p>h. Resident freedom of choice;</p> <p>i. Resident/Family participation in care planning,</p> <p>j. Resident access to information; and</p> <p>k. Visitation.</p>