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	05/20/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure the required Interdisciplinary Team (IDT, a group of people from different jobs or specialties who work together to help take care of a resident in a healthcare facility) members-specifically the attending physician-participated in the development of the resident's comprehensive care plan, and failed to document the physician's participation or any attempt to obtain input, for one of three sampled residents (Resident 2)These deficient practices had the potential to result in Resident 2's needs and care not been met.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to facility on 3/2/2026 with the diagnosis that included but not limit to: acute respiratory failure (a condition body isn't getting enough oxygen), asthma (a longˆterm condition that affects your lungs and makes it hard to breathe), pulmonary embolism (a condition that a blood clot is travels to the lungs and get stuck there), obesity a condition body having too much body fat) , DTV (Deep Vein Thrombosis, a condition a blood clot has formed in a deep vein, usually in the leg) on both legs.During a review of Resident 2's MDS (Minimum Data Set, a resident assessment tool) dated 3/8/2026, the MDS indicated Resident 2 is cognitive intact.During an interview with Resident 2 on 5/19/2026 at 3:30 pm, Resident 2 stated, attending physician did not participate during her comprehensive care plan meeting on 3/6/2026.During an interview with RN (Registered Nurse) 1 on 5/20/2026 at 11:33 am, RN 1 stated physicians do not need to attend or on the phone during the comprehensive care plan meeting.During a concurrent interview and record review on 5/20/2026 at 12:48 pm with the Director of Nursing (DON), resident 2' multidisciplinary care plan meeting notes dated 3/6/2026 were reviewed. The notes indicated the attending physician did not participate, and no documentation was provided regarding his involvement. The DON stated the attending physician should be present or on the phone during the meeting to participate. No documentation or input from attending physician means he did not participate, that will negatively affect Resident 2's care and treatment.During a review of the facility's policy and procedures (P&P) titled, Care Planning-Interdisciplinary Team dated 1/20/2026. The P&P indicated comprehensive person-centered care plan are developed by an interdisciplinary team (IDT), IDT must include resident's attending physician.

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2)'s physician order dated 3/16/2026 was being placed and implemented.This deficient practice had the potential to negatively affect Resident 2's care and treatment.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to facility on 3/2/2026 with the diagnosis that included but not limit to: acute respiratory failure (a condition body isn't getting enough oxygen), asthma (a longˆterm condition that affects your lungs and makes it hard to breathe), pulmonary embolism (a condition that a blood clot is travels to the lungs and get stuck there), obesity a condition body having too much body fat) , DTV (Deep Vein Thrombosis, a condition a blood clot has formed in a deep vein, usually in the leg) on both legs.During a review of Resident 2's MDS (Minimum Data Set, a resident assessment tool) dated 3/8/2026, the MDS indicated Resident 2 is cognitive intact.During a concurrent interview and record review on 5/20/2026 at 11:33 am with Registered Nurse (RN) 1, Resident 2's physician order dated 3/16/2026 was reviewed. the physician's order indicated SCD (Sequential Compression Device, a special machine that squeezes the legs gently, over and over, to help blood keep moving) as soon as available.keep both feet elevated when supine. RN 1 stated those handwritten orders were not in their computer system yet, which means it had not been placed and carried out. RN 1 stated it is Licensed Vocational Nurse (LVN) and RN's duty to follow up with physician's handwritten order and place them into the system.During an interview with the Director of Nursing (DON) on 5/20/2026 at 12:48 pm, the DON stated, the Resident 2's physician order on 3/16/2026 did not get put into their system. Failing to follow up and implement physician orders may delay Resident 2's treatment and negatively affect Resident 2's care.During a review of facility's LVN job description, Charge Nurse-LVN, [undated], the job description indicated LVN should performs tests, treatment, and procedure as ordered by the physician.During a review of facility's RN job description, RN Nurse Supervisor, [undated], the job description indicated RN should supervises all licensed nurse for completion of duties.

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2)'s History and Physical (H&P) was completed within 72 hours per the facility policy. This deficient practice had potential to result in Resident 2's needs not been met. Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to facility on 3/2/2026 with the diagnosis that included but not limit to: acute respiratory failure (a condition body isn't getting enough oxygen), asthma (a longˆterm condition that affects your lungs and makes it hard to breathe), pulmonary embolism (a condition that a blood clot is travels to the lungs and get stuck there), obesity a condition body having too much body fat) , DTV (Deep Vein Thrombosis, a condition a blood clot has formed in a deep vein, usually in the leg) on both legs.During a review of Resident 2's MDS (Minimum Data Set, a resident assessment tool) dated 3/8/2026, the MDS indicated Resident 2 is cognitive intact.During a concurrent interview and record review on 5/20/2026 at 12:48 pm with the DON, Resident 2's H&P dated 3/16/2026 were reviewed. the H&P did not indicated it was completed on time. The DON stated Resident H&P should be completed by the attending physician within 72 hours after admission, failing to complete Resident 2's H&P on time negatively affected Resident 2's care and treatment.During a review of the facility's policy and procedures (P&P) titled, Physician Visits dated 1/20/2026, the P&P indicated the attending physician will visit residents in a timely manner consistent with applicable state and federal requirements.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately calculate the Direct Care Services Hours Per Patient Day (DHPPD) for Certified Nursing Assistants (CNA) for five of five sampled days ([DATE], [DATE], [DATE], [DATE] and [DATE]). This deficient practice resulted in inaccurate DHPPD hours being reported and posted and had the potential to affect the quality of care and services given to the residents because of a decrease in direct nurse care hours. During a telephone interview on [DATE] at 9:59 am with CNA 5, she stated her CNA certification expired in September of 2023 and she was assigned as hall monitor, sitter or caregiver depending on the need at the facility (which were all non-CNA roles). She further stated the Director of Staff Development (DSD) at the time was really bad and never ended up signing her in-service hours to renew her CNA certification so she ended up working there in non-CNA roles for another few months then left. Further stating she should not have been included with the CNA hours during that time.During a review of facility's Direct Care Services Hours Per Patient Day (DHPPD) forms dated [DATE], [DATE], [DATE], [DATE] and [DATE], the forms indicated:On [DATE] the actual DHPPD for CNA was 2.46 with total actual CNA hours as 289.45On [DATE] the actual DHPPD for CNA was 2.45, with total actual CNA hours as 279.80On [DATE] the actual DHPPD for CNA was not calculated, but the estimated number was 2.31, nothing indicated for total actual hours CNAOn [DATE], the actual CNA DHPPD was 2.31, with total actual CNA hours as 259.95On [DATE], the actual CNA DHPPD was 2.34, with total actual CNA hours as 257.77.During a concurrent telephone interview and record review with the Director of Staff Development (DSD) on [DATE] at 4:43 pm the DHPPD for the dates above were reviewed and the DSD recalculated the numbers using the NHPPD report. The DSD further stated she removed the CNA 5 from the total actual CNA hours for all dates and the calculations were as follows:[DATE]: total actual CNA hours 247.52, CNA DHPPD 2XXX[DATE]: total actual CNA hours 250.23, CNA DHPPD 2XXX[DATE]: total actual CNA hours 265.27, CNA DHPPD 2XXX[DATE]: total actual CNA hours 242.68, CNA DHPPD 2XXX[DATE]: total actual CNA hours 242.36, CNA DHPPD 2.22The DSD verified the above numbers and stated the form could be manipulated by putting in a higher number in the total actual CNA hours and they should not have been using the CNA 5 hours because of an expired certification in the calculation. The minimum CNA DHPPD per the regulation should be 2.4, so all the dates reviewed do not meet the requirement.During a review of the Census and Direct Care Service Hours Per Patient Day (DHPPD) Instructions dated 07/19 indicated 8. Enter the Actual Total Direct Care Service Hours for the entire patient day. The Average Patient Census is automatically calculated as the sum of the Beginning Census of the three census periods divided by three. The Actual DHPD is automatically calculated as the Actual Total Direct Care Service Hours divided by the Average Patient Census. The Actual CNA DHPPD is automatically calculated as the Actual Total CNA Direct Care Service Hours divided by the Average Patient Census.During a review of All Facilities Letter 19-16 indicated, The 3.5 DHPPD staffing requirement, of which 2.4 hours per patient day must be performed by CNAs, is a minimum requirement for SNFs (Skilled Nursing Facilities - nursing homes). SNFs shall employ and schedule additional staff and anticipate individual patient needs for the activities of each shift, to ensure patients receive nursing care based on their needs. The staffing requirement does not ensure that any given patient receives 3.5 or 2.4 DHPPD; it is the total number of actual direct care service hours performed by direct caregivers per patient day divided by the average patient census. Only direct caregivers shall count toward the 3.5 and 2.4 DHPPD staffing standards.