

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER California Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. Imperial Hiwy Lynwood, CA 90262	

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 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>Based on observation, interview and record review, the facility failed to ensure Rooms A, B, C, D, E, F and G were clean and sanitary. These failures resulted to an environment that was not comfortable and home-like to the affected residents. Findings: During a concurrent observation and interview on 2/19/2026 at 10:46 a.m., with the Director of Nursing (DON), the DON stated the hallway floors by Rooms A, B and E, were observed dirty and had food crumbs, and pieces of trash. The DON stated dirty floors, with food crumbs, and pieces of trash could attract pests and could be a source of germs, leading to cause infections. The shared bathroom in Rooms A & B had dirty towels surrounding the toilet floor, which could cause the residents to feel uncomfortable. The DON stated Room C had 3 towels, and trash was noted on the floor that could cause residents or anyone to trip and fall. Room D had a bedpan with smeared feces placed on top of the vanity. The flush handle of the toilet tank in the shared bathroom in Rooms F & G had smeared feces which could be a source of germs wherein if the residents touched it, could lead to cross-contamination and infections. During a review of the facility's policy and procedure, (P&P) titled, Cleaning and Disinfection of Environmental Surfaces, dated 1/2018, the P&P indicated environmental surfaces should be cleaned. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis when these surfaces are visibly soiled. The P&P indicated surfaces such bed rails, some food utensils, bedside tables, furniture and floors should be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions.</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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