STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555707	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imperial Care Center	11441 Ventura Blvd Studio City, CA 91604

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43497 Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse (deliberately aggressive or violent behavior with the intention to cause harm) for one of three sampled residents (Resident 1). On 10/11/2024 Certified Nurse Assistant hit Resident 1 on the face causing him to fall on the floor. This deficient practice resulted in Resident 1 being subjected to physical abuse by Certified Nurse Assistant (CNA 1) while under the care of the facility. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the facility originally admitted to the facility on [DATE] and with diagnoses that included schizophrenia (a disorder that affects the person's ability to think, feel, and behave clearly), cerebrovascular disease (a disorder that affects blood supply to the brain), dementia (memory loss), and anxiety (excessive and persistent worry and fear). During a review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool), dated 7/15/2024, indicated Resident 1 had severely impaired cognition and required staff moderate assistance with, toilet hygiene, bathing, dressing, and personal hygiene. During a review of Resident 1's History and Physical, dated 7/10/2024, indicated Resident 1 did not have capacity to understand and make decisions. During a review of Resident 1's Change of Condition (COC - a significant change in a resident's health status), dated 10/17/2024, timed at 10:52 a.m., the COC indicated, at 9:30 a.m., Registered Nurse (RN) heard commotion coming from the hallway area near the dining room. RN arrived at the dining room and noted CNA 1 was physically aggressive towards Resident 1. RN immediately removed CNA 1 from the dining room and CNA 1was instructed to step outside. CNA 1 stated, Resident 1 was hitting me. At 9:33 a.m. , RN notified the Abuse Coordinator. At 9:35 a.m., RN assessed Resident 1. When asked what happened, Resident 1 stated, I don't know. Resident 1 was noted with a right ear lobe skin tear (wound) 0.5 centimeter (cm - unit of measurement) x 0.4cm. Ibuprofen (pain mediation) was administered. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555707	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imperial Care Center	11441 Ventura Blvd Studio City, CA 91604

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Activities Assistant (AA 1) on 10/18/2024 at 9 a.m., AA stated, she was inside the dining room when she heard a commotion, and she noted CNA 1 running into the dining room with Resident 1 behind her trying to hit her. AA stated, she then saw CNA 1 hitting Resident 1 causing him to fall on the floor. AA stated, another activities assistant in the dining room yelled out to CNA 1 to stop hitting Resident 1. AA stated, an RN came into the dining room and escorted CNA 1 out of the room. AA stated, Resident 1 had periods of agitation and confusion, but she knew how to calm him down by not touching and letting him be. During an interview with Activities Assistant (AA 2) on 10/18/2024 at 11 am., AA 2 stated, she was in the dining room when she noted CNA 1 running into the dining room. AA 2 stated, she saw Resident 1 attempting to hit CNA 1, then she noted CNA 1 hitting Resident 1 in an attempt of protecting herself. AA 2 stated, CNA 1 hit Resident 1 in the right ear. AA 2 stated, Resident 1 lost balance and fell on the floor. During an interview with Licensed Vocational Nurse (LVN 1) on 10/18/2024 at 11:30 a.m., LVN 1 stated, she was in the dining room passing medications to her residents. LVN 1 stated, she observed CNA 1 running into the dining room and saw Resident 1 behind her attempting to hit CNA 1. LVN 1 stated, she noted CNA 1 punching Resident 1 causing him to fall on the floor. LVN 1 stated, she saw the RN running into the room and redirected CNA 1 out of the dining room. LVN 1 stated, CNA 1's behavior was inappropriate and considered physical abuse. During a concurrent interview with the Director of Nurses (DON) and Administrator (ADON) on 10/18/2024 at 4 p.m., ADMIN stated, the facility does not tolerate any type of abuse and CNA 1 's behavior was considered physical abuse. ADMIN stated, CNA 1 was terminated immediately. DON stated, they have in serviced staff on how to properly care for residents with dementia and mental illness. DON stated, the CNA 1 should have never hit Resident 1.DON stated, CNA 1 should have never touched Resident 1 and called for help. A review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation, and Misappropriation of Program, dated 4/2021, indicated Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or clinal restrain not required to treat the resident's symptoms. 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, by anyone including, but not necessarily limited to facility staff. Establish and maintain a culture of compassion and caring for al residents and particularly those with behavioral, cognitive, or emotional problems.