

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 07/10/2025
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility failed to ensure one of four sampled residents (Resident 1)'s medications were not left at bedside after administering and documented according to facility's policy and procedures (P&P) titled, Administering Medications. This deficient practice increased the risk for accidents, unintended complications from receiving more or less than the required medications dose and jeopardized resident's health and safety by failing to administer necessary medications in accordance with the physician order. Findings: During a review of the admission Record, Resident 1 was admitted to the facility on [DATE] with diagnosis including type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), difficulty in walking and muscle weakness (weakening, shrinking, and loss of muscle). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 6/30/2025 indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was mildly impaired. The MDS indicated Resident 1 required total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's Self-Administration of Medication Observation, dated 6/23/2025, it indicated, Resident 1 does not want to self-administer medications. During a review of Resident 1's Order Summary Report (OSR), the OSR indicated the following medications were ordered by the physician to be administered in the morning at 9 a.m., i. Metformin (it can treat high blood sugar levels) tablet 500 milligram (MG - unit measurement) - Give 1 tablet by mouth one time a day ii. Multivitamin (used to treat or prevent vitamin deficiency) oral tablet - give 1 tablet by mouth one time a day iii. Oyster shell calcium (s used to prevent or treat low blood calcium levels) tablet 500 mg - give 1 tablet by mouth in the morning iv. Lisinopril (lowers blood pressure and makes it easier for the heart to pump blood around the body) oral tablet 40 mg - give 40 mg by mouth one time a day v. Methocarbamol (works by calming overactive nerves in the body, which helps the muscles relax) oral tablet 500 mg - give 1 tablet by mouth three times a day. During a concurrent observation and interview with Resident 1 on 7/10/2025 at 9:20 a.m., observed Resident 1 with a medication cup filled with five different kinds of pills. Resident 1 stated she did not take the medications after they were given to her because the nurses didn't explain what her medications were. Resident 1 further stated, the staff leaves the medications on her bedside table. During a concurrent observation and interview with Registered Nurse 1 (RN 1) on 7/10/2025 at 9:43 a.m., RN 1 observed the medication cup with pills in Resident 1's possession. RN 1 stated nurses should not leave the medications at bedside, and Resident 1 is unable to self-administer medications. During an interview with Licensed Vocational Nurse 1 (LVN 1) on 7/10/2025 at 9:46 a.m., LVN 1 stated, he administered Resident 1's medications this morning but he left Resident 1's room without observing her taking the medications. LVN 1 stated, he needs to ensure residents take the medications after administering them so they would know if they actually took the medications. During an interview with Assistant Director of Nursing (ADON) on 7/10/2025 at 11:30 a.m., ADON stated, medications should not be left at bedside. ADON stated, Resident 1 is unable to self-administer medications. ADON stated, if medications were left at bedside, it puts residents at risk of not being able to swallow the entire medications or they won't know if those medications were ordered by the physician. During a review of the facility's policy and procedures (P&P) titled, Administering Medications, reviewed on 1/2025, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p>		