STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER: Seacrest Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1416 West 6th Street San Pedro, CA 90732	

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of eight sampled residents (Resident's 1, 2, and 3) were provided privacy when using the telephone. These failures resulted in Resident's 1, 2, and 3 being unable to make personal phone calls without staff's presence and monitoring, violating their rights to private communication. These deficient practices had the potential to cause psychosocial harm, including fear of being overheard when discussing personal information, and feelings of distress and isolation due to lack of communication with family. Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 had diagnoses including diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic kidney disease ([CKD] a progressive loss in kidney function over a period of months or years).During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 2/11/2026, the MDS indicated Resident 1's cognition (the mental process of acquiring knowledge and understanding through thought, experience and the senses) was intact and required substantial assistance (helper does more than half the effort) from staff with transferring from bed to chair, sitting to standing, and walking. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE]. Resident 2 had diagnoses including heart failure (heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and CKD.During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was moderately impaired and was dependent on staff for transfer from bed to chair and from sitting to standing.During a review of Resident 3's Face Sheet, the Face Sheet indicated Resident 3 was admitted to the facility on [DATE]. Resident 3 had diagnoses including DM and atrial fibrillation (an abnormal heart rhythm).During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 2's cognition was mildly impaired and required supervision/touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance) from staff for transferring from bed to chair, and moderate assistance (helper does less than half the effort) from staff with walking more than 10 feet.During an interview on 4/17/2026 at 9:50 a.m., Registered Nurse (RN) 1 stated since 2/2026 they have not had a dedicated resident cell phone for residents. RN 1 stated residents who are able use the phone at the nursing station, but for bed bound residents they had been using the work cell phone the nursing staff use to communicate to physicians. RN 1 stated because there was sensitive information of many residents on the work cell phone bed bound residents use to make phone calls, they would stay with the resident who was using the cell phone. RN 1 stated it could be a violation of privacy since staff can hear their conversation, but they try not to listen to their phone calls. RN 1 stated they could not leave the work cell phone alone with the resident because it had sensitive health information on it.During a concurrent observation and interview on 4/17/2026 at 10:09 a.m., in Resident 2's room, Resident 2 was observed lying in bed. Resident 2 stated she used to talk to her daughter on the phone once a week, but she had not been able to speak to her daughter for a couple of months because the facility did not let her use the phone anymore. Resident 2 stated she missed talking to her daughter but cannot get out of bed to use the (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055070	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	phone at the nursing station.During an interview on 4/17/2026 at 10:18 a.m., the Social [NAME] Director (SSD) stated during a recent transition with the facility changing ownership on 2/2/2026, the previous ownership confiscated all their work phones and the residents' phones for private use, without notice. The SSD stated they were currently using the RN supervisor's cell phone when residents need to make a phone call, but the RN supervisors would have to stay with the residents because of the sensitive information on the phone. The SSD stated if the resident's wanted privacy that could be an issue since the staff cannot leave the work cell phone unattended due to sensitive information on them.During an interview on 4/17/2026, at 11 a.m., Resident 3 stated when he needed to use the phone he would go to the nursing station to use the phone and would have conversations in front of staff.During an observation on 4/17/2026 at 11:26 a.m., Resident 1 was observed at nursing station 1 talking on the phone. RN 1 was observed sitting at the nurse's station while Resident 1 was on the phone. During an interview on 4/17/2026 at 3:12 p.m., the Administrator (ADM) stated sometime in 3/2026 the previous facility owner confiscated the phones, and she temporarily bought a cell phone for the residents' private use, but it went missing around 4/6/2026. The ADM stated as a temporary solution while they waited for the phone company to install their new phone system, she told nurses to let the residents use the RN supervisor's work cell phone. The ADM stated technically residents using the work cell phone could see private information, but they were just using it for a phone call and being monitored by nursing. The ADM stated that because the nurses must monitor the phone to ensure residents aren't navigating through it, there would be a lack of privacy for phone calls since nurses are standing by while residents are on the phone.During a review of the facility's undated policy and procedure (P&P), titled, Confidentiality of Information and Personal Privacy, the P&P indicated, the facility will protect and safeguard resident confidentiality and personal privacy regarding his written and telephone communications, and access to resident personal and medical records will be limited to authorized staff and business associates. During a review of facility's P&P, titled, Resident Rights, dated 12/2016, the P&P indicated, residents have access to a telephone, mail and email, and have the right to communicate in person, mail, email, and telephone with privacy.