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	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Post-Acute Care Center	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Care Plan was created for one of three sampled residents (Resident 1) after Resident 1 fell on 4/18/2026.This failure placed Resident 1 at risk for repeated falls, injury and further decline. Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 had diagnoses including heart failure (a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), muscle wasting (weakening, shrinking and muscle loss) and type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 2/20/2026, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding though thought, experiences, and the senses) was intact and was dependent on staff for toilet hygiene, showering, personal hygiene and putting on footwear.During a review of Resident 1's Incident Note, dated 4/18/2026, the Incident Note indicated at approximately 1 a.m., Resident 1 was found on the floor next to the bed, lying in a supine position. The Incident Note indicated Resident 1 was experiencing pain to the back of his head and lower back pain. The Incident Note indicated Resident 1 was transferred to a General Acute Care Hospital for evaluation and treatment. During an interview on 5/4/2026, at 10 a.m., Resident 1 stated on 4/18/2026, he tried to get out of bed independently, but he ended up falling onto the floor next to his bed. Resident 1 stated he knew that he shouldn't have gotten out of bed alone, but he thought he was able to stand. Resident 1 stated the fall caused pain to the back of his head and required transfer to the hospital.During an interview on 5/5/2026, at 3 p.m., the Director of Nursing (DON), stated based on her investigation, Resident 1 sustained an unwitnessed fall on 4/18/2026. Resident 1 was found on the floor next to his bed. The DON stated Resident 1 informed her that he decided to get out of bed on his own and it resulted in him falling. The DON stated Resident 1 complained of pain and was transferred to a GACH. The DON stated based on her review of Resident 1's Clinical Records, the nursing staff did not develop a Care Plan following Resident 1's unwitnessed fall. The DON stated failure to develop a Care Plan after Resident 1's fall on 4/18/2026, placed Resident 1 at risk for repeated falls, delayed assessments and care. The DON stated that when staff communicate the details and circumstances of a fall through the Care Plan, they can help reduce the likelihood of another fall.During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated 2001, the P&P indicated assessments of residents are ongoing and care plans are revised as information about residents and the residents' conditions change.

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