

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  03/05/2025
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45524</p> <p>Based on interview and record review, the facility failed to honor one of the four sampled residents (Resident 3) rights to be seen by a physician by failing to arrange reliable transportation for Resident 3.</p> <p>This deficient practice resulted in Resident 3 missing his appointment on 3/4/2025.</p> <p>Findings:</p> <p>During a review of the admission record for Resident 3 indicated Resident 3 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including depression (a common mental health condition characterized by a persistent low mood, loss of interest or pleasure in activities, and other symptoms that can significantly impact daily life), alcohol abuse (drinking in a manner, situation, amount, or frequency that could cause harm), and insomnia (trouble falling asleep or staying asleep) .</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&amp;P, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) for Resident 4 dated 2/12/2025 indicated, Resident 4 did not have the capacity to understand and make decisions.</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 2/13/2025, indicated Resident 3 was cognitively intact (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 was independent for all Activities of Daily Living such as: (ADLs- routine tasks/activities such as eating, oral hygiene, toileting hygiene, personal hygiene, lower/upper body dressing, putting on/taking off footwear).</p> <p>During an interview with Resident 3 on 3/5/2025 at 10:20 am, Resident 3 stated that he had scheduled an appointment with his Primary Medical Doctor (PMD) for 3/4/2025 at 11 am and notified the facility staff two weeks prior. Resident 3 stated that the facility staff confirmed that they had transportation arranged to take him (Resident 3) to the appointment. Resident 3 stated that the transport arranged by the facility arrived at 11:15 am. Resident 3 stated that the appointment was cancelled.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Social Services (DSS), on 3/5/25 at 11:12 am, the DSS stated that Resident 3 had notified facility staff about his (Resident 3) 3/4/2025 appointment about two weeks prior. DSS stated that transportation was arranged through Resident 3 ' s insurance for 3/4/2025 a pick up time 10 am. The DSS stated on the 3/4/2025 around 10:30 am, she (DSS) noticed that Resident 3 was still in the facility and was prompted to call the transportation company for the Estimated Time of Arrival (ETA). DSS stated the insurance informed her that transportation had been cancelled. The insurance arranged through a different company that arrived at the facility at 11:15 am. The DSS admitted that the transportation issues could have been avoided had the facility staff called at least one or two days before the appointment.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled, Resident Rights, revised 1/25/2025, the P&amp;P indicated, Employees shall treat all residents with kindness, respect, and dignity. The same P&amp;P indicated under policy interpretation and implementation including the following:</p> <p>Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <ul style="list-style-type: none"> <li>- Be supported by the facility in exercising his or her rights.</li> <li>- Be informed of, and participate in, his or her care planning and treatment.</li> <li>- Choose an attending physician and participate in decision-making regarding his or her care.</li> </ul>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45524</p> <p>Based on interview and record review, the facility failed to ensure that one of the four sampled residents (Resident 4) who was cognitively impaired was provided at least 80 square feet (sq. ft. -unit of measurement for space) per resident in multiple resident bedrooms.</p> <p>This deficient practice had the potential to negatively impact Resident 4 ' s well-being by reducing privacy and dignity.</p> <p>Findings:</p> <p>1. During a review of the admission record for Resident 4 indicated Resident 4 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including Parkinson ' s disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), dementia (a progressive state of decline in mental abilities), and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 4's History and Physical (H&amp;P, a term used to describe a physician's examination of a patient, the physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) dated 2/12/2025, the H&amp;P indicated, Resident 4 did not have the capacity to understand and make decisions.</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 2/14/2025, indicated Resident 4 had moderate cognitive impairment (a stage of cognitive decline that affects short-term memory and the ability to complete complex tasks). The same MDS indicated Resident 4 was dependent for all Activities of Daily Living such as: (ADLs- routine tasks/activities such as eating, oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, lower/upper body dressing, putting on/taking off footwear).</p> <p>During an observation of Resident 4 ' s room which is a semiprivate room on 3/5/2025 at 10:50 am, the room was close to the door and was separated from Resident 2 ' s bed by the privacy curtains which flowed towards Resident 4 ' s bed due to Resident 2 ' s belongings that were placed in the space for Resident 4. The room appeared small and could not accommodate a bedside table at the bedside for Resident 4. Resident 4 ' s wheelchair was observed at the foot of Resident bed.</p> <p>During a concurrent observation and interview with the Maintenance Director (MD) of Resident 2 and 4 ' s room on 3/5/25 at 1:35 pm, the MD admitted that Resident 4 ' s room appeared small due to Resident 2 ' s belongings that spread across to Resident 4 ' s side. The MD stated that residents in a multiple bed room are required to have at least 80 sq. ft of living space. The MD measured Resident 4 ' s livable space measured at 48.44 sq. ft.</p> <p>(continued on next page)</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. During a review of the admission record for Resident 2 indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including hypothyroidism (a condition where the thyroid gland does not produce enough thyroid hormones), Chronic Obstructive Pulmonary Disease (COPD-a chronic lung disease causing difficulty in breathing), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 2 ' s H&amp;P dated 2/20/2024 indicated, Resident 2 had the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s MDS dated [DATE], indicated Resident 2 was cognitively intact (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 2 required between setup or clean-up and supervision or touching assistance for all ADLs.</p> <p>During a review of the facility ' s client accommodations analysis list with the MD on 3/5/2025 at 1:40 pm, the facility ' s client accommodations analysis list indicated the measurements of the facility resident room indicated that Resident 2 and 4 ' s room measured at 164.47 sq. ft. which would allow each resident to have 82.24 sq. ft. of livable space. The MD admitted that privacy and safety could be compromised resulting in falls because the space was under what was recommended for Resident 4.</p> <p>During an interview with the Facility Administrator (FA) on 3/5/25 at 1:39 pm, the FA confirmed that Resident 2 ' s belongings were cluttered around her room and extended across over to Resident 4 ' s side of the room. The FA admitted that admitted that the potential effect of not having enough space could result in reduced privacy, dignity and safety.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled, Quality of Life - Homelike Environment, revised 1/25/2025, the P&amp;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&amp;P indicated under policy interpretation and implementation that the facility staff shall reflect homelike characteristics which will include a clean, sanitary, and orderly environment.</p> <p>According to the federal regulation S483.90(e)(1)(ii), the minimum square footage for a two bedroom is at least 160 sq. ft and three bedroom is at least 240 sq. ft.</p>		