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	11/17/2025

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. (continued on next page)

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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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately provide necessary and appropriate behavioral health care and services to one of three sampled residents (Resident 1) who was experiencing mental health crisis on 11/4/2025 during the 3pm to 11pm shift. As a result on 11/4/2025, Resident 1 broke a window with the metal object. Resident 1 stood on top of a nightstand in her room l on the floor. Resident 1 suffered swelling and severe pain to the right leg. On 11/4/2025 at . Resident 1 was transferred to a general acute care hospital (GACH) 1 for further evaluation and management. Resident 3 was afraid to sleep and be in the same room with Resident 1. Findings: A review of Resident 1's admission record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses that included major depressive disorder (a serious mental health condition where a person experiences a persistent and intense feeling of sadness or a loss of interest in activities, lasting for at least two weeks), Unspecified dementia (A person has cognitive decline that makes it hard to think, remember, and do daily task, but doctors can't yet identify the specific cause or type), psychotic disturbance (a person loses touch with reality, experiencing hallucinations, seeing, hearing, or feeling things that aren't there, and delusions, strong unfounded beliefs), mood disturbance (a mental health condition that causes extreme and prolonged changes in a person's emotional state, such as persistent sadness or intense happiness, to the point where it interferes with daily life) , and anxiety (a feeling of fear, dread, or in ease, often in response to stress, that can cause physical symptoms like rapid heart rate, sweating, and muscle tension). A review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 10/2/2025, indicated Resident 1's cognition (the mental ability to understand and make decisions of daily living) was intact. The MDS further indicated Resident 1 had no impairment to upper extremities (arms) and lower extremities (legs). Resident 1 was able to ambulate without assistive device. Resident 1 required Supervision or touching assistance with eating, oral hygiene, upper body dressing, and was dependent with toileting, shower/bathe self, lower body dressing, and personal hygiene. A review of Resident 1's facility Discharge summary dated [DATE], indicated Resident 1's Transfer/discharge to GACH 2 was necessary due to . physical aggressiveness posing danger to self and others. A review of Resident 1's care plan report revised on 10/21/2025, indicated: Focus: The resident has a behavior problem related to physical aggressiveness/combativeness during care she was delusional verbalizing claiming she is God and calling the staff the devil. A review of Resident 1's History and Physical Examination dated 10-30-25, indicated Resident 1 could make needs known. A review of Resident 1'GACH 1 Emergency Department (ED) provider notes dated 11/4/2025, indicated, Chief complaint: Patient (Resident 1) presents with knee pain and agitation . A review of GACH 1 imaging (X-ray- results dated 11/5/2025 of Xray knee right 3 views (final result) indicated, Impression: 1. Acute, displaced intra-articular fracture (break in a bone) of proximal tibia (the upper part of the shinbone that forms the bottom of the knee joint). involving the metaphysis and extending to the articular surface of the lateral tibial plateau and likely the tibial spine. 2. Acute, mildly displaced fracture of the proximal fibular metaphysis (the upper part of the calf bone). A review of Resident 1's GACH 1 progress notes dated 11/20/2025, indicated Resident 1 had Acute Schatzker type VI (split wedge) bicondylar right tibial plateau fracture with moderate associated lipohemarthrosis status post (s/p) right lower extremity (RLE- right lower leg) external fixation (ex-fix) on 11/5/2025. On 11/7/2025, Resident 1 underwent open reduction internal fixation (ORIF- a surgical procedure used to treat severe fractures or dislocations by realigning the broken bones and stabilizing them with internal hardware, such as screws, plates, or rods) to the RLE. A review of Resident 3's admission record indicated Resident 3, was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnosis that included essential hypertension (High blood pressure that has no identifiable medical cause), Anemia (a condition where your blood has too few healthy red blood cells, which means your body doesn't get enough oxygen). A review of Resident 3's MDS, dated [DATE], indicated Resident 3's cognition (the mental ability to understand and make decisions of daily living) was moderately intact. The MDS indicated Resident 3 had impairment to upper extremities (arms) and lower extremities (legs). Resident 3 was unable to ambulate. Resident 3 required assistance with eating, oral hygiene, upper body dressing, and was dependent with toileting, shower/bathe self, lower body dressing, and personal hygiene. A review of Resident 3's care plan initiation date 10/30/2025, indicated: Focus: Resident 3 is alert and oriented times 3 (three-name, place, time and date). During an observation, interview, and concurrent record review, on 11/12/2025 at 11:06 a.m.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe and comfortable environment for one of three sampled residents (Resident 2), by failing to ensure:1. Resident 2 was not admitted and remained in a cold room with a broken window on 11/4/2025 2. Repaired broken window in a timely manner. 3. Checked and logged the resident's room temperature to ensure the room temperature was comfortable and not cold.4. Provide Resident 2 with extra blankets to keep the resident warm.5. Move resident 2 to another room with no broken window. These failures:1. Resulted in Resident 2 stating he was very angry and suffered/endured the from extreme cold temperature for two days and nights placing Resident 1 at increased risk to suffer hypothermia (a condition that occurs when core body temperature drops below 95 degrees Fahrenheit). Resident 2 was at risk suffer injury(ies) from the broken glass.2. Had the potential for insects/rodents to enter Resident 2's room through the broken window.Findings: A review of Resident 2's admission record indicated Resident 2, was originally admitted to the facility on [DATE] with diagnoses that include heart failure (ongoing condition where the heart muscle becomes too weak or stiff to pump enough oxygen-rich blood to meet the body's needs), bipolar disorder (a mental health condition characterized by extreme mood swings that include episodes of high energy and euphoria (mania or hypomania)and episodes of low mood sadness (depression) and acute respiratory failure with hypoxia (is when your lung's can't get enough oxygen into your blood to deliver to the rest of your body, which can happen suddenly). A review of Resident 2's History and Physical dated 9/19/25, indicated Resident 2 had the capacity to make medical decisions. A review of Resident 2's Minimum Data Set (MDS-a resident assessment tool), dated 9/25/2025, indicated Resident 2's cognition (the mental ability to understand and make decisions of daily living) was moderately impaired. Resident 2 had no impairment to upper extremities (arms) and no impairment to lower extremities (legs) and ambulated independently. Resident 2 required supervision or touching assistance with eating, oral hygiene, upper body dressing, and personal hygiene, and partial/moderate assistance with toileting, shower/bathe self, with lower body dressing. During an observation and concurrent interview on 11/12/2025 at 10:33 a.m., Resident 2 was noted in his room (Room B) sitting on his bed with long pants, shirt, and a black sweatshirt and hood on his head with both arms folded and leaning forward. A window in Resident 2's room was noted without a glass covering (broken). Resident 2's room temperature felt very cold. Resident 2 stated he was very cold and has been in the same room with the window broken for two days. Resident 2 stated, It was a hole in the glass of the window that is big enough to put my hand through. The air coming through the window causing me to be very cold, especially at night. Resident 2 stated none of the staff gave him extra blankets to keep him warm at night. Resident 2 stated it made him angry that he had to sleep in a cold room all night and his room was changed. Resident 2 stated he was in Room B, and he wanted to go back to his old room (Room A). During observation, interview, and concurrent record review on 11/12/25 at 1:10 p.m., with Maintenance Director (MD). There was a broken window in Room A (Resident 2's room) and floor heater was also on. MD stated the window in Room A had been broken since 11/5/25. MD stated he needed to order a replacement window from a retail store but had not placed the order yet. MD stated the window should have been replaced right away (as soon as the window was broken) to prevent cold air from entering the room and the facility, and to prevent the residents to get injured from the broken glass. MD then checked and recorded the temperature for Room . with portable thermometer and recorded Room . MD stated he checks the temperatures in the resident's rooms daily and records them in the temperature log that is stored in his office in a binder for the year 2025. MD stated the temperature logs were also sent to his Consultant daily. A review of the facility temperature logs folder/binder in the MD's office indicated there was only one incomplete log for 10/2025. MD confirmed and stated that he did not have any other temperature logs. MD stated he could not show the surveyor temperature logs in the computer because he did not know how to access the logs. A review of a retail store purchase receipt dated 11/12/2025, indicated the facility purchased a replacement window on 11/12/2025 at 11:29 a.m. During an interview and concurrent record review on 11/12/2025 at 3:46 p.m., Director of Nursing (DON) stated she was not aware that Resident 2 was moved to Room B on 11/11/2025. DON stated she did not know who moved Resident 2 to Room A with a broken window. DON stated placing a resident in a room with a broken window could be a danger to the resident. DON stated Resident 2 could get an infection, experience hypothermia, become uncomfortable due to being cold room, and could get injured due to broken window