

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  05/04/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49145</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure four of 10 sampled residents, Resident 4, Resident 5, Resident 6, and Resident 7) were provided with a safe, clean, comfortable, and homelike environment. The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Provide a room for Resident 4, Resident 6, and Resident 7) with functional sliding glass doors that able to be locked from the inside.</li> <li>2. Provide a safe environment for the staff and residents by locking the entrance doors (front door) to the facility during the night.</li> <li>3. Maintain Resident 4 and Resident 5 rooms free from cockroaches.</li> </ol> <p>These deficient practices had the potential to affect the residents ' dignity, the residents ' mood, and the residents ' rights to have a homelike and safe environment.</p> <p>Findings:</p> <p>1. During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabeted mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), peripheral vascular disease (PVD- a slow progressive narrowing of the blood flow to the arms and legs), and cerebrovascular disease (condition that affects the blood vessels and blood flow to the brain, potentially leading to a stroke {loss of blood flow to part of the brain}).</p> <p>During a review of Resident 4 ' s Minimum Data Set ({MDS}- a resident assessment tool) dated 3/29/2025, the MDS indicated Resident 4 ' s cognition (ability to think, understand, learn, and remember) was intact and required moderate assistance (helper does less than half the effort) with toileting and dressing.</p> <p>During a review of Resident 5 ' s Admission Record, the Admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including DM, and hypertension (HTN- high blood pressure).</p> <p>During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 ' s cognition was intact and required supervision with toileting, bathing, and dressing.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 6 ' s Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).</p> <p>During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 ' s cognition was intact.</p> <p>During a review of Resident 7 ' s Admission Record, the Admission Record indicated Resident 7 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including anxiety (a feeling of worry, unease, or nervousness) and congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 ' s cognition was intact and required moderate assistance with toileting, showering, and bathing.</p> <p>During a facility tour on 5/3/2025 at 4:00 a.m., resident rooms sliding glass doors facing the outside of the facility were observed to be open and unable to close or lock. It was observed that the gates around the facility were broken and without locks. The fence surrounding the facility also observed to have broken wood panels with unstable parts of the fence tipping over. Several residents sliding glass doors were observed open and not able to close. When walking into the front door of the facility, the front door was unlocked, no staff present upon entrance, and no alarm. The back door to the facility was observed to be cracked open.</p> <p>During a concurrent observation and interview on 5/3/2025 at 5:37 a.m., with the Certified Nursing Assistant (CNA) 3, it was observed the back entrance to the facility ' s door was open ajar. CNA 3 came to close the door and stated the door should remain closed and locked because someone can just walk into the facility.</p> <p>During a concurrent observation and interview on 5/3/2025 at 6:25 a.m., with Licensed Vocational Nurse (LVN) 5, LVN 5 validated the front door to the facility was unlocked without an alarm. LVN 5 stated the front entrance door was not usually locked and anyone can walk in from outside and enter the facility. LVN 6 stated she does get concerned about her safety and the safety of the residents and worried someone will walk in.</p> <p>During a concurrent observation and interview on 5/3/2025 at 8:39 a.m., in Resident 7 ' s room, the sliding glass door was observed to be off track and did not lock. Resident 7 stated it was concerning and unsafe because anyone can walk into her bedroom from the outside.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a concurrent observation and interview on 5/3/2025 at 9:21 a.m., with the Maintenance Director (MD), the MD walked around the facility and validated there was no lock on the gate around the facility but should be because a stranger can walk into the facility. The MD stated he was aware that some of the resident sliding glass doors were broken, and some did not lock. The MD stated, the sliding glass doors were very worn down. The MD stated the sliding glass doors in the resident rooms should be able to lock, for the safety of the residents. Observed the other side of the facility, the MD validated there was no gate and stated this allows open access to the facility for anyone to walk in. The MD stated not having a gate places the facility at risk for trespassers or a possible active shooter. Entered the front entrance of the facility, the MD stated the front entrance door should be locked at night for the safety of the residents and facility staff.</p> <p>During an interview on 5/3/2025 at 10:09 a.m., with Resident 6 ' s caregiver at bedside, Resident 6 ' s caregiver stated the sliding glass door not locking was a huge safety concern because anyone can walk in. Resident 6 ' s wallet observed sitting on his bedside table near the sliding glass door.</p> <p>During an interview on 5/3/2025 at 10:12 a.m., with CNA 4, CNA 4 stated the residents sliding glass doors should be able to lock, for safety concerns because anyone from off the streets can enter the facility.</p> <p>During an interview on 5/3/2025 at 10:23 a.m., Resident 4 stated the sliding glass door to his room should be able to lock, for obvious safety concerns because anyone could wander in.</p> <p>During a concurrent observation and interview on 5/3/2025 at 11:01 a.m., with the Administrator (ADM) and the Director of Nursing (DON), walking around the outside of the facility, both the ADM and DON validated there was no side gate, the back gate did not have a lock on it, resident sliding glass doors that led to the outside of the facility were broken and did not lock, and the front door to the facility did not have a lock or alarm system in place. The DON stated these issues were a safety concern for the residents and the staff, anyone can walk into the facility exposing the residents and staff to danger.</p> <p>3. During a concurrent observation and interview on 5/4/2025 at 3:03 p.m., in Resident 4 and 5 ' s room, Resident 5 moved his nightstand table, and multiple cockroaches were seen running. Resident 5 removed his air freshener from the wall and multiple cockroaches were seen inside the air freshener. Resident 5 stated the cockroaches in his room make him feel dirty. Resident 4 stated they have complained about the cockroaches in the past and it makes him feel creepy. CNA 3 stated she had seen cockroaches in resident drawers and coming out of the walls. CNA 3 validated the cockroaches in Resident 4 and 5 ' s room.</p> <p>During an interview on 5/4/2025 at 4:04 p.m., with the Maintenance Director (MD), the MD stated 23 rooms has had treatment for cockroaches in the past (4/9/2025) but he did not follow up if the treatment was effective. The MD stated the cockroaches can possibly make the residents feel disgusted and if it was his room he would want something done about the cockroaches.</p> <p>During an interview on 5/4/2025 at 4:04 p.m., with the DON, the DON stated the residents may feel gross because the cockroaches in their room were unsanitary and disgusting. The DON stated she will have Resident 4 and 5 ' s room deep cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Pest Control, dated 5/2008, the P&amp;P indicated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>During a review of the facility ' s P&amp;P titled, Homelike Environment, dated 2/2021, the P&amp;P indicated, Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p> <p>During a review of the facility ' s Director of Maintenance Job Description dated 10/2010, the Director of Maintenance Job Description indicated, Ensure facility is designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>During a review of the facility ' s P&amp;P titled, Maintenance Services, dated 12/2009, the P&amp;P indicated, The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Maintaining the building in good repair and free from hazards.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49145</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure four of 10 sampled residents, Resident 4, Resident 5, Resident 6, and Resident 7) were provided with a safe, clean, comfortable, and homelike environment. The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Provide a room for Resident 4, Resident 6, and Resident 7) with functional sliding glass doors that able to be locked from the inside.</li> <li>2. Provide a safe environment for the staff and residents by locking the entrance doors (front door) to the facility during the night.</li> <li>3. Maintain Resident 4 and Resident 5 rooms free from cockroaches.</li> </ol> <p>These deficient practices had the potential to affect the residents ' dignity, the residents ' mood, and the residents ' rights to have a homelike and safe environment.</p> <p>Findings:</p> <p>1. During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabeted mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), peripheral vascular disease (PVD- a slow progressive narrowing of the blood flow to the arms and legs), and cerebrovascular disease (condition that affects the blood vessels and blood flow to the brain, potentially leading to a stroke {loss of blood flow to part of the brain}).</p> <p>During a review of Resident 4 ' s Minimum Data Set ({MDS}- a resident assessment tool) dated 3/29/2025, the MDS indicated Resident 4 ' s cognition (ability to think, understand, learn, and remember) was intact and required moderate assistance (helper does less than half the effort) with toileting and dressing.</p> <p>During a review of Resident 5 ' s Admission Record, the Admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including DM, and hypertension (HTN- high blood pressure).</p> <p>During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 ' s cognition was intact and required supervision with toileting, bathing, and dressing.</p> <p>During a review of Resident 6 ' s Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage).</p> <p>During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 ' s cognition was intact.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 7 ' s Admission Record, the Admission Record indicated Resident 7 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including anxiety (a feeling of worry, unease, or nervousness) and congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 ' s cognition was intact and required moderate assistance with toileting, showering, and bathing.</p> <p>During a facility tour on 5/3/2025 at 4:00 a.m., resident rooms sliding glass doors facing the outside of the facility were observed to be open and unable to close or lock. It was observed that the gates around the facility were broken and without locks. The fence surrounding the facility also observed to have broken wood panels with unstable parts of the fence tipping over. Several residents sliding glass doors were observed open and not able to close. When walking into the front door of the facility, the front door was unlocked, no staff present upon entrance, and no alarm. The back door to the facility was observed to be cracked open.</p> <p>During a concurrent observation and interview on 5/3/2025 at 5:37 a.m., with the Certified Nursing Assistant (CNA) 3, it was observed the back entrance to the facility ' s door was open ajar. CNA 3 came to close the door and stated the door should remain closed and locked because someone can just walk into the facility.</p> <p>During a concurrent observation and interview on 5/3/2025 at 6:25 a.m., with Licensed Vocational Nurse (LVN) 5, LVN 5 validated the front door to the facility was unlocked without an alarm. LVN 5 stated the front entrance door was not usually locked and anyone can walk in from outside and enter the facility. LVN 6 stated she does get concerned about her safety and the safety of the residents and worried someone will walk in.</p> <p>During a concurrent observation and interview on 5/3/2025 at 8:39 a.m., in Resident 7 ' s room, the sliding glass door was observed to be off track and did not lock. Resident 7 stated it was concerning and unsafe because anyone can walk into her bedroom from the outside.</p> <p>2. During a concurrent observation and interview on 5/3/2025 at 9:21 a.m., with the Maintenance Director (MD), the MD walked around the facility and validated there was no lock on the gate around the facility but should be because a stranger can walk into the facility. The MD stated he was aware that some of the resident sliding glass doors were broken, and some did not lock. The MD stated, the sliding glass doors were very worn down. The MD stated the sliding glass doors in the resident rooms should be able to lock, for the safety of the residents. Observed the other side of the facility, the MD validated there was no gate and stated this allows open access to the facility for anyone to walk in. The MD stated not having a gate places the facility at risk for trespassers or a possible active shooter. Entered the front entrance of the facility, the MD stated the front entrance door should be locked at night for the safety of the residents and facility staff.</p> <p>During an interview on 5/3/2025 at 10:09 a.m., with Resident 6 ' s caregiver at bedside, Resident 6 ' s caregiver stated the sliding glass door not locking was a huge safety concern because anyone can walk in. Resident 6 ' s wallet observed sitting on his bedside table near the sliding glass door.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/3/2025 at 10:12 a.m., with CNA 4, CNA 4 stated the residents sliding glass doors should be able to lock, for safety concerns because anyone from off the streets can enter the facility.</p> <p>During an interview on 5/3/2025 at 10:23 a.m., Resident 4 stated the sliding glass door to his room should be able to lock, for obvious safety concerns because anyone could wander in.</p> <p>During a concurrent observation and interview on 5/3/2025 at 11:01 a.m., with the Administrator (ADM) and the Director of Nursing (DON), walking around the outside of the facility, both the ADM and DON validated there was no side gate, the back gate did not have a lock on it, resident sliding glass doors that led to the outside of the facility were broken and did not lock, and the front door to the facility did not have a lock or alarm system in place. The DON stated these issues were a safety concern for the residents and the staff, anyone can walk into the facility exposing the residents and staff to danger.</p> <p>3. During a concurrent observation and interview on 5/4/2025 at 3:03 p.m., in Resident 4 and 5 ' s room, Resident 5 moved his nightstand table, and multiple cockroaches were seen running. Resident 5 removed his air freshener from the wall and multiple cockroaches were seen inside the air freshener. Resident 5 stated the cockroaches in his room make him feel dirty. Resident 4 stated they have complained about the cockroaches in the past and it makes him feel creepy. CNA 3 stated she had seen cockroaches in resident drawers and coming out of the walls. CNA 3 validated the cockroaches in Resident 4 and 5 ' s room.</p> <p>During an interview on 5/4/2025 at 4:04 p.m., with the Maintenance Director (MD), the MD stated 23 rooms has had treatment for cockroaches in the past (4/9/2025) but he did not follow up if the treatment was effective. The MD stated the cockroaches can possibly make the residents feel disgusted and if it was his room he would want something done about the cockroaches.</p> <p>During an interview on 5/4/2025 at 4:04 p.m., with the DON, the DON stated the residents may feel gross because the cockroaches in their room were unsanitary and disgusting. The DON stated she will have Resident 4 and 5 ' s room deep cleaned.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Pest Control, dated 5/2008, the P&amp;P indicated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>During a review of the facility ' s P&amp;P titled, Homelike Environment, dated 2/2021, the P&amp;P indicated, Residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p> <p>During a review of the facility ' s Director of Maintenance Job Description dated 10/2010, the Director of Maintenance Job Description indicated, Ensure facility is designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49145</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure two of three sampled residents (Resident 1 and 2) were free from unnecessary physical restraints (any object or device that an individual cannot remove easily which restricts freedom of movement) as evidenced by:</p> <p>1. Resident 1 and 2 ' s bed was against the wall.</p> <p>This deficient practice had the potential to place Residents 1 and 2 at risk for injury and the potential for entrapment (when an individual is trapped or unable to get out of a small, enclosed area).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (loss of blood flow to part of the brain) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS)- a resident assessment tool), dated 3/27/2025, the MDS indicated Resident 1 ' s cognition (ability to think, understand, learn, and remember) was moderately intact and required maximal assistance (helper does more than half the effort) with transferring and sitting to standing.</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) and epilepsy (seizures- a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness).</p> <p>During a review of Resident 2 ' s MDS dated , 4/21/2025, the MDS indicated Resident 2 ' s cognition was intact and was dependent (helper does all the effort) with dressing, toileting, and bathing.</p> <p>During an observation on 5/3/2025 at 10:11 a.m., Resident 1 ' s left side of the bed and Resident 2 ' s right side of the beds were observed to be against the wall. Residents 1 and 2 ' s siderails were up on the opposite side of the bed.</p> <p>During a concurrent observation and interview on 5/3/2025 at 11:14 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 verified Resident 1 and Resident 2 ' s beds were against the wall. LVN 1 stated a bed against the wall was considered a restraint, requires a doctors order, and restricts the residents movement and potentially cause an injury.</p> <p>During an interview on 5/4/2025 at 1:49 p.m., with Licensed Vocational Nure (LVN) 2, LVN 2 stated a bed against the wall was considered a restraint. LVN 2 stated that a bed against the wall was unsafe for the residents and could lead to an injury because it restricts their movement.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/4/2025 at 4:24 p.m., with the Director of Nursing (DON) the DON stated a bed against the wall was considered a restraint and was not a common practice. The DON stated there should be an order to have residents ' bed against the wall.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Use of restraints undated, the P&amp;P indicated, Residents shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident ' s medical symptoms and never for discipline or staff convenience, or for the prevention of falls. Physical restraints are defined any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident ' s body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to ones body.</p>

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  05/04/2025
NAME OF PROVIDER OR SUPPLIER  The Earwood		STREET ADDRESS, CITY, STATE, ZIP CODE 20820 Earl Street Torrance, CA 90503	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49145</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan with measurable objectives, timeframes, and interventions for two of 10 sampled residents Resident 1 and 2) by failing to:</p> <ol style="list-style-type: none"> <li>1. Review and revise Resident 2 ' s care plan after each incident of fall.</li> <li>2. Develop a care plan for Residents 1 and 2 ' s bed against the wall.</li> </ol> <p>These deficient practices had the potential to negatively affect the delivery of necessary care and services for Residents 1 and 2.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (loss of blood flow to part of the brain) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS)- a resident assessment tool), dated 3/27/2025, the MDS indicated Resident 1 ' s cognition (ability to think, understand, learn, and remember) was moderately intact and required maximal assistance (helper does more than half the effort) with transferring and sitting to standing.</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) and epilepsy (seizures- a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness).</p> <p>During a review of Resident 2 ' s MDS dated , 4/21/2025, the MDS indicated Resident 2 ' s cognition was intact and was dependent (helper does all the effort) with dressing, toileting, and bathing.</p> <p>During a concurrent interview and record review on 5/2/2025 at 11:14 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 and 2 ' s beds against the wall should be care planned because it was form of communication of the residents ' care between the licensed nurses. LVN 1 stated the care plan should be reviewed and revised when Resident 2 had repeated falls to ensure interventions were effective, and to prevent further falls.</p> <p>During a concurrent interview and record review on 5/4/2025 at 1:49 p.m., with LVN 2, LVN 2 stated the care plan was a guideline for the residents ' care and because Resident 2 had two falls the interventions should have been reviewed and revised after each of the falls.</p> <p>(continued on next page)</p>		

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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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON), the DON stated care plans should be revised and updated with new interventions after a resident fall. The DON stated revising care plans was important to ensure the staff were aware of what to do to minimize the risk of the residents having another fall. The DON stated that a bed against the wall was considered a restraint and should be care-planned.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Care Plan Comprehensive, dated 8/25/2021, the P&amp;P indicated, Each resident ' s comprehensive care plan is designed to incorporate identified problem areas and aid in preventing or reducing declines in the resident ' s functional status and/or functional levels. Assessments of residents are ongoing, and care plans are reviewed and revised when information about the residents and the resident ' s condition changes.</p> <p>During a review of the facility ' s P&amp;P titled, Use of Restraints, undated, the P&amp;P indicated, Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptoms, but the underlying problems that may be causing the symptoms.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>49145</p> <p>Based on interview and record review, the facility ' s Quality Assessment and Assurance (QAA) to develop and implement appropriate plans of action to correct identified quality deficiencies) and Quality Assurance Performance Improvement (QAPI) designed to bring about constant measurable improvement in the services to provide at the facility for continual improvement of quality care) committee failed to monitor, review, and analyze data performance improvement of facility issues such as falls.</p> <p>This deficient practice had the potential to not identify systemic approach to improve services to the residents.</p> <p>Findings:</p> <p>During an interview on 5/4/2025 at 4:24 p.m., with the Director of Nursing (DON), the DON stated they are currently working on falls but have had an increase in falls and should implement new intervention for fall prevention in the facility. The DON stated they were unable to locate the QAPI binder to address the increase in falls from the previous administrator.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Quality Assurance and Performance Improvement (QAPI) Program, the P&amp;P indicated The objectives of the QAPI program are to provide a means to measure current and potential indicators for outcomes of care and quality of life. Provide a means to establish and implement performance improvement projects to correct identified negative or problematic indicators. Reinforce and build upon effective systems and processes related to the delivery of quality care and services.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49145</p> <p>Based on observation and interview, the facility failed to maintain a consistent and effective pest control program as evidenced by:</p> <p>1. Multiple live cockroaches were found on the wall of Resident 4 and Resident 5 ' s room (room [ROOM NUMBER]).</p> <p>This deficient practice had the potential to affect the quality of life of Residents 4 &amp; 5 and the potential of roaches spreading to other rooms in the facility.</p> <p>Findings:</p> <p>During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), peripheral vascular disease (PVD- a slow progressive narrowing of the blood flow to the arms and legs), and cerebrovascular disease (condition that affects the blood vessels and blood flow to the brain, potentially leading to a stroke {loss of blood flow to part of the brain}).</p> <p>During a review of Resident 4 ' s Minimum Data Set (MDS- a resident assessment tool) dated 3/29/2025, the MDS indicated Resident 4 ' s cognition (ability to think, understand, learn, and remember) was intact and required moderate assistance (helper does less than half the effort) with toileting and dressing.</p> <p>During a review of Resident 5 ' s Admission Record, the Admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including DM, and hypertension (HTN- high blood pressure).</p> <p>During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 ' s cognition was intact and required supervision with toileting, bathing, and dressing.</p> <p>During a concurrent observation and interview on 5/4/2025 at 3:03 p.m., in Resident 4 and 5 ' s room, Resident 5 moved his nightstand table, and multiple cockroaches were seen running. Resident 5 removed his air freshener from the wall and multiple cockroaches were seen inside the air freshener. Resident 5 stated the cockroaches in his room make him feel dirty. Resident 4 stated they have complained about the cockroaches in the past and it makes him feel creepy. CNA 3 stated she had seen cockroaches in resident drawers and coming out of the walls. CNA 3 validated the cockroaches in Resident 4 and 5 ' s room.</p> <p>During an interview on 5/4/2025 at 4:04 p.m., with the Maintenance Director (MD), the MD stated that 23 rooms have had treatment for cockroaches in the past (4/9/2025) but he did not follow up if the treatment was effective. The MD stated the cockroaches can possibly make the residents feel disgusted and if it was his room he would want something done about the cockroaches.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/4/2025 at 4:04 p.m., with the Director of Nursing (DON), the DON stated the residents may feel gross because the cockroaches in their room are unsanitary and disgusting. The DON stated she will have Resident 4 &amp; 5 ' s room deep cleaned.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Pest Control, dated 5/2008, the P&amp;P indicated, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>During a review of the facility ' s P&amp;P titled, Homelike Environment, dated 2/2021, the P&amp;P indicated, The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p> <p>During a review of the facility ' s Director of Maintenance Job Description dated 10/2010, the Director of Maintenance Job Description indicated, Ensure facility is designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>Cross reference F584</p>		