

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 06/05/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, by failing to report an allegation of physical abuse (deliberately aggressive or violent behavior with the intention to cause harm by one resident towards another) to the State Survey Agency (SSA) no later than two hours for one of four sampled residents (Resident 2) when on 5/31/2025 at 5 p.m. Resident 2's Family Member (FM) 1 reported to Skilled Nursing Facility (SNF- a healthcare setting that provides 24-hour medical care and rehabilitation services to individuals who need more care than they can receive at home, but not as much as they would in a hospital) 1 that Resident 2 was assaulted (an act of causing physical harm or unwanted physical contact to another person, or, in some legal definitions, the threat or attempt to do so). The allegation of abuse was reported to the SSA on 6/2/2025 at 4:04 p.m.</p> <p>This deficient practice had a potential to result in unidentified abuse and placed Resident 2 at risk for further abuse.</p> <p>Findings:</p> <p>During a review of Resident 2's admission Record (AR), the AR indicated the facility admitted Resident 2 on 4/25/2025 with diagnoses including dementia (a general term for a decline in mental ability that interferes with daily life, encompassing symptoms like trouble remembering, thinking, or making decisions), muscle weakness (generalized), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest in activities, and other symptoms that significantly affect daily functioning).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 4/29/2025, the MDS indicated Resident 2 sometimes understood and was sometimes understood. The MDS indicated Resident 2 required substantial to maximal assistance (helper does more than half the effort) with showering and toileting and required partial to moderate assistance (helper does less than half the effort) with eating, oral hygiene, upper and lower body dressing, putting on and taking off footwear and personal hygiene.</p> <p>During a review of Resident 2's Change in Condition (COC- when there is a sudden change in a resident's condition) Assessment Form, dated 5/30/2025 at 10:45 p.m., the COC Assessment Form indicated Resident 2 had a scratch under left eye. At 10:45 p.m. Resident 2 was observed walking out from Room A, Resident 2 was found with mild blood around left eye area. During assessment Resident 2's left eye was red on the inside and the scratch under the left eye was bleeding.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555707
		If continuation sheet Page 1 of 3

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's Order Summary Report (OSR), dated 6/2/2025, the OSR indicated Resident 2's Physician/Medical Doctor (MD) 1 ordered to clean Resident 2's scratch under left eye and to cleanse with normal saline (mixture of water and salt), pat dry, apply hydrogel (a gel in which the liquid component is water), then apply dry dressing.</p> <p>During a review of the facility provided Transmission Verification Report (TVR), dated 6/2/2025 at 4:04 p.m., the TVR indicated SNF 1 faxed to the SSA the report that indicated FM 1 made an allegation of physical abuse done to Resident 2.</p> <p>During an interview on 6/5/2025 at 9:44 a.m. with the Administrator (Adm), the Adm stated on 5/30/2025 Resident 2 went into a room (Room A) and came out with a scratch on his eye (left). The Adm stated that the following day 5/31/2025 FM 1 came to visit Resident 2 and wanted to know who hurt Resident 2. The Adm stated there was a delay in reporting FM 1's allegation that Resident 2 was abused on 5/31/2025 and it was not reported until Monday (6/2/2025).</p> <p>During an interview on 6/5/2025 at 4:25 p.m. with the Adm, the Adm stated she is the abuse coordinator and when there is any indication of any type of abuse it is reported within 2 hours to the Adm. The Adm stated then must report within 2 hours to the police, SSA, and the Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities). The Adm stated for Resident 2 there was an allegation on 5/31/2025 Saturday evening around 4 p.m. from FM 1 who stated Resident 2 was assaulted at SNF 1. The Adm stated this allegation was reported on 6/2/2025 at 4:04 p.m. to the SSA. The Adm stated there was a 72-hour delay in reporting to the SSA. The Adm stated there was a potential that there can be continued abuse to the victim and other residents.</p> <p>During a review of the facility's P&P titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, last reviewed on 3/2023, the P&P indicated, all reports of resident abuse, neglect, exploitation, or theft and or misappropriation of resident property are reported to local, state and federal agencies 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> <ul style="list-style-type: none"> a. The stated licensing and or certification agency responsible for surveying and or licensing the facility; b. the local and or state ombudsmen c. the resident's representative d. law enforcement officials e. the resident's attending physician and f. the facility medical director <p>3. Immediately is defined as:</p> <ul style="list-style-type: none"> a. within two hours of an allegation involving abuse or result in serious bodily injury; or <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>f. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>