

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 09/16/2025
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 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>Based on observation, interview, and record review, the facility failed to maintain window screens in good repair for one of six sampled resident rooms (Room A). During observation on 9/16/25, the window in Room A was observed open and the window screen had a big hole in the lower corner. This deficient practice had the potential for insects to enter through the hole in the window screen and potentially cause diseases to residents, staff and visitors. During observation inside Room A and concurrent interview on 9/16/25 at 11:23 a.m., the certified nursing assistant (CNA 1) stated the window in Room A was slightly open. CNA 1 stated the window was open for ventilation. CNA 1 further added the window screen had a hole and insects such as flies and mosquitoes can get inside the room and go to the residents. During an interview on 9/16/25 at 1:21 p.m., the infection preventionist (IP) stated when there's a hole in the window screen there is the potential for flies and mosquitoes to enter the residents room. During a review of the facility Policy titled Quality of Life- Homelike Environment reviewed on 1/25/25 indicated residents are provided with a safe, clean, comfortable homelike environment and encouraged to use their personal belongings to the extent possible. The same policy indicated the facility staff, and management shall maximize to the extent possible the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary and orderly environment.</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
---	-------	-----------