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	07/24/2025

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	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report an allegation of abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) within two hours to the State Survey Agency (SSA) on 7/17/2025, when the Director of Staff Development (DSD) received a text message from Certified Nurse Assistant (CNA) 4 that she (CNA 4) witnessed abuse while training with CNA 3. This deficient practice had the potential to result in unidentified abuse in the facility and failure to protect residents from abuse. Findings: During an interview with the DSD on 7/24/2025 at 11:00 a.m., the DSD stated she (DSD) received a text message on 7/17/25 at 6:14 a.m. from CNA 4, a CNA trainee, that she (CNA 4) will not be coming back because CNA 3, the CNA that CNA 4 was training with, was very abusive towards the residents. The DSD stated CNA 4 reported that residents were left soaking in urine for hours and CNA 3 was very rough and mean to a lot of the residents. The DSD stated she immediately texted CNA 4 to obtain more information, however CNA 4 was unresponsive. The DSD stated she called the Administrator (ADMIN) and reported CNA 4's allegations against CNA 3. The DSD stated CNA 4 left the facility and was not able to obtain more information. The DSD stated the allegation was not reported and CNA 3 was never suspended for a proper investigation. The DSD stated that any allegation of abuse needs to be reported within two hours. During an interview with the ADMIN on 7/24/2025 at 11:30 a.m., the ADMIN stated the DSD called her on 7/17/2025, the ADMIN does not recall exact time, to notify her (ADMIN) that CNA 4 had texted the DSD that she will not be coming back to work because she had witnessed abuse from CNA 3 towards her (CNA 3) assigned residents. The ADMIN stated she instructed the DSD to obtain a statement from CNA 4, however CNA 4 left the facility and did not provide a written statement providing more information regarding her allegation of abuse. The ADMIN stated, she (ADMIN) did not report the allegations to the SSA because she did not receive a full statement. The ADMIN stated any allegation of abuse needs to be reported within two hours. During an interview with the Director of Nurses (DON) on 7/24/2025 at 3:00 p.m., the DON stated all allegations of abuse are reported to the ADMIN. The DON stated when there is an allegation of abuse, the facility must initiate an investigation and report the allegation within two hours. The DON stated CNA 4 might have misinterpreted the care CNA 3 was providing to her residents, so the facility decided not to report the allegation of abuse. During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated September 2022, the P&P indicated all reports of resident abuse. 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. If resident abuse. is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The P&P indicated Immediately is defined as within two hours of an allegation involving abuse.

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