

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  01/27/2025
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 - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</b></p> <p>Based on interview, observation and record review, the facility failed to maintain a safe, functional and comfortable environment for residents, staff and public by failing to ensure the ceiling was free from water leaks for two of five sampled residents (Resident 2 and Resident 3).</p> <p>This failure had the potential to place Resident 2 and 3 at risk for falls or injury from fracture (break in bone).</p> <p>Findings:</p> <p>I. A review of the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including paroxysmal atrial fibrillation (afib- an irregular and very rapid heart rhythm that and can lead blood clots in the heart), hypertensive heart disease without heart failure (the heart is being affected by high blood pressure [hypertension] over a long period of time, causing changes to the heart muscle, but it's not yet weak enough to be considered heart failure where the heart can't pump blood effectively) and hyperlipidemia (abnormally high levels of fats in the blood).</p> <p>A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/18/2024, indicated Resident 2 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 2 was independent for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>A review of Resident 2 ' s Care Plan (CP) for at risk for falls, initiated on 10/4/2024 indicated a goal of resident (2) will be free of falls and interventions including, resident (2) needs a safe environment with even floors free from spills and/or clutter.</p> <p>II. A review of the Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), paranoid schizophrenia (a mental illness that is characterized by disturbances in thought) and - chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing).</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the MDS dated [DATE], indicated Resident 3 ' s skills for daily decisions was moderately impaired. The MDS indicated Resident 3 required moderate to maximal assistance from staff for ADLs. The MDS also indicated, Resident 3 uses manual wheelchair for assistive mobility device.</p> <p>A review of Resident 3s ' CP for risk for falls, initiated on 12/30/2024 indicated a goal of, resident (3) will be free of falls, and interventions including resident (3) needs a safe environment with even floors free from spills and/or clutter.</p> <p>During an observation of Resident 2 and Resident 3 ' s room, the ceiling was leaking with dripping water on top of Resident 3 ' s bed. The ceiling had a dent and cracked with a visible water stain. Observed water on the floor below Resident 2 and Resident 3 ' s bed.</p> <p>During an interview with Certified Nursing Assistant (CNA 1) on 1/27/2025 at 11:25 a.m., CNA 1 stated, the ceiling started on top of Resident 3 ' s bed two days ago. CNA 1 stated, Resident 2 and Resident 3 is still in the same room and was not moved to another room.</p> <p>During an interview with Licensed Vocational Nurse (LVN 1) on 1/27/2025 at 11:28 a.m., LVN 1 stated, Resident 3 stays outside his room and are placed in the hallway because of the water leaks in the ceiling. LVN 1 stated, they did not move Resident 2 and Resident 3 ' s room.</p> <p>During an interview with Maintenance Director (MTD) on 1/27/2025 at 12:13 p.m., MTD stated, the roof on top of Resident 3 ' s bed had been repaired multiple times with n success. The ceiling would constantly leak with water whenever it rains, and facility has tried to fix it with no success. MTD stated, the ceiling has a dent due to weigh of the water that accumulates on the roof, the ceiling was also cracked and sagging with water stain visible.</p> <p>During an interview with Registered Nurse 1 (RN 1) on 1/27/2025 at 12:44 p.m., RN 1 stated, they relayed the water leaks on the ceiling for Resident 2 and Resident 3 two days ago from the MTD. RN 1 stated, when the water started leaking from the ceiling, they moved Resident 2 and Resident 3 ' s room at the edge of the room and they did not move Resident 2 and 3 ' s room and they added buckets to catch the water. RN 1 stated, the water leaks put residents at risk of safety hazard and placed them at risk of falls due to wet area and floors.</p> <p>During an interview with Director of Nursing (DON) on 1/27/2025 at 1:21 p.m., DON stated, if there are water leaks in resident ' s room and water on the floor, this puts residents at risk of injury as residents may slip and fall.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled, Safety and Supervision of Residents, reviewed date 1/25/2024, the P&amp;P indicated, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities . Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include: falls.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43454</p> <p>Based on interview, observation and record review, the facility failed to maintain a safe, functional and comfortable environment for residents, staff and public by failing to:</p> <ul style="list-style-type: none"> <li>i. Ensure the ceiling was free from water leaks for two of five sampled residents, Resident 2 and Resident 3.</li> <li>ii. Ensure the one of the 13 thermostats in the facility were free from mechanical and electrical failure and were in safe operating condition</li> </ul> <p>These deficient practices have a potential to cause incidental accidents and had the potential for the resident 's physical discomfort.</p> <p>Cross Reference F689.</p> <p>Findings:</p> <p>1a. A review of the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including paroxysmal atrial fibrillation (afib- an irregular and very rapid heart rhythm that and can lead blood clots in the heart), hypertensive heart disease without heart failure (the heart is being affected by high blood pressure [hypertension] over a long period of time, causing changes to the heart muscle, but it's not yet weak enough to be considered heart failure where the heart can't pump blood effectively) and hyperlipidemia (abnormally high levels of fats in the blood).</p> <p>A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/18/2024, indicated Resident 2 's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 2 was independent for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>1b. A review of the Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), paranoid schizophrenia (a mental illness that is characterized by disturbances in thought) and - chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing).</p> <p>A review of the MDS dated [DATE], indicated Resident 3 's skills for daily decisions was moderately impaired. The MDS indicated Resident 3 required moderate to maximal assistance from staff for ADLs. The MDS also indicated, Resident 3 uses manual wheelchair for assistive mobility device.</p> <p>During an observation of Resident 2 and Resident 3 's room, the ceiling was leaking with dripping water on top of Resident 3 's bed. The ceiling had a dent and cracked with a visible water stain. Observed water on the floor below Resident 2 and Resident 3 's bed.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant (CNA 1) on 1/27/2025 at 11:25 a.m., CNA 1 stated, the ceiling started on top of Resident 3 ' s bed two days ago. CNA 1 stated, Resident 2 and Resident 3 is still in the same room and was not moved to another room.</p> <p>During an interview with Licensed Vocational Nurse (LVN 1) on 1/27/2025 at 11:28 a.m., LVN 1 stated, Resident 3 stays outside his room and are placed in the hallway because of the water leaks in the ceiling. LVN 1 stated, they did not move Resident 2 and Resident 3 ' s room.</p> <p>During an interview with Maintenance Director (MTD) on 1/27/2025 at 12:13 p.m., MTD stated, the roof on top of Resident 3 ' s bed had been repaired multiple times with n success. The ceiling would constantly leak with water whenever it rains, and facility has tried to fix it with no success. MTD stated, the ceiling has a dent due to weigh of the water that accumulates on the roof, the ceiling was also cracked and sagging with water stain visible.</p> <p>During an interview with Registered Nurse 1 (RN 1) on 1/27/2025 at 12:44 p.m., RN 1 stated, they relayed the water leaks on the ceiling for Resident 2 and Resident 3 two days ago from the MTD. RN 1 stated, when the water started leaking from the ceiling, they moved Resident 2 and Resident 3 ' s room at the edge of the room and they did not move Resident 2 and 3 ' s room and they added buckets to catch the water. RN 1 stated, the water leaks put residents at risk of safety hazard and placed them at risk of falls due to wet area and floors.</p> <p>During an interview with Director of Nursing (DON) on 1/27/2025 at 1:21 p.m., DON stated, if there are water leaks in resident ' s room and water on the floor, this puts residents at risk of injury as residents may slip and fall.</p> <p>2. During a concurrent observation and interview with MTD on 1/27/2025 at 12:06 p.m., MTD stated, one of the thermostats in the facility is not working properly. MTD stated, the thermostat in room [ROOM NUMBER], room [ROOM NUMBER] and DON ' s room does not work. MTD stated, he tried to adjust the thermostat for staff and residents ' comfortability, but he was unable to adjust it. MTD stated, there maybe electrical or mechanical failure.</p> <p>During an interview with DON on 1/27/2025 at 1:21 p.m., DON stated, he noticed his room gets cold sometimes. DON stated, if the thermostat is not working properly and they are unable to adjust it, it may affect residents ' health, and they may be compromised. DON stated, there are multiple residents in the rooms where the thermostat was located and not working properly.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled, Maintenance Service, reviewed date 1/25/2024, the P&amp;P indicated, The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Functions of maintenance personnel include, but are not limited to: .maintaining the building in good repair and free from hazards; maintaining the heat/cooling system, plumbing fixtures, wiring, etc., in good working order; establishing priorities in providing repair service.</p>		