

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 12/31/2025
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure indoor temperatures were maintained between 71 to 81 degrees Fahrenheit (a temperature scale) for five of five sampled residents (Residents 1, 2, 3, 4, and 5). On 12/31/2025, temperatures were recorded between 66 to 68 degrees Fahrenheit in the activity room (state and federally mandated common area specifically designed, equipped, and furnished for residents to participate in a planned program of social, recreational, and educational activities) in the hallway serving resident rooms 1-10 and in resident rooms. This deficient practice resulted in Residents 1, 2, 3, 4, and 5 to feel cold and had the potential to cause all other residents' discomfort, aggravate respiratory conditions, and increase the risk of hypothermia (low body temperature) for residents with impaired thermoregulation (body's natural process of maintaining a stable internal temperature). Findings: a. During a review of Resident 1's admission Record (Face Sheet), the Face sheet indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Chronic obstructive pulmonary disease ([COPD] a chronic lung disease causing difficulty in breathing). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 11/26/2025, the MDS indicated Resident 1 had no cognitive impairment (ability to think and reason) and was always understood and could understand others. The MDS indicated Resident 1 required assistance from staff in dressing and personal hygiene (combing hair, applying makeup, washing hands). During an interview on 12/31/2025 at 12:10 p.m., Resident 1 stated she felt cold during the day and at night. Resident 1 stated she notified staff (staff unknown) that it was too cold, but no one did anything about it. b. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including rheumatoid arthritis (chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility). During a review of Resident 2's History and Physical (H&P), dated 12/23/2025, the H&P indicated Resident 2 had the capacity to make decisions. During an observation on 12/31/2025 at 1:56 p.m., in Resident 2's room, the thermostat read 69 degrees Fahrenheit. The thermostat was observed to have a set point limit (ability to define minimum and maximum temperature for heating and cooling) set to cool at 75 degrees (for maximum temperature) however no minimum temperature limit was set. During an interview on 1/31/2025 at 1:57 p.m., Resident 2 stated her room was often too cold. Resident 2 stated staff (staff unknown) were aware, but no corrective action had been taken. c. During a review of Resident 3's Face Sheet, the Face Sheet indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including heart failure (a heart disorder which causes the heart not to pump the blood efficiently, sometime resulting in leg swelling). During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had no cognitive impairment and was always understood and could understand others. The MDS indicated Resident 3 required assistance from staff in dressing and personal hygiene (combing hair, shaving, washing hands). During an observation on 12/31/2025 at 1:20 p.m., in Resident 3's room, a blanket was observed covering the floor vent. When the blanket was removed, cold air was felt blowing from the air vent. During an interview on 12/31/2025 at 1:22 p.m., Resident 3 stated he placed a blanket over the vent to cover it to block cold air entering the room. Resident 3 stated he notified staff (staff unknown), but nothing has been done to make the situation better. d. During a review of Resident 4's Face Sheet, the Face Sheet indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (one sided weakness) and hemiparesis (total paralysis of one side of arm, leg and trunk on one side of body). During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4 had moderate cognitive impairment and was always understood and could understand others. The MDS indicated Resident 4 required substantial (helper does more than half of the effort) assistance from staff in dressing and personal hygiene (combing hair, shaving, washing hands). During an observation on 12/31/2025 at 1:59 p.m., in Resident 4's room, the thermostat was observed to read 68 degrees Fahrenheit. The thermostat was observed to have a set point limit set to cool at 75 degrees, for maximum temperature setting however no minimum temperature limit was set. During a subsequent interview on 12/31/2025, at 2:05 p.m., Resident 4 stated his room is too cold and has notified the Director of Nursing (DON) with no resolution. Resident 2 stated he feels frustrated and it can be hard to rest. e. During a review of Resident 5's Face Sheet, the Face sheet indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including atrial fibrillation (condition when heart beats irregularly)</p>		