

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Highland Park Skilled Nursing and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5125 Monte Vista St. Los Angeles, CA 90042	

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 0605  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.  (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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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to ensure one (1) of two (2) sampled residents (Resident 1) were free from unnecessary psychotropic drugs (any medication capable of affecting the mind, emotions, and behavior) as indicated in the facility's policy and procedure and care plan by failing to ensure Resident 1:1. Had a specific indication for the use of Ativan (a medication that treats anxiety { fear characterized by behavioral disturbances}).2. Was monitored for specific manifested behavior and side effects for the use of Ativan.This deficient practice had the potential to place Resident 1 at risk for significant adverse (harmful) consequences from the use of unnecessary psychotropic drug, which could result to impairment or decline in the residents' mental, physical condition, functional, and psychosocial statusFindings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's diagnoses included congestive heart failure (CHF, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), 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) During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 10/21/2025, the MDS indicated Resident 1 had severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) in eating, oral and toileting hygiene, shower/ bathe self, upper and lower body dressing, putting on/ taking off footwear, roll left and right, sit to lying, lying to sitting on the side of the bed and chair/ bed-to-chair transfer.During a record review of Resident 1's undated care plan (CP) , the care plan indicated: 1) Resident 1 had an episode of agitation and anxiety manifested by (m/b)feeling tense and restlessness and agitation. The CP interventions included were to: Administer medications as ordered. Monitor/document for side effects and effectiveness. Monitor behavior episodes and attempt to determine underlying causes. Consider location, time of day, person involved, and situations. Document behavior and potential causes. 2) Resident 1 uses anti-anxiety medication (Ativan) related to anxiety m/b aggressive behavior/hitting staff and trying to get out. The CP interventions included were to: Monitor/document /report as needed (PRN) any adverse reactions to anti-anxiety therapy: Drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion and disorientation, depression, dizziness, lightheadedness, impaired thinking and judgment, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: Mania, hostility, rage, aggressive or impulsive behavior, hallucination. Monitor/record occurrence of target behavior symptoms pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards staff/others. etc. and documents per facility protocol. During a record review of Resident 1's Order Summary, the Order Summary indicated the following: Monitor target behavior of restlessness manifested by constant physical movement example: crawling for the use of Ativan, diagnosis for anxiety disorder indicate the number of behavior occurrences. End date: 10/13/2025 Monitor for side effects of antianxiety medication due to the use of Ativan. End date: 10/13/2025 Ativan 0.5 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount) give 1 tablet via gastrostomy tube (G-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) every six (6) hours as needed for anxiety manifested by feeling tense and restless for 14 days. Start date: 10/31/2025, Lorazepam Solution 2mg/milliliter nine (9) milliliters, unit of volume), inject 1mg intramuscularly (IM, injection of a substance directly into muscle) one time only for anxiety manifested by feeling tense and restless for 1 day. Start date:10/31/2025, During a concurrent interview and record review on 11/19/2025 at 3:02PM with the Director of Nursing (DON), Resident 1's Order Summary dated 11/7/2025 was reviewed. The Order Summary indicated on 10/31/2025, Ativan 0.5mg give 1 tablet via G-tube every 6 hours as needed for anxiety manifested by feeling tense and restless for 14 days. The DON stated Resident 1's order should have a specific manifested behavior for restlessness such as trying to get out of bed or out of the facility, crawling on the floor or shuffling, and roaming around the facility hallways. The DON stated Resident 1's order was missing and should have the specific manifested behavior for restlessness so the staff can accurately monitor the behavior for the resident's use of Ativan. During a concurrent interview and record review on 11/19/2025 at 3:30 PM with Licensed Vocational Nurse 1 (LVN 1) Resident 1's Order Summary</p>		