

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2024
NAME OF PROVIDER OR SUPPLIER  Imperial Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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>43878</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&amp;P) for one of three sampled residents (Resident 1) when on 12/4/2024 the facility failed to notify the local law enforcement officials (a law enforcement agency that is responsible for enforcing laws in a city, town, county, or region) when Resident 1 alleged being a victim of misappropriation of funds (an illegal use of another person's money or property for one's own gain or other unauthorized purpose).</p> <p>This deficient practice resulted to Resident 1's allegation not investigated by the local law enforcement.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 10/24/2024 with diagnoses including acute respiratory failure (a serious condition that makes it difficult to breathe on your own), muscle weakness (general), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/4/2024, indicated Resident usually understood and was usually understood.</p> <p>During a review of Resident 1's care plan, initiated on 11/13/2024 for Resident 1 and/or responsible party have been made aware that the facility has a stable system to identify not only abuse but also those practices and omissions that lead to abuse, neglect and misappropriation of property. Resident 1's care plan interventions indicated to follow all reporting guidelines as required related to abuse reporting and resident and/or appointed representative has been informed and will be updated as needed regarding the facility policies and procedure for identifying and reporting any forms of abuse.</p> <p>During a review of Resident 1's History and Physical, dated 12/1/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Interdisciplinary Care Team (IDT- a group of health professionals from different disciplines who work together to provide care for a patient) Notes, dated 12/4/2024 at 2:30 p.m., indicated Resident 1 stated Family Member 1 (FM 1) was taking his money, has not seen his checks for sometime. Resident 1 stated not getting his retirement and social security checks, reports he gets over \$5,000 in one and about \$3,000 a month for the other check. Resident 1 stated FM 1 took Resident 1's drivers license and his bank card. IDT indicated Social Services Director (SSD) contact Adult Protective Services (APS- a government program that helps older adults and people with disabilities who are unable to care for themselves and may be experiencing abuse, neglect, or financial exploitation by investigating reports of such mistreatment and providing support to ensure their safety and well-being) but they could not take report as Resident 1 lived in a Skilled Nursing Facility (SNF- a type of inpatient facility that provides short or long-term skilled nursing care, and rehabilitation services to patients), but referred SSD to call the Ombudsman (a person who investigates, reports on, and helps settle complaints). SSD called and made report with Ombudsman and notified by Ombudsman to report to California Department of Public Health (CDPH- the state department responsible for public health in California).</p> <p>During an interview on 12/13/2024 at 8:49 a.m., Resident 1 stated spoke to facility about a week ago regarding FM 1 taking all his money and using his money for her needs not for what he (Resident 1) needs. Resident 1 stated did not give access to FM 1 to his driver's license or bank card. Resident 1 stated FM 1 has joint account with Resident 1.</p> <p>During an interview on 12/13/2024 at 10:39 a.m., the SSD stated Resident 1 reported alleged financial abuse on 12/4/2024 at around the end of the day. The SSD stated Resident 1 could not say how long the financial abuse has been occurring. The SSD stated Resident 1 alleged FM 1 took Resident 1's wallet with driver's license with bank card and FM 1 did not give those items back. The SSD stated the facility reported the alleged financial abuse to APS, the Ombudsman, and CDPH. The SSD stated the facility did not report to the local police.</p> <p>During a concurrent interview and record review on 12/13/2024 at 1:31 p.m. of the facility's P&amp;P titled, Abuse, Neglect, Exploitation or Misappropriation, Reporting and Investigating, the SSD stated the police was not notified regarding Resident 1's alleged financial abuse. The SSD reviewed the P&amp;P and stated the facility should have contacted the police. The SSD stated not notifying the police can be a risk for further financial abuse.</p> <p>During an interview on 12/13/2024 at 2 p.m., the Director of Nursing (DON) stated the facility's policy indicated to call the police but because the APS said there was no case, they (facility staff) did not. The DON stated the police need to be notified because it is an allegation of financial abuse. The DON stated if not reported to the police, the police cannot investigate the case.</p> <p>During a record review of the facility-provided P&amp;P titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, last revised on 3/2023, the P&amp;P indicated all reports of resident abuse, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management.</p> <p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <p>(continued on next page)</p>		

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