

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 09/03/2025
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)		
F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. (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
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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain resident's written consent and document in his chart the basis of why the move was required prior to a room change for one of four randomly selected residents (Resident 3). This deficient practice resulted in the lack of opportunity for Resident 3 to see the new location, meet the new roommate and ask questions about the move prior to the room changes. Findings: During a review of Resident 3's admission Record (Face Sheet), the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), gastro-esophageal reflux disease ([GERD] a chronic condition that occurs when stomach contents move up into the esophagus, causing irritation), and muscle weakness (a lack of muscle strength). During a review of Resident 3's Minimum Data Set (MDS) a resident assessment tool, dated 8/2/2025, the MDS indicated Resident 3's cognition (thought process) was intact. During a review of the facility's Room Change Form, dated 8/8/2025, the Room Change Form indicated Resident 3 was moved to another room. The Room Change Form indicated the reason for the room change was roommate compatibility. The Room Change Form indicated Resident 3's and/or his responsible party (RP) were notified. During a review of Resident 3's Clinical Record, the Clinical Record indicated there was no documentation indicating Resident 3 received written notice or consented when he was transferred to another room prior to or on 8/8/2025 when Resident 3's room change occurred. During a review of the facility's Room Change Form, dated 8/28/2025, the Room Change Form indicated that Resident 3 was moved to another room. The Room Change Form indicated Resident 3 was self-responsible. The Room Change Form indicated there was no documentation indicating what was the reason for the room change. During a review of Resident 3's Clinical Record, the Clinical Record indicated there was no documentation indication Resident 3 received written notice or consent when he was transferred to another room prior to or on 8/28/2025 when Resident 3's room change occurred. During an interview on 9/3/2025 at 1:08 p.m., with Resident 3, Resident 3 stated that he was upset because he had two room changes in the month of 8/2025 without his consent. Resident 3 stated he was not asked if he wanted to change rooms nor was provided with a reason as to why the room changes occurred. Resident 3 stated he was not aware that he could have refused the room changes and thought he did not have a choice. During an interview on 9/3/2025 at 3:10 p.m., with the Social Worker (SW), the SW stated her job functions include helping the facility with resident room changes. The SW stated this process includes having a discussion with the Interdisciplinary Care Team ([IDT] an interdisciplinary team that brings together knowledge from different health care professionals from each discipline that work together to provide care for people, goal is for all residents to receive individualized care that maximizes a patient's quality of life) regarding upcoming room changes the facility has. SW then notifies the resident and or their responsible party of the upcoming room change, the reason for the room change and receives consent for the room change. The SW stated this process is then documented in the resident's medical record. The SW stated the Director of Nursing (DON) had recently implemented the Room Change Form to be filled out prior to any room changes. The SW stated this form is not considered a consent and it should not have replaced the documentation in the resident's medical record. The SW stated she did not find any documentation for Resident 3's room changes on 8/8/2025 and 8/28/2025 and stated she must have forgotten to document it in Resident 3's medical record. The SW stated it was her responsibility to receive consent and follow up with the proper documentation in Resident 3's chart but forgot. During an interview on 9/3/2025 at 4:18 p.m., with the DON, the DON stated her job functions include reviewing discharges and room changes. The DON stated prior to staff changing a resident's room, they should inform the resident and/or their responsible party (RP) the reason for the room change, obtain consent, and provide a room change notification prior to a resident's room change. The DON stated Resident 3 should have received notification, and consent from prior to his room being changed. During a review of the facility's Policy and Procedure (P/P) titled, Room or Roommate Change, dated 6/27/2022, the P/P indicated to ensure that a resident can exercise their right to change rooms or roommates. Prior to changing a room or roommate assignment, the resident, the resident's representative (if available), the resident's new roommate, and the resident's current roommate will be given timely advance of such change and will include the following: 1. The notice of a change in room or roommate assignment may be oral or in writing, or both, and will include the reason(s) for such change. 2. Notification of Room Change</p>		