

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Beverly Hills Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 580 S San Vicente Blvd. Los Angeles, CA 90048	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48429</p> <p>Based on interview and record review, the facility failed to provide protection from abuse by a family member for one of three sampled residents (Resident 1). Resident 1 reported to the facility staff and police that her Family Member slapped her in the face on 2/26/2024 and the next day the Family Member returned to the facility and was found in Resident 1's room. This deficient practice placed the resident at increased risk for further abuse from the Family Member.</p> <p>Findings:</p> <p>A review of the admission record, dated 8/7/2023 indicated Resident 1 was admitted to the facility with diagnoses including encephalopathy (a change in the way your brain works or a change in your body that affects your brain), essential hypertension (abnormally high blood pressure, not the result of a medical condition), chronic pain syndrome (causes pain and other symptoms in certain parts of your body, usually in your extremities).</p> <p>A review of the Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 2/6/2024, indicated Resident 1 had no evidence of acute change in mental status.</p> <p>A review of the facility's Change in Condition document, dated 2/26/2024, indicated Resident 1 reported to the police that a Family Member slapped her on the left side of her cheek and the facility conducted an investigation report.</p> <p>A review of the facility's change in condition document, dated 2/27/2024 (the next day), indicated Resident 1's Family Member had open handed contact with Resident 1's left face. The facility investigation report indicated that on 2/27/2024, the Family Member was inside Resident 1's room and made open hand contact with the resident's left side of the face.</p> <p>During an interview on 3/6/2024 at 12 PM, Resident 1 stated, This was made into more than what it was. I was hit on the left side of the cheek, but it got blown out of proportion.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Beverly Hills Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 580 S San Vicente Blvd. Los Angeles, CA 90048	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/2024 at 3:30 PM, the Administrator stated the Family Member arrived to the facility on [DATE] around 9 AM. The staff heard shouting from Resident 1's room and asked Resident 1 what happened. Resident 1 stated, He slapped me. Family Member 1 was escorted out of the facility by the police. The Administrator further stated that on 2/27/2024 the Family Member was found again in Resident 1's room by the morning staff. The Administrator stated as the Family Member was escorted out, he went back and slapped Resident 1 a second time. The Administrator stated, An emergency protective order was initiated on 2/27/2024 until 3/5/2024 against Resident 1's Family Member.</p> <p>A review of the facilities policy and procedure dated 1/2024, titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, indicated the resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: Protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual.</p>