

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  12/23/2025
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  (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 0880</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 observation, interview, and record review, the facility failed to ensure staff followed transmission-based precautions (rules to prevent spreading infections) in accordance with facility policy and infection prevention standards to prevent the spread of infection, by failing to: 1. Staff properly donning (wearing) the required personal protective equipment ([PPE] - gloves, gowns, goggles, face masks) before entering the room of Resident 3 who was on contact isolation (infection control measures, requiring staff and visitors to wear gowns and gloves prior to entry), 2. Develop and implement a care plan addressing contact isolation precautions for Resident 3. These deficient practices placed residents, staff, and visitors at risk for exposure to and transmission of infectious organisms. Findings: During a review of Resident 3's admission Records, the admission Records indicated that Resident 3 was admitted to the facility on [DATE] with diagnoses including benign neoplasm of meninges (a slow-growing, non-cancerous (benign) tumor that forms on the meninges, the protective layers covering your brain and spinal cord), anemia (a condition where the body does not have enough healthy red blood cells), enterocolitis (inflammation in both of your intestines at once) due to clostridium difficile ([C. diff] - a highly contagious bacteria that causes severe diarrhea). During a review of Resident 3's Minimum Data Set ([MDS] - a resident assessment tool) dated 11/6/2025 revealed that Resident 3 has moderate cognitive impairment. Resident 3 is dependent (helper does all the effort) from staff with toileting, showering/bathing, lower body dressing, putting on/taking off footwear. During a review of Resident 3's Lab Results Report dated 12/19/2025, the Lab Results Report indicated C. Diff detected in Resident 3's stool sample. During a review of Resident 3's Order Summary Report dated 12/23/2025, the Order Summary Report indicated Resident 3 was placed on contact isolation due to C. Diff. on 12/20/2025. During a concurrent observation and interview on 12/23/2025 at 11:26 a.m. with Certified Nurse Assistant (CNA) 1 and Licensed Vocational Nurse (LVN) 1, observed signage by Resident 3's door indicating Contact Isolation Precautions. CNA 1 donned his PPE inside Resident 3's room, standing in close proximity to Resident 3's bed. Observed LVN 1 standing near Resident 3's bed without any PPE. Both CNA 1 and LVN 1 were unsure of the reason why the resident was on contact isolation. CNA 1 stated that the PPE must be donned before entering the room with contact isolation signage. Donning PPE inside the room increases the risk for staff contamination and spread of the infection to other staff, residents and visitors. During an interview on 12/23/2025 at 11:36 a.m., with LVN 1, LVN 1 stated that Resident 3 was on contact isolation due to C. Diff infection. LVN 1 stated that C. Diff bacteria is transmitted through contact with spores. LVN 1 stated that to enter the rooms with contact isolation, facility personnel need to wear appropriate PPE, such as gown, gloves, and a surgical mask. PPE must be donned at the door to protect staff and prevent the spread of infectious organisms to others in the facility. During a concurrent interview on 12/23/2025 at 3:00PM with Director of Nursing (DON), and record review of Resident 3's care plan, the DON stated when a resident is on a contact isolation precaution, staff must don PPE before entering the resident's room, to protect other residents and staff, and to avoid the spread of the infectious organisms. the DON indicated there was no care plan developed addressing contact isolation for Resident 3. The DON stated that a comprehensive, resident centered care plan addressing contact isolation precautions must be created by Interdisciplinary Team ([IDT] a team of different health care professionals working together to develop care interventions for a resident). The DON added the care plan should outline the specific interventions, staff responsibilities, and monitoring needed to ensure that contact isolation precautions are implemented consistently to prevent the spread of infection. During a review of facility's Policies and Procedures (P&amp;P) titled Isolation - Categories of Transmission-Based Precautions revised on August 2025, the policy indicated Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed when contact precautions are implemented. During a review of facility's P&amp;P titled Care Plans, Comprehensive Person-Centered, revised on January 2024, the policy indicated The interdisciplinary team should review and updates the care plan when there has been a significant change in the resident's condition.</p>		