

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 03/03/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to:1. Ensure one out of three sampled residents (Resident 1) unwitnessed injury to the left eye was reported to California Department of Public Health (CDPH). This deficient practice of not reporting to CDPH within 24 hours of an unwitnessed injury resulted in discoloration (a localized area of altered skin color that indicates underlying tissue damage) to the left eye. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses metabolic encephalopathy (an acute or chronic alteration in brain function), epilepsy (a chronic neurological disorder characterized by recurrent, unprovoked seizures), dementia (a progressive state of decline in mental abilities), and muscle weakness (a reduction in the ability to generate normal force in muscles, often presenting as impaired physical mobility, fatigue, or decreased functional capacity). During a review of Resident 1's History and Physical (H&P), dated 12/20/2025, the H&P indicated Resident 1 had a fluctuated capacity to understand and make decisions. During a review of Resident 1's Minimum Data Sheet ([MDS]- a resident assessment tool), dated 1/21/2026 the MDS indicated Resident 1 cognition (ability to learn, reason, remember, understand, and make decisions) was severely impaired. The MDS indicated Resident 1 required partial/moderate assistance (helper does more than half the effort. Helper lifts or hold trunks or limbs and provides more than half the effort) from staff for toileting hygiene, showers, and dressing. During a review of Resident 1's, Change of Condition (COC), dated 2/25/2026, the COC indicated Resident 1 had discoloration, dark purplish color, and swelling under her left eye. During an observation on 2/27/2026 at 3:36 p.m., in Resident 1's room, Resident had a large dark bruise (an injury of discolored skin on the body) partially around the left eye. During an interview on 2/27/2026 at 3:36 p.m., Resident 1 could not explain how she had sustained an injury to her left eye. During a concurrent interview and record review on 2/27/2026 at 3:44 p.m., with Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting, dated 3/2024, the P&P indicated the facility was to notify the Department of Health Services of all unusual occurrences, within twenty-four hours. The P&P indicated any facility related injury of any resident which requires medical treatment. The P&P indicated occurrences that constitute an interference with facility operations that affect the welfare, safety or health of residents. The P&P indicated other injuries that affect the health and safety as identified by the facility and Department of Health Services (DHS) as required reporting. The DON stated Resident 1 had a large bruise on the left eye. The DON stated Resident 1 was impulsive (a patient's tendency to act quickly on a whim, emotion, and immediate desire without thinking about the potential negative consequences) and needed to be monitored. The DON stated the incident was not witnessed by staff and therefore the injury would be considered injury of an unknown source. The DON stated the process was to report within two hours for the federal process and 24 hours to the state. The DON stated that not reporting would impose on the departments final investigation and keeping the residents safe. During a review of Resident 1's progress notes, dated 2/27/26 at 10: 30 p.m., indicated Resident 1's physician was made aware of (continued on next page)</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1's swelling and discoloration due to hitting her face on her bedside. During an interview on 3/3/2026 at 8:48 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 had discoloration to the left eye. LVN 1 stated she had reported the unwitnessed incident to the DON. LVN 1 stated the discoloration to the left eye was considered an injury of unknown source due to Resident 1's poor cognition. LVN 1 stated reports of unknown injury should be reported within two hours to the federal and 24 hours to the state. LVN 1 stated the injury should be investigated to maintain the wellness of Resident 1. During a review of the facility's P&P titled, Investigating Resident Injuries, dated 4/2021, the P&P indicated injury of unknown source is define as an injury that met the following conditions such as the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident. During a review of the facility's P&P titled, Unusual Occurrence Reporting, dated 3/2024, the P&P indicated the facility was to notify the Department of Health Services of all unusual occurrences, within twenty-four hours. The P&P indicated any facility related injury of any resident which requires medical treatment. The P&P indicated occurrences that constitute an interference with facility operations that affect the welfare, safety or health of residents. The P&P indicated other injuries that affect health and safety as identified by the facility and DHS as required reporting.</p>		