

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 06/25/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure one of three sampled residents (Resident 2) was treated with dignity and care in a manner that promotes maintenance or enhancement of their quality of life by failing to ensure Certified Nursing Assistant (CNA) 1 assisted Resident 2 with their meal was not standing over Resident 2.</p> <p>This deficient practice had the potential to negatively affect Resident 2 psychosocially (involving mental, emotional, social, and spiritual aspects of a person's life).</p> <p>Findings:</p> <p>During a review of Resident 2 ' s admission Record, the admission Record indicated the facility admitted Resident 2 on 6/29/2017 and readmitted on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), anxiety disorder (a group of mental health conditions where feelings of worry, fear, apprehension, and nervousness are excessive, persistent, and interfere with daily life), and other lack of coordination.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS &ndash; a resident assessment tool) dated 4/7/2025, the MDS indicated Resident 2 had the ability to sometimes understand and sometimes be understood. The MDS indicated Resident 2 was dependent (helper does all of the effort) with showering, required substantial assistance (helper does more than half the effort) with oral hygiene, toileting, putting on and taking off footwear and personal hygiene, required partial assistance (helper does less than half the effort) with upper and lower body dressing and required supervision assistance (helper provides verbal cues and or touching and or contact guard assistance) with eating.</p> <p>During a concurrent observation and interview on 6/25/2025 at 8:15 a.m. of Resident 2 with CNA 1, CNA 1 was observed standing with over Resident 2, no chair noted in the room. CNA 1 stated a chair was provided to assist a resident with meals but is not using one. CNA 1 stated does not sit while assisting Resident 2 with meal because Resident 2 will try to get up. CNA 1 stated should be sitting at eye level with Resident 2 when assisting with their meal.</p> <p>During an interview on 6/25/2025 at 3:15 p.m. with the Director of Nursing (DON), the DON stated staff assisting residents with their meal need to sit down and be at eye level. The DON stated if staff are not at eye level and the staff are standing over the resident while assisting with meals mean it is not respecting the resident ' s right to dignity.</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: 555707	Facility ID: 555707 If continuation sheet Page 1 of 2

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s Policy and Procedures (P&P) titled, Assistance with Meals, last reviewed on 1/2025, the P&P indicated residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for examples:</p> <p>a. Not standing over residents while assisting them with meals;</p>		