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	02/03/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on observation, interview and record review, the facility failed to ensure that one of three sampled resident (Resident 1) was allowed to keep medications at beside without a physician's order. Resident 2 kept a cold (a mild infection of your upper respiratory tract which includes your nose and throat) and flu (highly contagious [able to be passed on by contact between individuals] viral infection of the respiratory tract that can cause severe illness and life-threatening complications) medication at Resident 1's bedside drawer. This deficient practice had the potential to result in unsafe medication administration. Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), generalized muscle weakness and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Self-Administration of Drug assessment dated [DATE], the Self-Administration of Drug Assessment indicated Resident 1 was unable to complete medication administration and Resident 1 was not safe to self-administer medication. During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During an observation on 1/31/2025, at 9:16 a.m., at Resident 1's bedside. Observed one colds and flu medication bottle inside a bedside opened clear drawer at Resident 1's right side. (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	02/03/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a concurrent observation and interview on 1/31/2025, at 9:17 a.m., with Certified Nursing Assistant 1 (CNA 1), at Resident 1's bedside. CNA 1 stated there was a medication bottle inside Resident 1's bedside drawer. CNA 1 stated she (CNA 1) did not notice there was a medication with Resident 1. During an interview on 1/31/2025, at 9:18 a.m., with Resident 1, Resident 1 stated Family Member 2 (FM 2) brought the cough medicine bottle, and he (Resident 1) had been taking the medicine on his (Resident 1) own. During an interview on 1/31/2025, at 9:35 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 had a cough medicine at bedside drawer and all medication should be in a locked medication cart. LVN 1 stated if family brings medication, facility had to checked it first. LVN 1 stated if medication left at bedside can result to medication misuse (use in a wrong way). LVN 1 stated all staff are responsible in reporting that medication was at residents' beside. During an interview on 1/31/2025, at 11:28 a.m., with Registered Nurse 2 (RN 2), RN 2 stated no medications are allowed at resident's bedside unless there was a physician order. RN 2 stated a resident can overdose (excessive and dangerous dose of a drug) on the medication. RN 2 stated Resident 1 was assessed as unable to take his (Resident 1) own medication safely. RN 2 stated family should be informed not to leave any medication at resident's bedside. During an interview on 2/3/2025, at 9:47 a.m., with the Assistant Director of Nursing (ADON), the ADON stated it was not safe for Resident 1 to keep medication at beside because he (Resident 1) was blind on one eye (right eye) and Resident 1 can take more or less of the dose ordered by the physician. The ADON stated Resident 1 needed assistance in taking medication. During a concurrent interview and record review on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), Resident 1's Physician Orders were reviewed. The DON stated there were no physician order for Resident 1 to self-administer medication. The DON stated no staff were aware that Resident 1 had the medication at bedside. The DON stated Family Member 2 (FM 2) brought the medication. The DON stated the medication can possibly have a drug interaction with his other medication. During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., with the DON, facility's policy and procedure (PNP) titled, Self-Administration of Medications, dated 2/2021 and last reviewed on 7/2024. The DON stated medication should not be left at the bedside. The PnP indicated, Residents have the right to self-administer medications if the Interdisciplinary Team (IDT--a coordinated group of experts from several different fields who work together) has determined that it is clinically appropriate and safe for the resident to do so. 1. As part of the evaluation comprehensive assessment, the IDT assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident 4. If the team determines that a resident cannot safely self-administer medications, the nursing staff administer the resident's medications. The IDT evaluates options which allow residents to safely participate in the medication administration process if they wish to do so (continued on next page)

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	02/03/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart or in the medication room. A licensed nurse transfers the unopened medication to the resident when the resident requests them 9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. During a record review of facility's PnP titled, Administering Medications, dated 4/2019 and last reviewed on 7/2024, the PnP indicated, . 1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so .4. Medications are administered in accordance with prescriber orders, including any required time frame .27. 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.

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	02/03/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to report allegation of family-to-resident abuse within two hours to the State Survey Agency (SSA), the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities), and local law enforcement (police) as per its policy on abuse for one of three sampled residents (Resident 1). This deficient practice had the potential to place Resident 1 at risk for further abuse. Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), generalized muscle weakness and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's Progress Notes dated 11/30/2024, timed at 12 noon, the Progress Notes indicated Family Member 3 (FM 3) visited Resident 1 and attempted to take Resident 1 out of the facility for few hours. The Progress Notes indicated FM 2 who was the Responsible Party (RP-responsible for making sure that the nursing home gets paid from the resident's own funds) did not allow Resident 1 to go out with FM 3. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a record review of Resident 1's Interdisciplinary Team (IDT- a coordinated group of experts from several different fields who work together) Narrative dated 12/10/2024, the IDT indicated FM 2 reported that Resident 1's family had been fighting her (FM 2) for financial gain and for Resident 1's life insurance policy (the purpose of life insurance is to help loved ones financially after the policyholder's death). During an interview on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), the DON stated FM 2 informed her (DON) that each time Resident 1 goes out with FM 2, an $8,000 to $9,000 dollars were withdrawn from Resident 1's bank account. The DON stated the report of potential financial abuse complaint towards Resident 1's family happened on 12/2024. (continued on next page)

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	02/03/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 2/3/2025, at 12:04 p.m., with the DON, the DON stated on 12/2/2024 IDT was done regarding visiting and out on pass (a temporary permission of a patient to leave the hospital or facility in a specified time) with FM 2. The DON stated on 12/2/2024, FM 2 verbalized FM 3 taking advantage of Resident 1 financial condition and taking money from Resident 1. The DON stated the allegation of financial abuse against FM 3 was not reported to SSA, Ombudsman and police because the facility did not have a proof that there was an actual abuse because Resident 1 never went out of the facility with FM 3. The DON stated if Resident 1 was allowed and had gone out on pass with FM 3, then they (DON) would make a report to SSA, Ombudsman and police. During an interview on 2/3/2025, at 12:57 p.m., with Social Service Director, the SSD stated FM 2 did not want FM 3 to visit Resident 1 because Resident 1 gets agitated when FM 3 visits. The SSD stated FM 2 had mention that FM 3 had accessed Resident 1's life insurance. SSD stated the allegation was not reported to SSA, Ombudsman and police because the incident happened prior to Resident 1's admission to the facility. The SSD stated report would be done for any allegation of abuse if the incident happened within four years. The SSD stated there were nothing to substantiate (to support a claim with facts) the incident and FM 2 had made things up. During an interview on 2/3/2025, at 1:06 p.m., with the Administrator (ADM), the ADM stated she was not informed of FM 2's allegation of financial abuse by FM 3 against Resident 1. The ADM stated if family or resident made allegation, staff should have reported to her (ADM). The ADM stated the importance of reporting allegation of abuse to SSA, Ombudsman, police was that if there was an allegation whether it happen or not, facility should provide some protection towards residents. During a concurrent interview and record review on 2/3/2025, at 1:09 p.m., with the ADM, facility's policy and procedure (PnP) titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated 9/2022 and last reviewed on 7/2024. The DON stated it is in their policy to report any allegation of abuse within two hours. The PnP indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft or misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing or certification agency (SSA) responsible for surveying or licensing the facility. b. The local or state ombudsman. c. The resident's representative. d. Adult protective services (where state law provides jurisdiction in long-term care). (continued on next page)

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	02/03/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	e. Law enforcement officials (police). f. The resident's attending physician; and g. The facility medical director. 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 4. Verbal or written notices to agencies are submitted via special carrier, fax, electronic mail, or by telephone. During a record review of facility's PnP titled, Abuse and Neglect-Clinical Protocol dated 3/2018 and last reviewed on 7/2024, the PnP indicated, 8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. 9. Investigate and report any allegations within timeframes required by federal requirements.

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	02/03/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to create a comprehensive care plan for one of three sampled residents (Resident 1) by failing to ensure care plan was created on Resident 1's refusal of facility food and Resident 1 receiving outside food delivery. This deficient practices had the potential for delayed provision of necessary care and services. Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), generalized muscle weakness and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a record review of Resident 1's Nutritional-Amount Eaten dated 1/2025, the Nutritional-Amount Eaten indicated Resident 1 had refused meals on the following dates and times: 1. 1/6/2025 at 8:49 p.m. 2. 1/7/2025 at 2:38 p.m. 3. 1/11/2025 at 1:51 p.m. During an interview on 1/31/2025, at 9:18 a.m., Resident 1 stated he (Resident 1) had refused to eat if facility served pasta. Resident 1 stated Family Member 2 (FM 2) ordered food delivery for him (Resident 1) when he did not like the food at the facility. During an interview on 1/31/2025, at 9:52 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 1 had refused to eat sometimes at lunch and Resident 1 received food delivery. (continued on next page)

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	02/03/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a concurrent interview and record review on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), Resident 1's Care Plans were reviewed. The DON stated Resident 1 refused food because FM 2 ordered food delivery for Resident 1. The DON stated the facility did not create a care plan that Resident 1 refused facility food and Resident 1 had received food delivery from outside. The DON stated care plan should have been created. The DON stated the importance of care plan was to manage Resident 1's food and oral intake. During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., with the DON, facility's policy and procedure (PnP) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022 and last reviewed on 7/2024. The DON stated it is the facility's policy that care plan should have been created. The PnP indicated The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes. b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: (1) services that would otherwise be provided for the above but are not provided due to the resident exercising his or her rights, including the right to refuse treatment e. reflects currently recognized standards of practice for problem areas and conditions. 10. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers. 11. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' assessments of conditions residents' change. During a record review of facility's PnP titled, Resident Food Preferences, dated 7/2017 and last reviewed on 7/2024, the PnP indicated, If the resident refuses or is unhappy with his or her diet, the staff will create a care plan that the resident is satisfied with.

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	02/03/2025

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 42311 Based on interview and record review the facility failed to ensure Attending Physician (AP) sign the consent for Merry [NAME] (a walking device that combines a walker and a wheelchair designed to help people with balance or walking difficulties walk independently and safely) for one of three sampled residents (Resident 2). This deficient practice had the potential for delay of necessary services, poor continuity of care and follow-up on the resident's status. Findings: During a record review of Resident 2's Admission Record, the Admission Record indicated the facility admitted Resident 2 on 7/3/2018, with diagnoses that included unspecified (unconfirmed) abnormalities of gait (way a person walks) and mobility, generalized muscle weakness and dementia (a progressive state of decline in mental abilities). During a record review of Resident 2's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 11/16/2024, the H&P indicated Resident 2 was unable to make decisions. During a record review of Resident 2's Order Summary Report dated 12/11/2024, the Order Summary Report indicated use of Merry [NAME] when out of bed as tolerated for ambulation due to abnormalities in gait. During a record review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 1/21/2025, the MDS indicated Resident 2's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 2 was dependent to staff for oral and personal hygiene, transfer and walking. During a concurrent interview and record review on 2/3/2025, at 8:51 a.m., with the Medical Records Director (MRD), Resident 2's Informed Consent (process in which patients are given important information, including possible risks and benefits, about a medical procedure or treatment) dated 10/29/2024 was reviewed. The Informed Consent indicated the AP informed Family Member 1 (FM 1) of the use of Merry Walker. The Informed Consent indicated no AP signature. The MRD stated the AP did not sign the consent. The MRD stated the AP should have signed the Informed Consent. The MRD stated it has been three months since the Informed Consent form was not signed. During a concurrent interview and record review on 2/3/2025, at 9:47 a.m., with Registered Nurse 1 (RN 1), Resident 2's Informed Consent dated 10/29/2024 was reviewed. RN 1 stated AP did not sign the informed consent for Merry Walker. RN 1 stated they put a red sticker to remind the AP to sign the Informed Consent when AP visits the facility. (continued on next page)

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	02/03/2025

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), the DON stated the AP was at the facility last month (01/2025) and did not sign the Informed Consent. The DON stated the AP should have signed the Informed Consent. The DON stated the importance of the Informed Consent was to verify thatthe physician had talked to the family about the risks and benefits of the use of Merry Walker. During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., with the Director of Nursing (DON), facility's policy and procedure (PnP) titled, Informed Consent, dated 1/2004 and last reviewed on 7/2024, the PnP indicated, 2. Physician's orders related to the use of psychotherapeutic drug (medications that treat mental health issues by changing the chemical balance in the brain), antipsychotic drug (medications that treat psychosis, a collection of symptoms that make it hard to distinguish reality from what is not real), physical restraint (a method that limits a person's ability to move freely or access their body), or the prolonged use of a device shall not be initiated until an informed consent is obtained. The disclosure of material in formation and obtaining informed consent is the responsibility of the physician, however, can be coordinated with other health professionals. The material information is provided to the resident or surrogate that is material to the resident's decision, concerning whether to accept or refuse any proposed treatment or procedure. The facility and the Medical Director shall maintain an ongoing process to educate and enforce the requirements of this section to the physicians. The DON stated it is the facility's policy to have the physician sign the orders and consent. During a record review of facility's PnP titled, Physician Services, dated 2001 and last reviewed on 7/2024, the PnP indicated, 6. Physician orders and progress notes are maintained in accordance with current Omnibus Budget Reconciliation Act (OBRA-federal regulations for nursing homes that receive Medicare [federal health insurance program for people aged 65 or older] or Medicaid [joint federal and state program that helps cover medical costs for some people with limited income and resources] funding) regulations and facility policy,

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	02/03/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) for one of three sampled residents (Resident 1) by not following the physician's orders. This deficient practice had the potential to result in Resident 1 not receiving medication order by the physician. Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), primary angle-open glaucoma (a common eye disease where the fluid inside the eye can't drain properly, causing pressure to build up and gradually damage the optic nerve, leading to vision loss, often without noticeable symptoms in the early stages) and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a record review of Resident 1's Physician Orders dated 10/24/2024, the Physician Orders indicated the following orders: 1. Atorvastatin calcium (medication used to lower cholesterol [a waxy, fat-like substance that's essential for your body to function properly] and lower the risk of heart attack [occurs when the flow of blood to the heart is severely reduced or blocked]) 40 milligram (metric unit of measurement, used for medication dosage and or amount) tablet, give one tablet by mouth at bedtime for hyperlipidemia (also known as high cholesterol). 2. Brimonidine tartrate (medication used to lower eye pressure) ophthalmic solution (a liquid that contains medication and is applied to the eyes) 0.2 percent (%-unit of measurement), instill (administer) one drop in right eye two times a day for glaucoma. 3. Dorzolamide hydrochloride (medication used to treat increased pressure in the eye) solution two percent. Instill one drop in right eye two times a day for glaucoma (continued on next page)

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	02/03/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Eliquis (Apixaban-medication used to prevent blood clot) oral tablet five mg, give one tablet by mouth every 12 hours for pulmonary embolism (PE- a sudden blockage in your pulmonary arteries, the blood vessels that send blood to your lungs) and left leg deep vein thrombosis (DVT- a condition that occurs when a blood clot forms in a vein deep inside a part of the body). 5. Latanoprost (medication used to lower pressure in the eye by increasing the flow of natural eye fluids out of the eye) solution 0.005 %, instill one drop in right eye at bedtime for glaucoma. 6. Wixela (a combination of two medications that work together to help treat asthma [a lung condition that causes inflammation and narrowing of the airways, making it difficult to breathe]) inhalation aerosol (a substance released in very fine mist) powder breath activated 250-50 orally two times a day for chronic obstructive pulmonary disease (COPD- a chronic inflammatory lung disease that causes obstructed airflow from the lungs), one puff (a device used to deliver medicine into the lungs) inhale orally two times a day for COPD. During a record review of Resident 1's Medication Administration Record (MAR-- record of medication received by the resident) dated 1/2025, the MAR indicated on 1/3/2025 the following medications were left blank: 1. Atorvastatin at 9 p.m. 2. Brimonidine tartrate at 5 p.m. 3. Dorzolamide at 5 p.m. 4. Eliquis at 9 p.m. 5. Latanoprost solution at 9 p.m. 6. Wixela inhalation at 5p.m. During a concurrent interview and record review on 1/31/2025, at 11:28 a.m., with Registered Nurse 2 (RN 2), Resident 1's MAR dated 1/3/2025 was reviewed. RN 2 stated if MAR was blank, it means medication was not given. RN 2 stated Resident 1 was here in the facility on 1/3/2025. During an interview on 1/31/2025 at 12:18 p.m. with the Director of Staff Development Assistant (DSDA), the DSDA stated Resident 1's cholesterol can increase if atorvastatin was not administered. The DSDA stated Resident 1's vision can worsen if Brimonidine, Dorzolamide and Latanoprost eye drops was not administered. The DSDA stated Resident 1 can have shortness of breath if Wixela was not administered. The DSDA stated Resident 1 can have blood clot if Eliquis was not administered. During an interview on 2/3/2025, at 9:47 a.m., with Assistant Director of Nursing (ADON), the ADON stated if medication was not signed in MAR, it means medication was not given. The ADON stated medication should be signed as given in MAR after administration. (continued on next page)

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	02/03/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/3/2025, at 10:14 a.m., with Director of Nursing (DON), the DON stated if medication was not signed, it means medication was not given. The DON stated nurses should administer medication as per physician order and document as given in MAR. The DON stated medical records audits the MAR weekly and audit was missed on that week. During a record review of facility's policy and procedure titled, Administering Medications, dated 4/2019 and last reviewed on 7/2024, the PnP indicated, Medications are administered in a safe and timely manner, and as prescribed: . 4. Medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose.

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	02/03/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to provide one out of three sampled residents (Residents 1) with meals that accommodated their food preferences. This deficient practice had the potential to result in decreased meal intake and can lead to weight loss and malnutrition (lack of proper nutrition, caused by not having enough to eat or not eating enough of the right things). Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), generalized muscle weakness and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During an interview on 1/31/2025, at 9:18 a.m., with Resident 1, Resident 1 stated he (Resident 1) had never liked pasta even from when he (Resident 1) was young. Resident 1 stated the facility had served pasta and he (Resident 1) did not eat it. During an observation on 2/3/2025, at 8:24 a.m., at Resident 1's bedside. Observed Certified Nursing Assistant (CNA) delivered Resident 1's breakfast tray. Observed Resident 1's meal ticket dated 2/3/2025 indicated disliked foods were left blank. During an interview on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), the DON stated dietary staff are in charge of asking residents food preferences and food dislikes upon admission and during Interdisciplinary Team (IDT-a coordinated group of experts from several different fields who work together). (continued on next page)

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	02/03/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., Resident 1's Progress Notes dated 10/27/2024, Registered Dietitian (RD) Notes dated 12/27/2024 and policy and procedure (PnP) titled, Resident Food Preferences dated 7/2017 was reviewed. The Progress Notes dated 10/27/2024 indicated Resident 1 disliked pasta. The PnP indicated Individual food preferences will be assessed upon admission and communicated to the IDT .1. Upon the resident's admission, the dietitian or nursing staff will identify a resident's food preferences. 2. When possible, staff will interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes 3. Nursing staff will document the resident's food and eating preferences in the care plan. The DON stated RD Notes dated 12/27/2024 indicated no food preferences. The DON stated meal ticket should include Resident 1's food dislikes like pasta. The DON stated food preferences should reflect on Resident 1's meal ticket. The DON stated the importance of food preferences was for adequate nutritional intake.

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	02/03/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 42311 Based on observation, interview, and record review, the facility failed to follow proper sanitation and food handling practices by failing to ensure that one of two sampled kitchen staff (Cook 1) was wearing a hair net (hair cover) while inside the kitchen. This deficient practice had the potential to compromise the integrity of food and placed the residents at risk for foodborne illnesses (illness caused by the ingestion of contaminated food or beverage). Findings: During a concurrent observation and interview on 2/3/2025, at 6:53 a.m., with [NAME] 1, inside the kitchen, observed [NAME] 1 walking in front of the stove with no hair net. [NAME] 1 stated he (Cook 1) got busy and forgot to put the hair net on. [NAME] 1 stated he should have placed the hair net as soon as he entered the kitchen. During an interview on 2/3/2025, at 10:14 a.m. with the Director of Nursing (DON), the DON stated staff in the kitchen need to wear a hair net for infection control. During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., with the DON, facility's policy and procedure (PnP) titled, Foodservice Personnel Policy and Procedure, dated 2019 and last reviewed on 7/2024, the PnP indicated, Sanitation and Food Handling. 1. All employees receive instruction in sanitation during orientation and through in-service training programs. 2. Hairnets or hats covering the hairline are worm at all times. The DON stated according to their policy all staff need to wear a hairnet when inside the kitchen.

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	02/03/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to maintain accurate and complete medical record for one of three sampled residents (Resident 1).This deficient practices had the potential to cause confusion in care and the medical records containing inaccurate documentation. Findings: During a record review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included acute respiratory failure (your lungs suddenly cannot get enough oxygen into your blood, causing severe breathing difficulties that require immediate medical attention), primary angle-open glaucoma (a common eye disease where the fluid inside the eye can't drain properly, causing pressure to build up and leading to vision loss, often without noticeable symptoms in the early stages) and unspecified (unconfirmed) vascular dementia (changes to memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain). During a record review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 11/4/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. During a record review of Resident 1's Progress Notes dated 11/30/2024, timed at 12 noon, the Progress Notes indicated Family Member 2 (FM 2) did not allow Resident 1 to go out of the facility with FM 3. During a record review of Resident 1's History and Physical (H&P- a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings) dated 12/1/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a record review of Resident 1's Interdisciplinary Team (IDT- a coordinated group of experts from several different fields who work together) Narrative dated 12/10/2024, the IDT indicated IDT was conducted due to suspected financial abuse report. The IDT indicated Resident 1 had contacted the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) and expressed concern of financial abuse against FM 2. During a record review of facility's Follow-up Report (a document submitted by a facility to provide additional information or updates regarding a previously reported incident, issue, or situation) to State Survey Agency (SSA-the agency that inspects long-term care facilities for the purposes of survey and certification) dated 12/13/2024, the facility's Follow up Report indicated on 12/5/2024, Social Service Director (SSD) received a call from the Ombudsman regarding Resident 1's allegation of financial abuse against FM 2. During an interview on 1/31/2025, at 3:36 p.m., with Family Member 3 (FM 3), FM 3 stated Resident 1 had not seen his (Resident 1) bank statements and FM 2 had accessed Resident 1's bank account. (continued on next page)

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	02/03/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/3/2025, at 10:14 a.m., with the Director of Nursing (DON), the DON stated the facility had reported allegation of financial abuse against FM 2 to SSA and Adult Protective Services (APS-a social services program focused on helping elderly adults and adults with disabilities live with dignity and respect by investigating allegations of abuse, neglect, self-neglect and exploitation). During a concurrent interview and record review on 2/3/2025, at 12:04 p.m., with the DON, Resident 1's IDT dated 12/10/2024 was reviewed. The DON stated the facility called the local law enforcement (Police). The DON stated Social Service Director (SSD) called the police, but SSD did not document that she (SSD) called the police. The DON stated the facility's policy was to make sure residents medical records are complete and accurate. The DON stated SSD should have documented that she (SSD) called the police. During a record review of facility's policy and procedure titled, Charting and Documentation, dated 7/2017, and last reviewed on 7/2024, the PnP indicated, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.