

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow one of two sampled resident (Resident 1) to return to the facility following hospitalization at General Acute Care Hospital 1 (GACH 1) on 7/21/2026 according to the facility's policy and procedure (P&P) titled, Bed-holds and Returns. This failure had the potential to result in Resident 1 remaining in GACH 1 since 7/19/2026 and had the potential to cause psychosocial harm. Findings: During a review of Resident 1's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including Extended Spectrum Beta Lactamase (ESBL- a type of bacteria that has built a strong shield) Resistant, dementia (a progressive state of decline in mental abilities), and sepsis (a life-threatening blood infection). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/19/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was severely impaired. The MDS indicated Resident 1 required moderate assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and personal hygiene a person performs daily to care for themselves). During a review of Resident 1's Physician Order Report, dated 7/19/2026, the Physician Order Report indicated to Transfer resident to (GACH 1). During a review of Resident 1's Progress Notes, dated 7/19/2026 timed at 4:20 p.m., the Progress Notes indicated staff Received a call from (GACH 1); resident urine is carbapenem-resistant enterobacterales (CRE- a group of dangerous, drug-resistant bacteria). Isolation precautions started. Resident will be transferred back to (GACH 1) for further treatment. During a review of Resident 1's Notification of Bed Hold, dated 7/19/2026, the Notification of Bed Hold indicated A bed hold will maintain not to exceed seven (7) days for the period of: 7/19/2026 through 7/26/2026. During a review of the facility's License, with effective date of 2/10/2025, the license indicated that the facility has a bed capacity of 130 residents for skilled nursing. During a review of the facility's daily census, the daily census indicated the following: i. On 7/18/2026, facility had a census of 130ii. On 7/19/2026, facility had a census of 129iii. On 7/20/2026, facility had a census of 130iv. On 7/21/2026, facility had a census of 130v. On 7/22/2026, facility had a census of 130vi. On 7/23/2026, facility had a census of 129vii. On 7/24/2026, facility had a census of 129 During a phone interview on 7/28/2026 at 3:50 p.m. with the GACH's Case Manager (CM), the CM stated that Resident 1 was ready to be discharged back to facility on 7/21/2026. The CM stated she sent the referral to the facility and contacted the facility, in which she was told that they could not accept Resident 1 back because Resident 1 was ambulatory and had CRE, Resident 1 could walk into other residents' rooms and spread the infection. The CM stated that the facility does not accept residents with CRE. During an interview on 7/29/2026 at 10:26 a.m. with Admissions Coordinator (AD), the AD stated that she (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: 555707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	spoke with GACH's CM on 7/21/2026 and told her that the facility would not readmit Resident 1 because the facility does not accept residents with CRE, did not have available room, and believed Resident 1 required permanent isolation. The AD stated that the Director of Nursing (DON) and the Administrator (Admin) determined that the facility could not accommodate Resident 1 because of the resident isolation needs. The AD stated that the facility did not follow its bed hold policy because staff removed Resident 1 from bed hold on 7/20/2026. The AD further stated that the facility's actions damaged its relationship with the GACH case managers and made it more difficult to secure placement for Resident 1. During an interview on 7/29/2026 at 11:05 a.m. with the Infection Prevention (IP) Nurse, the IP Nurse stated that the facility does not admit residents with CRE because they would require a private room and are not able to accommodate them. The IP nurse stated that Resident 1 would require to be on contact isolation (residents with known or suspected infections that represent an increased risk for contact transmission) and the facility would not be able to accommodate Resident 1. The IP Nurse stated that CRE was a Multidrug-Resistant Organism (MDRO- germ (usually bacteria) that does not respond to many common antibiotics). The IP Nurse further stated that Resident 1 was placed on a bed hold from 7/19/2026 through 7/26/2026 but does not guarantee that the resident can come back to the facility. During an interview on 7/29/2026 at 12:45 p.m. with the Administrator (Admin), the Admin stated that Resident 1 was transferred to GACH 1 because Resident 1 tested positive for CRE. The Admin stated that the facility would not be able to take care of Resident 1 because the facility cannot manage it because Resident 1 is ambulatory and the facility would not be able to keep him in a room. The Admin stated that the facility spoke with Resident 1's Family Member (FM) 1 and explained the situation and of Resident 1 did not have CRE the facility would readmit. Admin stated that the facility removed Resident 1 from bed hold on 7/20/2026 because the facility knew that they were not going to readmit Resident 1. During an interview on 7/29/2026 at 4:26 p.m. with Business Office Manager (BOM), the BOM stated that the facility discharged Resident 1 from bed hold on 7/20/2026 because Resident 1 had an infection and the facility could not accommodate Resident 1's needs. The BOM stated that the facility did not follow its bed hold policy. The BOM stated, I discharged (Resident 1) on 7/20/2026 after I was told to stop billing the insurance because we could not accommodate Resident 1. The BOM further stated that facility should have maintained Resident 1's bed hold from 7/19/2026 through 7/26/2026 and readmitted Resident 1 on 7/21/2026. During a concurrent interview and record review on 7/30/2026 at 10:09 a.m. with Director of Nursing (DON), reviewed the Facility Assessment Tool, updated on 6/8/2026. The DON stated that the facility assessment provides an overview of the facility's patient population, facility's capacity and care required by the resident population. The Facility Assessment Tool indicated that the facility could care for residents with infections, including MDRO. The DON stated that the facility should not have canceled the bed hold on 7/20/2026 or discharged Resident 1. The DON stated that Resident 1 lives in the facility, and he should be readmitted when ready to be discharge from the GACH. The DON stated that there was no documentation in Resident 1's medical record indicating that Resident 1's representative received and understood the bed hold policy. The DON further stated that the facility failed to follow its bed hold policy, discharged Resident 1 without completing the required discharge process, and prevented Resident 1 from returning to the facility. During a review of the facility's P&P titled, Bed-Holds and Returns, dated 03/2022, the P&P indicated, All residents/representatives are provided written information regarding the facility bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents are provided written information about these policies at least twice: well in advance of any transfer; and at the time of transfer (or, if the transfer was an emergency, (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	within 24 hours). The resident will be permitted to return to an available bed in the location of the facility that he or she previously resided. If there's not an available bed in that part, the resident will be given the option to take an available bed in another distinct part of the facility and return to previous distinct part when a bed becomes available.		

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 07/30/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the Ombudsman and the resident's family member regarding the resident's discharge and appeal rights for one of two sampled residents (Resident 1). This failure violated Resident 1's right to appropriate discharge planning and due process by limiting access to advocacy services and the opportunity to appeal the discharge decision. Findings: During a review of Resident 1's admission Record, the admission Record indicated resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Extended Spectrum Beta Lactamase (ESBL- a type of bacteria that has built a strong shield) Resistant, dementia (a progressive state of decline in mental abilities), and sepsis (a life-threatening blood infection). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/19/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 1 required moderate assistance from staff for activities of daily living (ADL's- routine tasks/activities such as bathing, dressing and personal hygiene a person performs daily to care for themselves). During a concurrent interview and record review on 7/28/2026 at 8:49 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Notice of Proposed Transfer and discharge date d 9/19/2026 were reviewed. LVN 1 stated that the Notice was incomplete because it was missing Resident 1's representative signature and facility's representative signature as well as the required fax confirmation needed to be attached to the notice form in Resident 1's medical chart. LVN 1 stated that it was important to notify the Ombudsman about any resident transfer and ensure that the family member is informed of their right to appeal the discharge decision. During a telephone interview on 7/29/2026 at 1:58 p.m. with Family Member (FM) 1, FM 1 stated that the facility did not inform him of Resident 1's discharge. FM 1 stated that the facility only notified him of Resident 1's transfer to General Acute Care Hospital (GACH) 1 for carbapenem-resistant enterobacteriales (CRE-- a group of dangerous, drug-resistant bacteria) treatment, and the facility's inability to care for Resident 1. FM 1 believed Resident 1 would return to the facility after treatment, but the facility failed to communicate that Resident 1 was being discharged . FM 1 further stated that the facility informed him the Department of Public Health prohibited Resident 1's return due to isolation requirements. FM 1 stated that the facility did not provide FM 1 with the opportunity to consent or object to the discharge decision, and FM 1 did not receive notification of their appeal rights. FM 1 stated that Resident 1 remained at GACH 1 without available placement. During an interview on 7/29/2026 at 4:26 p.m. with Business Office Manager (BOM), the BOM stated that the facility discharged Resident 1 from bed hold on 7/20/2026 due to an infection that the facility was unable to accommodate. The BOM stated that the facility did not provide Resident 1 or their representative with notice of the discharge or any information about the appeal process. The BOM further stated that she was not aware of any written notice requirement that the facility must provide to Resident 1's representative. During a concurrent interview and record review on 7/30/2026 at 10:09 a.m. with the Director of Nursing (DON), Resident 1's medical record was reviewed. The DON stated that nursing staff must notify the Ombudsman by completing the Notice of Proposed Transfer and Discharge form and faxing it to the Ombudsman department. The DON stated nursing staff are responsible for ensuring the form is fully completed, with signatures from both the facility and Resident 1's representative, and that the fax confirmation is attached to Resident 1's chart along with the notice. The DON stated that Resident 1's Notice of (continued on next page)		

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 07/30/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Proposed Transfer and Discharge form dated 7/19/2026 was missing the required signatures and the fax confirmation, making it unclear whether the Ombudsman received notification. The DON stated that the facility staff failed to inform Resident 1 of their appeal rights and did not properly educate Resident 1 or their representative about the appeal process. The DON further stated that the BOM is responsibility for notifying Resident 1's representative in writing, but this notification did not occur. During a review of the facility's P&P titled, Bed-Holds and Returns, dated 03/2022, the P&P indicated, Residents and or representatives are notified in writing, and in a language and format they understand, at least thirty (30) days prior to a transfer or discharge. 5. The resident and representative are notified in writing of the following information: a. The specific reason for the transfer or discharge; b. The effective date of the transfer or discharge; c. The location to which the resident is being transferred or discharged; d. An explanation of the resident's rights to appeal the transfer or discharge to the state, including: (1) the name, address, email and telephone number of the entity which receives appeal hearing request; (2) information about how to obtain, complete and submit an appeal request; and (3) how to get assistance completing the appeal process; e. The facility bed hold policy; f. The name, address, and telephone number of the Office of the State Long-term Care Ombudsman.		