

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER MIRACLE MILE HEALTHCARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019	
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 0921</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and functional environment when the facility's land-based telephone service was disconnected. This deficient practice endangered the health and safety of 96 of 96 residents by preventing them from being able to call emergency responders for help, and by preventing emergency responders from being able to call into the facility, in case of emergency. During an observation and concurrent interview with the Administrator (ADM), on 4/9/2020 at 10:30 am, there was no dial tone when the facility telephone was picked up. A telephone call to the facility at number 232-938-XXX indicated, This line has been disconnected. The ADM stated: - The phones are down. - The telephone service was provided by a company named Fusion. - Payment for the telephone service was not made for January and February of 2020. - The telephone service bill was paid by another aspect of the company that owns the facility and was not paid directly by the Administrator. - The facility was in the middle of a change of ownership and in that midst of this process, the person who would normally pay for telephone service did not ensure the bill was paid and did not endorse to whoever took over that task, that the bill needed to be paid. - He became aware of the telephone service disconnection around 5 pm on 4/9/20. - If an outside agency needed to call into the facility in case of emergency, they could not have called into the facility to tell staff to mobilize. - The police and fire departments could not have called into the facility in case of an emergency that required the facility staff to mobilize the residents of the facility. - The facility does not have a policy concerning a disruption in land-based telephone service but is developing one. A review of an email to Staff 1, with the subject line RE: facility check request (Fusion-telephone line, dated 4/9/20 at 5:40 pm, and a concurrent interview with AADM on 4/9/20 at 7 pm indicated, Made a payment yesterday by phone for 2535.88 the confirmation number is . The AADM stated this email means that the facility paid the telephone bill on April 9th, 2020, in the amount of \$2535.88. The land-based telephone service disruption could have been very dangerous. The AADM stated the facility residents had no reliable means to call outside the facility for help. Outside agencies like the police and fire departments had no means by which to call the facility in case of emergency. During an interview on 4/9/20 at 7:13 pm, the Director of Nursing (DON) stated the facility became aware of the disruption in land-based telephone service at approximately 7:14 pm on Wednesday 4/8/20. The facility informed the Department of Health of the disruption in land-based telephone service at approximately 11 am on 4/9/20. The facility informed the Police Department of the disruption in land-based telephone service at approximately 11:47 am on 4/9/20. The facility informed the Fire Department of the disruption in land-based telephone service at approximately 11:00 am. The DON stated the land-based telephone service bill was not paid for two months. A review of a letter written by ADM to The Department, dated 4/9/20, and a concurrent interview with ADM on [DATE]0/20 at 10:40 am, indicated May this letter serve to inform your office that our phone is in the process of re-connection. Upon receipt of payment yesterday, Fusion (the phone line company) indicated that reconnection may take 72-hours due to current circumstances. The ADM stated this letter means that the phone service is currently disconnected. The ADM expected the phone service to be reconnected within 72 hours. During an observation and concurrent interview with ADM on [DATE]0/20 at 10 am, the facility telephone had a dial tone and the facility was answering calls to the phone number 323-938-XXX. The ADM stated the facility's land-based telephone service became operational at 9:20 am on [DATE]0/20. The facility was still developing a policy to address a disruption in land-based telephone service.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.