

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2025
NAME OF PROVIDER OR SUPPLIER  The Earlwood		STREET ADDRESS, CITY, STATE, ZIP CODE 20820 Earl Street Torrance, CA 90503	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777</b></p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) received treatment and care by failing to:</p> <ol style="list-style-type: none"> <li>1. Document on the Medication Administration Record (MAR) meclizine (medication used to help with dizziness) medication was given as ordered by the physician.</li> <li>2. Initiate a plan of care and change of condition when a Resident 1 has new onset of cough .</li> </ol> <p>These deficient practices had the potential to cause Resident 1 side effects of the medication not being monitored and had to potential to miss treatment and care for new onset of cough.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s Admission Record (AR), indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including atherosclerosis of aorta ( a build up of fat and other substances on the inner walls of the heart which can lead to hardening of the arteries in the heart), Klebsiella pneumoniae ( a bacteria found in the intestines ) and history of falling.</p> <p>During a record review of Resident 1 ' s Minimum Data Set (MDS a resident assessment tool), dated 1/22/2025, The MDS indicated, Resident 1 had decision making capacity, was independent ( resident completed all the activities by themselves, with or without an assistive device , with no assistance from a helper ) in self-care , indoor mobility ( ambulation) and upper and lower body dressing.</p> <p>During a record review of Resident 1's MAR dated 1/16/2025, indicated an order for:</p> <ol style="list-style-type: none"> <li>1.Meclizine HCL ( medication for dizziness) Oral tablet 25 milligram ( a unit of measurement of mass in the metric system ) give one tablet by mouth three times a day for vertigo ( dizziness) .</li> <li>2. Monitor for signs and symptoms of new onset sore throat, chest congestion, cough, increased shortness of breath, worsening of confusion, malaise (weakness)and or muscle pain, nausea, vomiting, diarrhea, chills and / or shaking pain, headache new lost of taste or smell, fever, tachycardia o2 sat ( oxygen ) , runny nose, every eight hours or when necessary for 30 days document 0 = not present or 1= present if any symptoms present complete E interact (change of condition) and</li> </ol> <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
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NAME OF PROVIDER OR SUPPLIER  The Earwood		STREET ADDRESS, CITY, STATE, ZIP CODE 20820 Earl Street Torrance, CA 90503	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Delsym oral suspension extended release 30 milligram per five milliliters (a metric unit of length).</p> <p>During an observation and interview on 1/ 30/ 2025 at 10:42 am, with Resident 1, Resident 1 stated sometimes she don ' t get her medications, and need to inform nurse what type of medication she needs and the dosage of the medication. Resident 1 stated she have been coughing since 1/21/2024 the week when she came to the facility and have not stopped coughing. Resident 1 stated the facility supposedly will do a chest X ray, but it was never done.</p> <p>During an interview on 1/30/2025 at 12:45 p.m. with Licensed Vocational Nurse 1(LVN 1), LVN 1 stated Resident 1 had a cough 1/30/2025 and cough medicine was given . LVN 1 stated when a cough is noticed for the first time the orders are to record it on the MAR and care plan it . LVN 1 stated Resident 1 started receiving cough medicine ( Delsym) on 1/22/2025 but there was no documentation of a cough also the nurses were not monitoring Resident 1 for cough and was not care plan. LVN 1 stated it is important to start a care plan so interventions that we can follow to care for the resident. LVN 1 stated if medication is given we need to document it LVN 1 stated Meclizine HCL oral tablet was not signed for 1/19/2025 at 17:00 and 1/23/2025 at 13:00 she stated it is important to sign the medication report so everyone will know it was given , she stated if it is not signed it was not given.</p> <p>During an interview on 1/31/2025 at 10:00 a.m. with LVN 2 , LVN 2 stated when giving medication we must explain the type of medication you are giving and when the resident has taken the medication you must chart that it was given on the MAR to prevent errors. LVN 2 stated Resident 1 ' s Meclizine HCL was not signed on the MAR and stated the resident could become dizzy and fall .</p> <p>During an interview on 1/31/2025 at 11:59 with the Director of Nursing (DON) , DON stated the process of passing medication is to verify the medication against the medication record, educate the resident on medication that will be given, give resident the medication and chart the medication on the MAR . DON stated if the medication is not signed on MAR, it is considered a medication error. DON verified there was no signatures for giving meclizine on 1/19/2025 and 1/23/2025. [NAME] stated It is important to put the right documentation in your charting because you are monitoring the resident for specific health changes and making sure the care plan is initiated.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Administering Medications { undated}, indicates the individual administering the medication initials the residents MAR on the appropriate line after giving each medication and before administering the next one.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Nursing Documentation, dated 6/27/2022, indicates the purpose is to communicate patients ' status and to provide complete, comprehensible and assessable accounting of care and monitoring provided.</p>		