STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555139	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miracle Mile Healthcare Center, LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48026 Based on observation, interview, and record review, the facility failed to provide protection from abuse by a facility staff, for one of the three sampled residents (Resident 1). By failing to ensure CNA3 did not slap Resident 1 on 12/5/2024. This deficient placed all facility residents at risk for further abuse. Findings: A review of Resident 1's face sheet (admission record - a document containing demographic and diagnostic information) indicated Resident 1 was admitted to the facility on [DATE] and was readmitted on [DATE] with the following medical diagnoses: acute kidney failure (when kidneys suddenly cannot remove waste from the blood), hyperkalemia (a condition where the potassium level in the blood is too high), type 2 diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), benign prostatic hyperplasia with lower urinary tract symptoms (difficulty starting to urinate), paraplegia (paralysis of the legs and lower body), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety disorder (a condition of excessive worry about daily issues and situations). A review of Resident 1's history and physical (H&P - a physician's complete patient examination) dated 8/08/2024, indicated Resident 1 had the capacity to understand and make decisions. A review of Resident 1's Minimum Data Sheet (MDS - an assessment tool) dated 11/12/2024, indicated, Resident 1 had the mental ability to make decisions on activities of daily living. A review of Resident 1's Situation, Background, Assessment, and Recommendation (SBAR - a communication tool used by healthcare workers when there is a change of condition among the residents) form dated 12/05/2024, indicated Resident 1 called the local police department at approximately 9:50 AM to report a facility staff member assigned to Resident 1had slapped the resident on left cheek twice and laughed. The form indicated Resident 1's physician was informed, and a psychiatric consult was ordered. A review of Resident 1's Skin Assessment (inspecting overall skin color and temperature, moisture level, elasticity, and any skin damage) dated 12/05/2024, indicated, Resident 1 did not have any skin issues. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555139	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miracle Mile Healthcare Center, LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Interdisciplinary (IDT - a group of different healthcare professionals working together towards a common goal for a resident) Conference Record, dated 12/05/2024, indicated, Resident 1 was able to make own decisions and that Resident 1 felt comfortable and safe in the facility. The IDT Conference Record indicated Resident 1 was provided room visits by the Social Service Director (SSD) for emotional support, empathy, and ensured Resident 1's needs were met. The IDT Conference Record indicated Activity staff provided a 1:1 room visit and encouraged Resident 1 to participate in 1:1 activity. A review of Resident 1's care plan (a guideline for nurses to help them create and achieve a solid plan of action in the treatment of a patient) with a focus on Resident 1 at risk for pain and discomfort due to an alleged staff slapped Resident 1 on the left cheek with an initiation date of 12/05/2024. The care plan interventions included encouraging Resident 1 to rest if with pain and balance with activity, encouraged Resident 1 to verbalize pain, to handle Resident 1 gently, carefully, and unhurriedly during transfer, mobility, and repositioning. During an interview with Resident 1 on 12/18/24 at 6:26 PM, Resident 1 stated Certified Nursing Assistant 3 (CNA 3) came into the resident's room to routinely asked if Resident 1 needed help. Resident 1 stated CNA 3 was asked when [Resident 1's] doctor would release the resident. Resident 1 stated CNA 3 replied, people are here to take care of you, feed you, we change you, Resident 1 replied yeah but I still wanna find out when [the doctor] is going to release me. Resident 1 stated then without warning, CNA 3 slapped Resident 1 on the left cheek two to three times. Resident 1 asked CNA 3 why CNA 3 slapped Resident 1 on the left cheek, Resident 1 stated CNA 3 did not say nothing to me, [CNA 3] just laughed at me. Resident 1 stated after informing CNA 3 that Resident 1 would call 911 to report the incident, [CNA 3] said to me, go ahead. Resident 1 stated I called 911 right away. I told the operator that I was assaulted and slapped by the CNA. Resident 1 stated the facility staff were not informed of the incident until LAPD showed up to the resident's room with the Administrator. When Resident 1 was asked how the alleged abuse incident made him feel, Resident 1 stated I felt violated. I was very vulnerable. No resident should be slapped by any staff, no one. During an interview with CNA 2 on 12/19/2024 at 5:18 PM, CNA 2 stated Resident 1 was always nice and cooperative. When CNA 2 was asked what potential harm could come to Resident 1 after an alleged physical abuse, CNA 2 stated Resident 1 could have pain, fear of getting hurt again if the incident was reported. During an interview with Licensed Vocational Nurse 5 (LVN 5) on 12/19/2024 at 5:32 PM, LVN 5 stated Resident 1 was sometimes in a very good mood and sometimes quiet but always nice to the staff. When LVN 5 was asked why it was never permissible to hit a resident, regardless of the time and reason, LVN 5 stated because that is assault. LVN 5 was asked what potential harm may happen to Resident 1 because of the alleged physical abuse, LVN 5 stated Resident 1 maybe will be afraid of getting hurt again when Resident 1 tries to report the incident, may stop being active, isolation. During an interview with Registered Nurse Supervisor 1 (RNS 1) on 12/19/2024 at 5:41 PM, RNS 1 stated staff can never hit anyone, residents, or staff, regardless of the reason. You could legally get into trouble for assaulting anyone. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555139	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Miracle Mile Healthcare Center, LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Administrator (Adm) on 12/19/2024 at 6:07 PM, Adm stated any dispute with residents had to be reported to the supervisor. Adm stated all staff were trained on abuse during their new hire orientation and again throughout their employment. Adm stated prior to hiring a staff, background checks were performed prior to the start of their employment. During a review of CNA 3's Abuse and Reporting Orientation (documentation on how and when to report abuse), CNA 3 signed the form on 3/20/2024. A review of CNA 3's certificate indicated; the CNA certificate would expire on 4/04/2026. A review of CNA 3's background check indicated; the background check request was received on 3/20/2024 and CNA 3 had no negative reports. A review of a facility provided 5-Day Facility Investigation follow up dated 12/5/2024, indicated a summary of the facility's investigation which concluded Based on the investigation, the incident was substantiated. Based on the witness CNA's statement, resident's cheek was tapped, which caused resident to call 911. [CNA 3] will be terminated and scheduled quarterly abuse training will continue. CNA board was contacted on 12/09/2024 to report CNA and incident. A review of CNA 3's Corrective Action Memo (a formal written notice that informs an employee of a performance issue, the corrective action required, and the consequences if the employee doesn't improve) dated 12/09/2024 indicated, CNA 3 violated facility policy and procedure and violated safety rules. The memo indicated Employee involved in an alleged abuse incident. Incident substantiated The memo indicated the action to be taken was termination. The memo indicated CNA 3 was contacted by phone informing CNA 3 of outcome of the facility's investigation and CNA 3's employment with the facility was terminated. A review of the facility's policy and procedure (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Abuse Prevention/Prohibition dated 1/25/2024, indicated, physical abuse is defined as hitting, slapping .The P&P also indicated the facility screens potential employees for a history of abuse, neglect, or mistreating residents. A review of the facility's P&P titled Background Screening Investigations revised on 3/2019, indicated for any individual applying for a position as a CNA, the state nurse aide registry would be contacted to determine if any findings of abuse, neglect, mistreatment of individuals . have been entered into the applicant's file.