

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 11/14/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</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 maintain a , well-kept environment for two of three sample residents (Resident 3 and 4), by failing to maintain a comfortable, warm room overnight, and a neutral odor environment.</p> <p>This deficient practice resulted in Residents 3 and 4 feeling cold at during the night and the unit having offensive odors.</p> <p>Findings:</p> <p>1. During a review of the admission record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation (a type of heart arrhythmia that causes the upper chambers of the heart to beat irregularly and often very fast), myocardial infarction (heart attack a medical emergency where your heart muscle begins to die because it isn't getting enough blood flow), and hyperlipidemia (an abnormally high concentration of fats or lipids in the blood).</p> <p>During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 10/9/2024, the MDS 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 same MDS indicated Resident 3 required between supervision or touching assistant to partial/moderate assistance for all Activities of Daily Living such as: (ADLs - ADLs- routine tasks/activities such as bathing, lower body dressing, toileting hygiene, oral hygiene, upper body dressing, personal hygiene).</p> <p>During a review of the admission record indicated Resident 4 was admitted to the facility on [DATE] with diagnoses that included atrial fibrillation, diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and hyperlipidemia.</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 was cognitively intact. The same MDS indicated Resident 4 required between supervision or touching assistant to partial/moderate assistance for all Activities of Daily Living such as: (ADLs - ADLs- routine tasks/activities such as bathing, lower body dressing, toileting hygiene, oral hygiene, upper body dressing, personal hygiene).</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
---	-------	-----------

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 11/14/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident 3 on 11/14/2024 at 5:37 pm, Resident 3 stated the temperature in his room was ok during the day but got really cold at night that it was difficult to sleep.</p> <p>During an interview with Resident 4 on 11/14/2024 at 5:52 pm who is Resident 3's roommate, Resident 4 stated that their room got so cold at night.</p> <p>2. During an observation of the nursing unit on 11/14/2024 at 5:25 pm, The nursing unit was noted to have an ammonia like smell which smelled like urine. Surveyor 2 was present and confirmed the finding.</p> <p>During a review of the facility's policy and procedures (P&P) titled Quality of Life - Homelike Environment, revised 2024, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. The same P&P indicated the facility management would maximize to the extent possible reflect a personalized, home like setting and listed the following characteristics:</p> <ul style="list-style-type: none"> a. Clean, sanitary and orderly environment. b. Comfortable (minimum glare) yet adequate (suitable to the task) lighting. c. Inviting colors and decor. d. Personalized furniture and room arrangements. e. clean bed and bath linens that are in good condition. f. Pleasant, neutral scents. g. Plants and flowers, where appropriate. h. Comfortable and safe temperatures (71 F - 81 F); and i. Comfortable noise levels. 		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</p> <p>Based on interview and record review the facility failed to ensure a resident, who had periods of confusion, did not elope (the act of leaving a facility unsupervised and without prior authorization) from the facility for one of nine sampled residents (Resident 1). The facility failed to:</p> <ol style="list-style-type: none"> 1. Implement the care plan to Monitor/document/report PRN (whenever necessary) any changes in cognitive (of, relating to, being, or involving conscious intellectual activity (such as thinking, reasoning, or remembering) function when Resident 1 exhibited periods of confusion on [DATE]. 2. Monitor and supervise Resident 1 when Certified Nursing Assistant (CNA 3) observed Resident 1 on [DATE] at around 1 pm close to the elevator. Resident 1 was wearing a double gown (one on front and one on the back) with a sweater and had a black bag with some belongings. 3. Have a system in place to supervise and monitor Resident 1's whereabouts to prevent him from eloping from the facility. <p>These deficient practices resulted in Resident 1 eloping from the facility on [DATE] and subsequently found by police deceased (dead) in a park two days later ([DATE]).</p> <p>On [DATE] at 5:22 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ-a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death of a resident) situation for the facility's failure to:</p> <ol style="list-style-type: none"> 1. Establish or have a system in place to identify significant changes in behavior and report to the physician, on [DATE] when Resident 1 displayed confusion, aggressive behavior, and refusal of care. 2. Identify and document the frequency of changes in behavior of Resident 1 and report to the Physician. 3. Supervise Resident 1 as exhibited confusion on [DATE]. 4. To have a system in place to supervise and monitor residents leaving the facility unaccompanied. <p>As a result, Resident 1 eloped on [DATE] around 12 pm and 2 pm, just after the last smoke break. The exact time of Resident 1's elopement was unknown. Police found Resident 1 at a park deceased on [DATE] at 1 pm.</p> <p>On [DATE] at 7:08 pm, the IJ was removed after the Administrator (ADM) and the facility's two consultants submitted an acceptable removal plan (interventions to correct the deficient practices) which was verified and confirmed through observation, interview, and record review. The acceptable removal plan was as follows:</p> <p>(continued on next page)</p>		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. All four residents currently identified as risk for elopement (Resident 2, 3, 4 &5) were reassessed for wandering/elopement by the Minimum Data Set (MDS, a resident assessment tool) nurse on [DATE]. Monitoring of location will be documented by licensed nurses. Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) participation will be documented by CNAs in EMR [electronic medical record] in the task section.</p> <p>2. The Governing Body (Medical Director, ADM, VPO [Vice President for Operations], CNO (Chief Nurse Officer) and An interdisciplinary team (IDT, brings together knowledge from different health care disciplines to help people receive the care they need) members, which consisted of MDS RN [registered nurse], DOR (Director of Rehabilitation), Activities Director, SSD [Social Service Director], MRD [Medical Record Director], QA [Quality Assurance] Nurse) convened on [DATE] at 11 am to:</p> <p>i. Revise the wandering and elopement policy. The updated policy includes assessment updates, risk scoring with targeted interventions based on risk levels, elopement drills, and procedures to follow if a resident goes missing. Following the review and update of the policy, an emergency meeting of the Quality Assurance Performance Improvement (QAPI, Improvement-a data driven proactive approach to improvement used to ensure services are meeting quality standards) Committee was held on [DATE] at 11 am to review, update and approve the new wandering and elopement policy, including the wandering and elopement assessment.</p> <p>ii. Review the change of condition policy. The review focused on verifying that the policy includes procedures for assessing and notifying attending physicians of condition changes, including behavioral changes in residents. Following this review and update, an emergency meeting of the QAPI Committee was also held. During the emergency QAPI Committee meeting on [DATE] at 11 am, a root cause analysis (RCA-a structured process used to identify the underlying causes of a medical error or adverse event in healthcare) revealed key issues in the wandering and elopement process, including lack of oversight, communication breakdowns, inconsistent documentation, and training gaps in high risk monitoring protocols/interventions for change of conditions such as behavioral and cognition changes. Staff were found to lack clear guidance on monitoring frequency, specific elopement prevention protocols, and proper documentation of care plans for high-risk residents. These findings underscore the need for improved communication, consistent documentation, and targeted training to enhance care quality for residents at risk of elopement.</p> <p>3. The Administrator contacted an independent consultant to review the facility's policy and procedures related to the deficient practice, with policies for review by the QAPI committee: a. Elopement and Wandering Assessment, b. Elopement and Wandering Interventions, c. Post Elopement Review, d. Elopement Drills, f. Procedure for Locating Missing Residents, g. Discharge Against Medical Advice, h. Leave of Absence and Out on Pass Order, and i. Change of Condition and Identifying Behavior in Change of Condition.</p> <p>4. The IDT convened on [DATE] at 11 am, to review discharge against medical advice and out on pass policy. The updated policy includes updates on how out on pass will be allowed including how residents will be accompanied by a resident representative in cases where the resident does not have mental capacity or decision-making skills. Following the review and update of the policy, an emergency meeting of the QAPI Committee was held on [DATE] to review, update and approve the out on pass and leave of absence policy for residents.</p> <p>(continued on next page)</p>		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. The Facility Administrator will oversee corrective actions initiated on [DATE] and monthly thereafter during QAPI meetings which are based on the results of the RCA and plan of corrections for the findings during survey. Any corrective actions not meeting the 100% compliance benchmark, as determined by medical records audits, wandering and elopement system audit will be reviewed and revised with the QAPI Committee for revision, further evaluation, and recommendations, with a designated person IDT member assigned to each corrective action. Any new issues found during medical record audits and wandering, and elopement system audit will be presented to the Wandering/Elopement IDT members for immediate action. RN supervisor will monitor the immediate actions for implementation of monitoring/audit need at least monthly for the next 3 months or until compliance is 100% or is achieved.</p> <p>6. The elopement/wandering binder that already contained the list of all the residents with moderate/ serious/ significant risk for wandering and elopement was reviewed on [DATE] at 4 pm. The elopement binder will be updated at least weekly by each QA and/or with new admissions that meet the significant/serious risk score. The wandering/elopement binder will be audited for completion and verification of list of patients every week by Medical Records Designee and any inconsistencies from the list will be provided to QA nurse to update and make corrections.</p> <p>7. A 24-hour receptionist and elevator monitor were hired on [DATE] at 5 pm.</p> <p>8. Starting [DATE] at 8 am, the Medical Records Department will use a monitoring tool to audit the documented frequency of routine checks/location for residents identified with a risk for wandering or elopement, based on their established care plans. Audits will be conducted daily for three days, then weekly for two weeks and monthly thereafter. The Medical Records Designee will submit the findings of the audits to the RN Supervisor. Immediately following the audit completion, issues found by the RN Supervisor will be referred to the Wandering and Elopement IDT for further review and revision of the action plan and/or to determine any further training needed for staff involved.</p> <p>9. On [DATE], at around 4 pm, the faulty alarm on back door on the first floor was replaced and tested for function. The front door was repaired to ensure that it properly engages with the lock. Currently, all possible exit doors have working alarms.</p> <p>10. The Director of Staff development (DSD), the facility's consultants, and or designee provided In-service training for licensed staff was provided to all the nursing staff and non-nursing staff related to the following topics below and will continue to provide in-services per policy upon new hire, annually, and as needed:</p> <ul style="list-style-type: none"> i. How to notify California Department of Public Health (CDPH) and other state agencies according to facility policy for any episodes of resident elopement. ii. Updating comprehensive care plan for residents that have been identified as wandering/elopement risk. iii. How to assess residents with elopement/wandering risks iv. How to determine frequent monitoring needs based on elopement/wandering episodes and how to document the monitoring. <p>(continued on next page)</p>		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>v. How to recognize behaviors that place residents at risk for elopement and how to report and follow up.</p> <p>vi. How to identify residents that are at high risk for wandering using an orange band</p> <p>vii. On elopement drill and what to do for missing residents</p> <p>viii. That even if resident requests to be discharged against medical advice, to offer options for transition of care such as referral for home health, local contact agencies.</p> <p>ix. How to document, recognize and identify new significant changes in behavior and how to report to the attending physician and monitor such behavior</p> <p>x. On out on pass and leave of absence for residents, and need for resident representative including how residents will be accompanied by a resident representative in cases where resident does not have mental capacity of decision-making ability.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), delirium (a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking), metabolic encephalopathy (a problem with how the brain works caused by a chemical imbalance in the blood), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and acute (sudden) kidney failure.</p> <p>A review of Resident 1's elopement evaluation dated [DATE] at 12:25 pm, indicated the resident was not a risk for elopement. The note indicated the resident did not have a history of elopement or an attempted elopement while at home.</p> <p>A review of Resident 1's history and physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated [DATE], indicated the resident had the capacity for medical decision making. The same H&P further indicated Resident 1 had a history of paranoid schizophrenia (a mental illness that is characterized by disturbances in thought) and had been recently hospitalized for acute on chronic psychiatric decompensation (a period when the person's mental state becomes unbalanced, and symptoms return) and aggressive behavior towards others. The H&P indicated the resident was to have a psychiatric consult (a meeting with a psychiatrist to evaluate a patient's mental health and create a treatment plan).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated [DATE], indicated Resident 1 had mild cognitive (ability to think, read, learn, remember, reason, express thoughts, and make decisions) impairment. The MDS indicated the resident was able to recall words after cueing.</p> <p>(continued on next page)</p>		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's care plan titled The resident has impaired cognitive function or impaired thought processes related to (r/t) psychotropic (drugs that affect the mind, emotions, and behaviors) drug use Acute Metabolic Encephalopathy and Acute Confusion d/t (due to) medical condition dated [DATE], indicated three goals marked as overdue the resident will be able to communicate basic needs on a daily basis through review date (OVERDUE), The resident will develop skills to cope with cognitive decline and maintain safety by review date (OVERDUE), The resident will improve current level of cognitive function through the review date (OVERDUE). The listed interventions included Cue, reorient and supervise as needed, Discuss concerns about confusion, disease process, NH (nursing home) placement with resident/family/caregivers, and Monitor/document/report PRN (whenever necessary) any changes in cognitive function, specifically changes in: decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of conscious, mental status.</p> <p>A review of Resident 1's health status note dated [DATE] at 10:39 pm, indicated the resident was found trying to smoke in the room.</p> <p>A review of Resident 1's multidisciplinary care conference note dated [DATE], indicated the resident was admitted to the facility on [DATE] and was noted to have some memory problem, with episodes of inconsistency, requires assistance with mobility and self-care .</p> <p>A review of Resident 1's Health Status note dated [DATE] at 7:11 pm, indicated Resident is on monitor for unscheduled smoke times inside bathroom.</p> <p>A review of Resident 1's Situation, Background, Assessment, and Recommendation (SBAR - a structured communication tool) form dated [DATE] at 12 am, indicated resident smoked inside room unscheduled, redirection, explanation, education gave to comply facility room and to smoke in the patio with schedule time . The SBAR indicated the primary care physician was notified and the facility staff were awaiting a call back for recommendations.</p> <p>A review of Resident 1's Nutrition/Dietary note dated [DATE] at 4:21 pm, indicated the resident required feeding supervision/assistance with all meals.</p> <p>A review of Resident 1's health status note dated [DATE] at 6:44 am, indicated Resident refused to be change. Resident alert and awake with period of confusion. Noted resident agitated and verbally aggressive. The note did not indicate Resident 1's physician was notified of Resident 1's refusal to be changed, confusion, or verbally aggressive behavior.</p> <p>A review of Resident 1's health status note dated [DATE] at 5:45 pm, indicated at 2 pm on [DATE] Licensed Vocational Nurse 2 (LVN 2) saw Resident 1 walking in the hallway towards the patio. The note indicated at 2:45 pm LVN 2 noted the resident was not in room and could not be found. The note indicated at 2:50 pm a code green [facility code for elopement] was initiated, facility and surrounding area searched, and the resident was not found. The note indicated the resident's family was not notified until 4:50 pm, the Nurse Practitioner (NP) at 5:08pm, and 911 was not called to assist in finding the resident until 5:11 pm.</p> <p>(continued on next page)</p>		

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 11/14/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's health status note dated [DATE] at 7 pm, indicated Resident 1's physician notified that resident was not found during search of the facility and surrounding area, and left without notifying staff. Per MD, discharge AMA as resident is AOx4 [alert and oriented to person, place, time, situation] and is able to and has the capacity to make his own decisions as stated on MD's recent H&P. order read back and verified with MD. The detailed view of the progress note revealed the note was created on [DATE] at 2:51 pm (the day after the resident had eloped from the facility).</p> <p>A review of Resident 1's physician's orders dated [DATE] at 2:41 pm, indicated and order was received to Discharge AMA [DATE] (the day prior).</p> <p>During an interview on [DATE] at 11:29 am with Registered Nurse Supervisor 2 (RNS 2), RNS 2 stated no one saw Resident 1 leave on [DATE], and they had initiated a code green (at 2:30 pm) to look for the resident, called the police, the doctor the resident's family, and Adult Protective Services (APS). The last time the RNS 2 saw the resident was in the hallway around 2 p.m. walking to the smoking patio area.</p> <p>During a telephone interview on [DATE] at 12:37 pm with LVN 2, LVN 2 stated Resident 1 had behaviors of wandering around and going outside, he would disappear without anyone knowing. He would go outside and come back, a couple of times she had seen the Resident at the corner coffee shop. LVN 2 further stated his leaving was considered an elopement because he did not tell anyone, and they started the elopement procedures to look for him inside and outside of the building. LVN 2 stated it happened late in her shift, and the last time she saw the resident was around 2 pm walking in the hallway, the resident was wearing a gown and did not know if the resident would know how to call his family or get back to the facility.</p> <p>A review of Resident 1's Alert Note dated [DATE] at 1:11 pm, indicated Received a call from [MD] approximately 1300 [1pm] informing the facility that he received a call from law enforcement to inform him [Resident 1] was found dead at the park today ([DATE]).</p> <p>During an interview on [DATE] at 3:15 pm with Activities Assistant 1 (AA 1), AA 1 stated Resident 1 was forgetful often forgetting the smoking times and asking when they were. They would have to remind him frequently, and the resident would often refuse to take a shower or be changed. He would need a lot of encouragement.</p> <p>During an interview on [DATE] at 12:25 pm with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated the last time he saw Resident 1 on [DATE] was around 1 pm when he saw him close to the elevator, he was wearing a double gown (one on front and one on the back) with a sweater. CNA 3 stated he (Resident 1) had a black bag with some belongings. CNA 3 stated he (Resident 1) left some clothing and other items at his bedside. CNA 3 stated Resident 1 was an avid smoker and would need assistance with changing his incontinence brief (a type of underwear designed for people who have lost bladder or bowel control) and showers. Sometimes he (Resident 1) would refuse and would need some negotiation to get him to change and shower. The resident would need frequent reorientation because he was forgetful. Liked to drink his coffee, juice, and milk.</p> <p>(continued on next page)</p>		

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 11/14/2024
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 0689</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 12:02 pm with Medical Doctor 1 (MD 1), MD 1 stated the police had called him on [DATE] and informed him Resident 1 had been found deceased in a park. MD 1 further stated the facility had texted him on [DATE] at 6 pm the resident took some cash and left the facility without notifying anyone, which would be considered an elopement. MD 1 further stated no one notified him about the aggressive behaviors and confusion the day before on [DATE]. MD 1 also explained for someone with a diagnosis of metabolic encephalopathy that would affect the cognition (thought, reasoning, understanding) it is a broad term which is like a spectrum the way it would affect someone could make them act aggressively or could make them non-verbal obtunded (diminished responsiveness to stimuli, dulled or reduced level of alertness).</p> <p>A review of a facility's policy and procedures (P&P) titled Wandering and Elopements with a revised date of [DATE], indicated:</p> <p>3. If a resident is missing, initiate the elopement/missing resident emergency procedure:</p> <p>a. Determine if the resident is out on an authorized leave or pass.</p> <p>b. If the resident was not authorized to leave, initiate a search of the building(s) and premises; and</p> <p>c. If the resident is not located, notify the Administrator and the Director of Nursing Services, the resident's legal representative, the Attending Physician, law enforcement officials, and (as necessary) volunteer agencies (i.e., Emergency Management, Rescue Squads, etc.).</p> <p>A review of the facility's P&P titled Discharging a Resident without a Physician's Approval with a reviewed [DATE], indicated: 3. If the resident or representative (sponsor) insists upon being discharged without the approval of the Attending Physician, the resident and/or representative (sponsor) must sign a Release of Responsibility form. Should either party refuse to sign the release. such refusal must be documented in the resident's medical record and witnessed by two staff members. The policy indicated The Director of Nursing Services, or Charge Nurse, shall inform the resident, and/or representative (sponsor) of the potential hazards involved in the early discharge of the resident and shall request that the resident remain in the facility until such time as the isolation/precautionary period has ended.</p>		

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 11/14/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44252</p> <p>Based on interview and record review the facility failed to have a Director of Nursing (DON) employed at the facility consistently over the past two months.</p> <p>This failure had the potential to affect resident care, clinical outcomes, and assessment.</p> <p>Findings:</p> <p>A review of the facility's Director of Nursing Services job description (undated) indicated, The primary purpose of your job position is to plan, organize, develop and direct the overall operation of our Nursing Service Department in accordance with current federal, state, and local standards, guidelines and regulations that govern our facility, and as may be directed by the Administrator and the Medical Director to ensure the highest degree of quality of care is maintained at all times.</p> <p>During an interview with Medical Records Director (MRD) on 11/14/24 at 1:54 pm, the MRD stated there has been no DON consistently employed at the facility the last DON lasted about three weeks and then quit, then they hired this new one and he was here only an week and quit. The facility does not have a system in place for the DON ' s job to be covered in the interim.</p> <p>During a review of the facility's policy and procedures titled, Director Of Nursing Services, reviewed on 1/25/2024, the P&P inidcated The Director is employed full-time (40 hours per week) and is responsible for, but not necessarily limited to:</p> <ul style="list-style-type: none"> a. Developing and periodically updating the nursing service objectives and statements of philosophy; b. Developing standards of nursing practice; c. Developing and maintaining nursing policy and procedure manuals; d. Developing and maintaining written job descriptions for each level of nursing personnel; e. Scheduling of daily rounds to visit residents; f. Developing methods for coordination of nursing services with other resident services; g. Recruiting and retaining the number and levels of nursing personnel necessary to meet the nursing care needs of each resident; h. Developing staff training programs for nursing service personnel; i. Participating in the planning and budgeting for Nursing Services; <p>(continued on next page)</p>		

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 11/14/2024
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>j. Ensuring that all health services notes are informative and descriptive of the supervision and care rendered including the resident's response to his or her care;</p> <p>k. Assessing the nursing requirements for each resident admitted and assisting the Attending Physician in planning for the resident's care;</p> <p>l. Participating in the development and implementation of the resident assessment (MOS) and comprehensive care plan;</p> <p>m. Establishing resident selection criteria for determining which residents may be fed by paid feeding assistants; and</p> <p>n. Assuring that nursing care personnel are administering care and services in accordance with the resident's assessment and care plan.</p>