

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 12/20/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</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 one of five sample residents (Resident 2) was free from medication errors. By failing to ensure Resident 2 received the prescribed clonidine oral tablet 0.1 milligram (mg -metric unit of measure) give 1 tablet by mouth every six hours as need for hypertension for SBP more than 160 or diastolic blood pressure (DBP - blood pressure during the phase between heartbeats) more than 100 as ordered on 12/6/24, 12/7/24, and 12/15/24.</p> <p>This failure resulted in Resident 2 not receiving the prescribed medication as needed for systolic blood pressure (SBP - blood pressure in your arteries when your heart beats and pumps blood out) over 160. Placing Resident 2 at risk for uncontrolled blood pressure and stroke.</p> <p>Findings:</p> <p>A review of Resident 2 ' s Admission Record dated 12/19/24, indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including muscle wasting, hypertensive (high blood pressure) heart disease, chest pain, hyperlipidemia (high fats in the blood), and tobacco use disorder.</p> <p>A review of Resident 2 ' s History and Physical (H&P), dated 10/4/24 indicated the resident has capacity for medical decision making.</p> <p>A review of Resident 2 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 10/9/24 indicated Resident 2 had intact cognition (ability to think, understand and make daily decisions) and required limited supervision/touching assistance from staff for bed mobility, walking, transfer, personal hygiene, and required partial/moderate assistance with and dressing and bathing.</p> <p>A review of Resident 2 ' s physician ' s orders, dated 12/18/24, indicated, an order entered on 10/3/24 for clonidine oral tablet 0.1 mg give 1 tablet by mouth every six hours as need for hypertension for SBP more than 160 or DBP more than 100.</p> <p>A review of Resident 2 ' s hypertension care plan dated 10/4/24 indicated an intervention of give anti-hypertensive medications as ordered and clonidine oral tablet 0.1 mg as needed every six hours.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with concurrent record review on 12/18/24 at 4:16 pm with Licensed Vocational Nurse 1, Resident 2 ' s Medication Administration Record (MAR) form dated December 2024 was reviewed. The form indicated six entries where the SBP was above 160. Of the six, three doses of clonidine were documented as given in the MAR and three were missing. LVN confirmed that on the evening shift on 12/6/24 for SBP 164, 12/7/24 for SBP 166 and 12/15/24 for 164 there was no documentation of clonidine given, and stated she must have forgotten to document the medications because she remembers giving them.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Documentation of Medication Administration, revised 11/13/24, indicated, the facility shall maintain a medication administration record to document all medications administered . document all medications administered to each resident on the resident ' s medication administration record (MAR) . Administration of medication must be documented immediately after (never before) it is given.</p>		