

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/05/2026
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to implement their policy and procedure (P&amp;P) titled, Refrigerators and Freezers which indicated to monitor and record the refrigerator and freezer temperatures daily, for 3 of 3 refrigerators and 2 of 2 freezers. This failure had the potential to cause food spoilage (the deterioration of food due to various factors, resulting in an undesirable change in its appearance, taste, texture, or nutritional value) and lead to foodborne illnesses (any illness caused by consuming foods or beverages contaminated with harmful bacteria, viruses and parasites or their toxins [poisonous substances produced by organisms like bacteria that harm the body]). Findings: During a concurrent interview and record review on 01/05/2026 at 11 a.m., with the Dietary Supervisor (DS), in the kitchen, the refrigerator and freezer temperature logs dated 2026, were reviewed. The refrigerator temperature logs for the following days were blank and did not indicate monitoring was completed: On 1/1/2026 and 1/2/2026 for Produce and Breads, Milk and Dairy and Nourishment during the morning (AM) shift. On 1/1/2026 for Produce and Breads, Milk and Dairy during evening (PM) shift. The freezer temperature logs for the following days were blank and did not indicate monitoring was completed: On 1/1/2026 and 1/2/2026 for Frozen Vegetables and Ice cream and Frozen Meat during the AM shift. On 1/1/2026 for Frozen Vegetables and Ice Cream and Frozen Meat during the PM shift. The DS stated the AM and PM cooks were responsible for ensuring timely monitoring and documentation of the refrigerator and freezer logs and lack of monitoring and documenting refrigerator and freezers temperatures may cause food spoilage. During a review of the facility's P&amp;P titled, Refrigerators and Freezers, dated 11/ 2022, the P&amp;P indicated the facility will ensure safe refrigerator and freezer temperatures and sanitation, and will observe food expiration guidelines. Refrigerators and freezers are maintained in good working conditions. Refrigerators keep food at or below 41 degrees Fahrenheit (a scale of temperature on which water freezes at 32 and boils at 212 under standard conditions) and freezers keep frozen foods frozen solid. The P&amp;P indicated Food service supervisors or designated employees check and record refrigerator and freezer temperatures daily with first opening and at closing in the evening.</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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NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to implement its infection prevention and control measures for one of two shower rooms (east shower room), by failing to ensure the shower floor and wall were clean and disinfected from fecal matter (the solid waste passed out of the body of a human through the bowel). This failure had the potential to spread bacteria and germs that could lead to infection for facility residents. Findings:During a concurrent observation and interview on 01/05/2026 at 11:39 a.m., with the housekeeper (HK 1), in the east shower room, dry brown fecal matter was observed on the wall of the 2nd shower stall, and a small drop of brown feces was observed on the floor. HK 1 stated failure to clean and disinfect the walls and floors may increase the risk of residents getting sick.During a review of the facility's Job Description titled, Housekeeper, dated 09/2025, the Job Description indicated the primary purpose of this position is to perform the day-to-day activities of housekeeping as directed by the housekeeping supervisor to assure the facility is maintained in a clean, safe and comfortable manner. Perform cleaning procedures in accordance with established infection prevention and control procedures. Clean walls and ceilings by washing, wiping, spot cleaning, disinfecting, deodorizing, etc. Remove dirt, dust, grease, film, etc., from surfaces using proper cleaning/disinfecting solutions.During a review of the facility's Policy and Procedure (P&amp;P) titled, Policies and Practices-Infection Control dated 4/2012, the P&amp;P indicated the facility's infection P&amp;Ps are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.</p>		