STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055119	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Pico Terrace Healthcare & Wellness Centre LP	6070 W. Pico Boulevard Los Angeles, CA 90035

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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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview and record review, the facility failed to ensure:Four residents on the pureed diet (foods that do not require chewing and are easily swallowed. All food should be smooth and pureed to the consistency of pudding) received bread texture in form that meet their needs and in accordance with international Dysphagia Diet Initiative IDDSI (IDDSI- a framework made up of levels and describes food textures and drink thickness) Level Four (pureed foods and extremely thick drinks) when the texture of the pureed bread was lumpy, not smooth and had small pieces of bread crust present requiring chewing before swallowing.Soft and Bite size diet texture was prepared according to the IDDSI-Level 6 (All foods prepared for are soft and chopped into bite size 1/2 inch x 1/2 inch pieces) when 12 resident received minced (ground) texture meats and vegetables instead of chopped into bite size pieces 1/2 inch per diet order. These deficient practices had the potential to result in meal dissatisfaction, decreased nutritional intake and increased choking risk for the residents who received the pureed bread. Findings: During an observation of the tray line (tray line- a system of food preparation, in which trays move along an assembly line) service for lunch on 4/14/2026 at 11:50AM, the pureed bread looked lumpy, and not smooth while in a pan on the steam table (table having openings to hold containers/Pans of cooked food over steam or hot water circulating beneath them). During the same observation and interview with [NAME] (Cook1) and Dietary Supervisor (DS) 1 on 4/14/2026 at 12:00PM, [NAME] 1 said we use the food processor (kitchen appliance designed for quickly chopping, slicing, shredding, grating, pureeing, and mixing foods using interchangeable blades and discs within a closed bowl) to make the pureed bread. Cook1 said added some butter and liquid to bread then pulsed the food processor until soft. DS 1 said we don't add a lot of water so we minimize how much thickener we use (Food thickeners are substances used to increase the viscosity of liquids and foods without changing their taste, examples include starches (cornstarch, potato starch), gums (xanthan, guar), gelatin, and pectin, which work by absorbing water or forming gels). During a concurrent interview and taste test of the pureed bread with DS 1 and [NAME] 1, on 4/14/2026 at 12:40PM, the appearance of the pureed bread had a lumpy texture. There were small pieces of bread, and it was not smooth. During the tasting of the pureed bread, it was grainy and some residue stayed in the mouth requiring chewing. [NAME] 1 stated food processor was used to puree' the bread, [NAME] 1 stated melted butter and liquid was added to the mixture until bread is soft. [NAME] 1 agrees that the pureed bread does not look smooth and said the bread needs to be in the food processor longer and some more liquid to make a smooth puree texture. Cook1 said puree should be smooth with no lumps, and no need for chewing so residents don't have swallowing problems. DS 1 stated the pureed bread is soft but agrees that the texture is not smooth like pudding or mashed potato. During a review of the facility recipe titled Pureed (IDDSI Level 4) Breads, cakes, cookies, pancakes and other bread products (dated 2025) the recipe indicated, puree bread on low speed adding milk gradually.the finished pureed item should be smooth and free of lumps, hold its shape, while not being too firm or sticky, and should not weep. During a review of the IDDSI guideline website titled IDDSI, dated 7/2019, the IDSSI guideline indicated that Level 4 Pureed is usually eaten with spoon, falls off spoon in a single spoonful when tilted and continues to hold (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	shape on the plate, no lumps, not sticky, and liquid must not separate from solid. Food testing method: Spoon tilt test and Fork drip test. 2.During an observation in the kitchen on 4/14/2026 at 12:00PM, [NAME] 1 served minced or ground roast turkey and minced green beans to residents who were on soft and bite size diet order (IDDSI level 6- food particles are soft and chopped into 1/2 inch pieces). During a concurrent observation and interview with [NAME] 1 and DS 1 on 4/14/2026 at 12:40PM, DS 1 stated our menu does not have a soft and bite size diet, we follow the mechanical soft diet which is ground or minced meats and vegetables. DS stated when doctor orders therapeutic diet for residents on the soft and bite size diet the residents will receive the same food texture as the residents on the minced (ground) and moist diet. During the same interview [NAME] 1 stated we make the minced consistency with the food processor to make sure everyone gets consistent size like ground meat and then we mix some gravy for moisture. During a dining observation in residents' room on 4/14/2026 at 1 PM one resident (Resident 8) refused to eat the lunch. Resident 8 stated the food does not look good and does not like it. During a concurrent observation and review of Resident 8's tray card (a printed sheet that includes resident diet order, preferences and dislikes and placed on the meal tray) for lunch, the tray card indicated residents 8 diet was soft and bite size diet but received minced (ground) roast turkey and green beans instead. During a concurrent interview and taste test of the soft and bite size diet with DS 1 and Regional Dietary Supervisor (DS 2) on 4/15/2026 at 12:00PM DS 1 stated we served cilantro lime chicken and carrots in minced texture to residents on the soft and bite size diet. DS1 stated the chicken and the carrots were in the food processor to make sure they come out small and consistent in size. DS 1 stated we downgrade the diet (Downgrading a diet involves increasing food restriction to improve safety, typically going from Regular to Soft/Bite-Sized to Minced/Moist to Pureed, and to thickening liquids. This reduces choking risk but should be guided by a speech-language pathologist (SLP) to avoid malnutrition or unnecessary restrictions) to make sure everyone gets small and soft pieces. DS 1 stated our menu does not have soft and bite size diet guidelines, so we use mechanical soft diet and ground the meats and vegetables. DS 1 stated we are serving the wrong texture when residents receive a diet that is the wrong texture they will complain and not eat. During the same interview and taste test with DS 2 on 4/15/2026 at 12:00 DS 2 stated soft and bite size diet should be food cut into bite size pieces 1/2 inches and that are soft. DS 2 stated that when the residents on the soft and bite size diet receive a downgraded minced and moist texture diet will be unhappy with food and not eat. During a review of the IDDSI guideline website titled IDDSI, dated 7/2019, the IDSSI guideline indicated that Level 5 Minced and Moist is usually eaten with spoon or fork, for people who cannot bite off pieces of food safely but have some basic chewing ability. It is important that food is not sticky. You should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork. Size of the food is 4mm, which is about the gap between the prongs of a standard dinner fork. Food testing method: Spoon tilt test and Fork drip test. During a review of facility's diet manual diet titled IDDSI LEVEL #6: SOFT and BITE-SIZED (dated 2025) the diet indicated, is designed for residents who experience biting limitations but can chew food items for swallowing. All food prepared for this diet must be soft and chopped into pieces no larger than 1/2 inch x 1/2 inch. This diet had both size and texture specifications that must pass IDDSI level #6 testing requirements. During a review of facility policy and procedures (P&P) titled, Therapeutic Diets (revised 2014), the P&P indicated, Purpose: to ensure that the facility provides therapeutic diets to residents that meet nutritional guidelines and physician orders. Therapeutic diets are diet that deviate from the regular diet and require a physician order. Therapeutic diet will not be given without a physician order. Therapeutic diets are reflected on the menu extension. The Dietary manager will periodically review the resident's tray card and the physician dietary orders to ensure that the information is consistent.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to adhere to infection control practices when certified nursing assistant (CNA) 1 failed to wear a gown while providing direct care to one of five sampled residents (Resident 5). Resident 5 was on enhanced barrier precautions (EBP-are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs)). This deficient practice had the potential to transmit infectious microorganisms to the other residents in the facility. Findings: A review of the admission record indicated the facility admitted Resident 5 on 5/22/2024 and re-admitted the resident to the facility on 1/23/2023, with diagnoses including End Stage Renal Disease (ESRD -irreversible kidney failure), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and dementia (a progressive state of decline in mental abilities). A review of Resident 5's Minimum Data Set (MDS-a resident assessment tool) dated 1/29/2026, indicated Resident 5's cognition (ability to think, understand, and reason) was moderately impaired. The MDS further indicated Resident 5 required substantial assistance from staff for toileting hygiene, bathing and lower body dressing. The MDS also indicated the resident received dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed). A review of Resident 5's Order Summary Report, dated 4/15/2026, indicated on 1/8/2026 the physician ordered if bleeding occurred at the resident's left femoral permcath after dialysis, staff to apply pressure with clean gauze for five to 10 minutes. Staff were to repeat until bleeding stopped and to notify the physician if the bleeding did not stop. During an observation on 4/14/2026 at 9:27 AM, the wall next to Resident 5's nameplate outside the resident's room door was signage that indicated staff to observe EBP with Resident 5 when dressing, bathing/showering, providing hygiene, changing briefs or assisting with toileting. During a concurrent observation and interview on 4/14/2026 at 9:28 AM, with the Licensed Vocational Nurse (LVN) 3 inside Resident 5's room, CNA 1 was observed performing morning care (routine hygiene and personal care provided to a resident to start their day feeling clean and comfortable) for Resident 5. CNA 1 was not wearing a gown while providing personal hygiene care to Resident 5. LVN 3 stated CNA 1 should be wearing a gown to prevent the spread of infection amongst other residents and staff. During an interview on 4/14/2026 at 9:42 AM, CNA 1 stated Resident 5 chose to have a bed bath today and he (CNA 1) forgot to put on a gown prior to performing AM care. CNA 1 stated that CNA 1 should have been wearing a gown while providing care to Resident 5. CNA 1 further stated wearing a gown was to help stop prevents the spread of bacteria to other residents. During an interview on 4/17/2026 at 10:57 AM, the Director of Nursing (DON) stated the facility uses Enhanced Barrier Precautions (EBP for residents with multi-drug resistant organisms (MDROs - microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents), or indwelling devices like Feeding Tube or tracheostomy to prevent the spread of infection. The DON also stated staff required to use gown and glow when they are performing high- contact resident care activities like dressing, bathing, shower, providing hygiene, changing linens. The DON further stated enhanced barrier precaution prevents the spread of any infection in the facility. A review of the facility's policy and procedures titled, Enhanced Barrier Precautions, revised 12/15/2024, indicated for residents for whom EBP indicated, EBP is employed when performing the following high-contact resident care activities for those at risk of transmission or acquisition of MDROs:a. Dressingb. Bathing/showeringc. Transferring within the resident roomd. Providing hygienee. Changing linensf. Changing briefs or assisting with toiletingg. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect the residents rights to privacy when Certified Nursing Assistant (CNA) 1 failed to close the privacy curtain/s while the performing personal care for one of 32 sampled residents (Resident 5) to ensure Resident 5 was not visually exposed to the roommates. This deficient practice violated the resident's right for privacy for Resident 5. Findings: A review of Resident 5's admission record indicated the facility admitted the resident on 6/25/2025 and re-admitted the resident to the facility on [DATE], with diagnoses including End Stage Renal Disease (ESRD -irreversible kidney failure), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and dementia (a progressive state of decline in mental abilities). A review of Resident 5's Minimum Data Set (MDS-a resident assessment tool) dated 1/29/2026, indicated Resident 5's cognition (ability to think, understand, and reason) was moderately impaired. The MDS further indicated Resident 5 required substantial assistance from staff for toileting hygiene, bathing and lower body dressing. During a concurrent observation and interview on 4/14/2026 at 9:28 AM, with the Licensed Vocational Nurse (LVN) 3 inside Resident 5's room, CNA 1 was observed performing morning care (routine hygiene and personal care provided to a resident to start their day feeling clean and comfortable) for Resident 5. Resident 5's privacy curtain was not closed and Resident 5 was in the direct view of the other roommate. LVN 3 stated Resident 5's privacy curtain should have been closed completely to maintain Resident 5's privacy. During an interview on 4/14/2026 at 9:42 AM, CNA 1 stated the resident chose to have a bed bath today and he forgot to close the resident's privacy curtain. During an interview on 4/17/2026 at 10:58 AM, the Director of Nursing (DON) stated the during resident care the privacy curtain is closed to maintain the resident's dignity and privacy. A review of the facility's policy and procedures (P&P) titled, Resident Rights, revised 1/1/2012, indicated, Employees are to treat all residents with kindness, respect, and dignity and honor the exercise of residents' rights. A review of the facility's P&P titled, Resident Rights - Quality of Life, reviewed 3/2017, indicated, Facility Staff promotes, maintains, and protects resident privacy, including bodily privacy, when assisting with personal care and during treatment procedures.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of the three sampled residents' (Resident 4) Preadmission Screening and Resident Review (PASARR - a screening evaluation used to determine whether placement in a long term care facility is appropriate for the resident) Level I (a tool that helps identify possible serious mental illness and/or intellectual/development disability) assessment was accurately completed. This deficient practice of failing to accurately complete PASARR Level I assessment for Resident 4 puts Resident 4 at risk for not receiving the necessary care and services tailored to Resident 4's needs. Findings: During a review of Resident 4's admission record (face sheet - a document containing demographic and diagnostic information) indicated Resident 4 was admitted to the facility on [DATE] with the following diagnoses: unspecified dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems), bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs), depression (a common but serious mood disorder that causes a persistent feeling of sadness and loss of interest), and epilepsy (a long term brain disease that causes repeated seizures due to abnormal electrical signals produced by damaged brain cells). During a review of Resident 4's history and physical (H&P - a physician's complete patient examination) dated 3/24/2026 indicated, Resident 4 had the capacity to make medical decisions. During a review of Resident 4's physician progress notes (a doctor's written record that documents a patient's health status, treatment, and care plan) dated 3/30/2026, indicated, Resident 4's institutionalized status limits patient's ability to independently seek outpatient treatment. During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 3/30/2026, indicated, Resident 4 had a moderately impaired decision (make poor decisions, cues and supervisions required). MDS also indicated Resident 4 had little interest or pleasure in doing things and was feeing down, depressed, or hopeless nearly every day. MDS also indicated, Resident 4 used mobility device (helps a person walk or move from place to place when one has a disability or injury) such as a walker to get around. During a review of Resident 4's care plan (CP - a guideline for nurses to help them create and achieve a solid plan of action in the treatment of a patient) with an initiated date of 3/25/2026 and target date of 6/21/2026, the CP indicated, Resident 4 uses psychotropic medications (medications that treat mental health disorders) Vraylar (medication used to treat schizophrenia, bipolar I disorder (manic/mixed/depressive episodes), and major depressive disorder (MDD) as an add-on [optional] treatment in adults) for bipolar disorder. The CP goal indicated that Resident 4 will be free of psychotropic drug related complications including movement disorder (conditions that causes either increase movements or reduced or slow movements), discomfort, hypotension (low blood pressure), gait (walk) disturbance, and behavioral impairment. The CP interventions included monitor and record occurrence of target behavior symptoms as manifested by fluctuation of emotions. During a review of Resident 4's CP with an initiated date of 3/23/2026 and target date of 6/21/2026, the CP indicated, Resident 4 uses antidepressant medications (common prescription medications that help treat depression, anxiety, and obsessive-compulsive disorder) trazodone (treats depressed mood and anxiety) and Wellbutrin (treats major depressive disorder, seasonal affective disorder, and aid in smoking cessation) related to depression, and poor adjustment to admission. The CP goal indicated that Resident 4 will show decreased episodes of signs and symptoms of depression. The interventions included monitor and report adverse reactions to antidepressant therapy such as change in behavior/mood/cognition, hallucinations and delusions, social isolation, suicidal thoughts, withdrawal, and decline in activities of daily living (routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of the Interdisciplinary Team (IDT -a collaborative group of professionals from diverse fields-such as doctors, nurses, therapists, and social workers-who work (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	together, sharing expertise to provide comprehensive, integrated care for a patient's complex physical and psychological needs) Notes dated 3/25/2026 at 12:27 PM, indicated Resident 4 was seen by a physician via facetime (an application for making video and voice calls over the internet). The IDT Notes indicated the physician reviewed Resident 4's current psychotropic medications with Resident 4 and that all medications will continue as ordered. The facility failed to produce an In-Service Education (a professional development for workers aimed to enhance their skills, knowledge, and competence to improve job performance), with a sign-in sheet and lesson plan for PASARR process prior to 4/17/2026. During a review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled admission Criteria with a reviewed date of 5/29/2025 indicated, The facility will admit only those individuals whose care needs can be safely and effectively met by the services, staffing, and equipment available at the facility. A registered nurse or physician must complete a pre-admission screening to determine if the facility can safely meet the individual's needs. During a review of the facility's P&P titled Pre-admission Screening Level II Resident Review with a reviewed date of 9/2017 indicated, the PASARR will be completed in accordance with the Pre-Screening Resident Review (PASARR) policy.

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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. Based on interview, and record review, the facility failed to develop an individualized and comprehensive plan that is specific for the of care for one of five sampled residents (Resident 5) with diagnosis of Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). This deficient practice had the potential to result in a ineffective nursing and medical care for Resident 5. Findings: A review of the admission record indicated the facility admitted Resident 5 on 5/22/2024 and re-admitted the resident to the facility on 1/23/2023, with diagnoses including End Stage Renal Disease (ESRD -irreversible kidney failure), DM and dementia (a progressive state of decline in mental abilities). A review of Resident 5's Minimum Data Set (MDS-a resident assessment tool) dated 1/29/2026, indicated Resident 5's cognition (ability to think, understand, and reason) was moderately impaired. The MDS further indicated Resident 5 required substantial assistance from staff for toileting hygiene, bathing and lower body dressing. The MDS also indicated the resident was taking insulin (a hormone that lowers the level of glucose (a type of sugar) in the blood). A review of Resident 5's Diabetes Mellitus care plan, initiated 9/9/2025, indicated the resident was taking insulin. The care plan goal was for the resident to have no complications related to diabetes. The care plan interventions included to avoid exposure to extreme heat or cold, to check for breaks in skin, and to educate the resident and family that diabetes was a chronic disease. A review of the care plan also indicated there were no interventions for specific medications to be given nor was there interventions to be done when the resident's blood sugar was too high or too low. A review of Resident 5's physician's orders, dated 9/16/2025 indicated the resident to receive the following: Hypoglycemia protocol colon if a resident responsive give either 1/2 cup of orange juice comma half cup of soft Drink, 1 cup of milk, half cup of apple juice or other item with the 1530 grams of carbohydrates. Residents with renal failure should not receive orange juice. Monitor the resident closely, checking finger sticks and vitals every 15 minutes until stable as needed on 9/16/2025 If the resident is responsive but unable to swallow: rub a thick form of sugar on the inside of the residence cheek or under the tongue. Monitor the resident closely, checking finger sticks and vitals every 15 minutes until stableIf a resident becomes unresponsive:: emergency services. If ordered by the attending physician or medical director, inject Glucagon 1 milligram while waiting for emergency help. Monitor the resident closely, check finger sticks and vitals every 15 minutes until stable or transfer as needed Monitor/document/report PRN for signs an symptoms (s/sx) of hyperglycemia: increased thirst and appetite, weight loss, fatigue, dry skin, poor healing, muscle cramps, abdominal pain, deep labored breathing (Kussmaul), acetone (fruity) breath, stupor, coma Q shift. Every shift If symptoms exist, assess the resident and report findings to the physician Monitor/document/report PRN s/sx of hypoglycemia: sweating, tremor, Increased heart rate, pallor, nervousness, confusion, slurred speech, lack of coordination, Staggering gait Q shift. every shift If symptoms exist, assess resident and report findings to the physician A review of Resident 5's physician order dated 4/4/2026, indicated to inject Novolog insulin (inject subcutaneously-applied under the skin) sliding scale (refers to the progressive increase in pre-meal or nighttime insulin doses and is based on (fingerstick) blood sugar (FSBS) test levels done at set intervals) coverage for blood sugar (BS) measurement in milligrams per deciliter (mg/dl - unit of measurement) as follows;BS :70 to 150 = 0 unit; BS: 151 to 200 = 2 units, BS: 201 to 250 = 4 units, BS: 251 to 300 = 6 units, BS: 301 to 350 = 8 units, BS: 351 to 400 = 10 units, and for BS greater than; 400 = 12 notify physician twice a day. During a concurrent interview and record review with Registered Nurse Supervisor (RNS) 1 on 4/15/2026 at 10:47 AM, Resident 5's care plans were reviewed. RNS 1 stated Resident 5 was taking insulin for her diabetes. RNS 1 also stated Resident 5's diabetes care plan was not specific. RNS 1 stated the care plan should have included the physician hyperglycemia and hypoglycemia and insulin orders. RNS 1 also stated with insulin it is very important to monitor for signs and symptoms of (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hypoglycemia. RNS 1 further stated the care plan must be resident centered and specific in order to provide for the proper care of the resident. During an interview on 4/17/2026 at 11:00 AM, the Director of Nursing (DON) stated the care plan guides staff on the resident's care and that the care plan is individualized for the resident and their diagnoses. The DON further stated if a specific and individualized care plan is not in place the care plan will not be appropriate for them. A review of the facility's policy and procedure titled, Person-Centered Care Planning, revised 4/24/2025, indicated, The facility must develop and implement a comprehensive person-centered care plan for each resident consistent with the resident rights, that includes measurable objectives, and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following: i. The services that are to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial wellbeing. ii. Any services that would otherwise be required under, but are not provided due to resident's exercise of rights, including the right to refuse treatment.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility failed to ensure food served was flavorful and/or at the proper temperature for one of one sampled residents (Resident 34). This deficient practice had the potential to impact the resident's nutritional status, quality of life and can lead to insufficient food intake for Resident 34. Findings: A review of the admission record indicated the facility admitted Resident 34 on 8/4/2025 and readmitted the resident on 3/19/2026, with diagnoses that included end stage renal disease (ESRD -irreversible kidney failure), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and muscle weakness. A review of Resident 34's History and Physical 3/20/2026, indicated the resident was at risk for acute exacerbation, decompensation or functional decline. A review of the Minimum Data Set (MDS - a resident assessment tool) dated 3/26/2026, indicated Resident 34 had moderate cognitive impairment. Resident 34 required set-up assistance from staff for eating and oral hygiene. During an interview on 4/14/2026 at 12:35 PM, Resident 34 stated the food was not good. Resident 34 further stated the food looks pretty but it has no taste. Resident 34 also stated she previously weighed 150 pounds when she first came to the facility and now she weighed 111 pounds. Resident 34 also stated no one has spoken with her about her food preferences. On 4/15/2026 at 11:05 AM, during a group interview, three out of four residents in attendance stated the food had no flavor and was often cold to lukewarm. On 4/15/2026 at 12:09 PM, during a test tray tasting with the Regional Dietary Supervisor (DS) 2 and the Dietary Service Supervisor (DS) 1, the fiesta rice tasted very bland. DS 2 stated most of the recipes have a bland taste although the food tasted very fresh. On 4/17/2026 at 10:58 AM, the Director of Nursing (DON) stated the food was often brought up in resident council especially by new residents. A review of the facility's policy and procedures (P&P), P-DS01 Dietary Profile and Resident Preference Interview, dated 11/11/2025, indicated the dietary department will provide residents with meals consistent with their preferences and physician order as indicated on the tray card.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055119	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Pico Terrace Healthcare & Wellness Centre LP	6070 W. Pico Boulevard Los Angeles, CA 90035

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of 23 resident rooms (rooms [ROOM NUMBER]) had at least 80 square feet per resident in multiple resident bedrooms. This failure had the potential to have an adverse effect on the health, movement and safety of staff and eight of the nine residents (Residents 3, 9, 15, 16, 18, 20, 39, 46) in rooms [ROOM NUMBER]. Findings: During an observation and concurrent interview on 4/14/2026 with Residents 9, 39, and 46 in room [ROOM NUMBER] at 11:36 AM, 11:42 AM, and 11:58 AM respectively, Residents 9, 39, and 46 stated they had no problems with their room and that there was enough space in the room for their personal belongings and for them to move around. During an observation and concurrent interview on 4/14/2026 with Residents 15, 16, and 18 in room [ROOM NUMBER] at 11:43 AM, 11:47 AM, and 12:09 PM respectively, Residents 15, 16, and 18 stated there are no problems with their room and that there is enough space in the room for their personal belongings and for them to move around. During an observation and concurrent interview on 4/14/2026 with Resident 3 in room [ROOM NUMBER] at 1:29 PM, Residents 3 stated there are no problems with the room and that there is enough space in the room for Resident 3's personal belongings and to move around. A review of the Client Accommodations Analysis form (form that is designed to provide a record of client accommodations approved for licensed care; it identifies the approved use of individual rooms and approved capacities) dated 4/14/2026, indicated the following rooms with their corresponding measurements:The following rooms provided are less than 80 sq.ft. pr resident:Room # Room Size Floor Area (sq.ft.) Number (#) of beds7 19.1 x 10.91 217.21 314 20.1 x 10.83 217.68 3 15 20 x 11 220 3 A review of the Client Accommodation Analysis form indicated that the above rooms measured less than the required 80 square footage per resident in multiple resident bedrooms. For a three-bed capacity room, the square footage requirements would be at least 240 square feet. A review of a room waiver request letter received from the Administrator dated 4/14/2026, indicated the Administrator is requesting a waiver for rooms [ROOM NUMBER]. The letter indicated that the rooms were in accordance with the special needs of the residents and would not have an adverse effect on residents' health and safety or impede the ability of any residents in the rooms to attain his or her highest practicable well-being. During an interview on 4/16/2026 with Licensed Vocational Nurse (LVN) 6 and Rehabilitation Manager (RM) at 3:50 PM and 3:55 PM respectively, LVN 6 and RM stated there are enough space in rooms [ROOM NUMBER] to perform their tasks. During an interview on 4/16/2026 at 3:59 PM with the Director of Nursing (DON), the DON stated the facility has not received any complaints from residents nor from the staff about the room sizes for rooms [ROOM NUMBER]. The DON stated, there is enough space for residents to keep their personal belongings and move around the room comfortably. During an interview on 4/17/2026 at 9:36 AM with Registered Nurse (RN) 1, RN 1 stated there is adequate space to perform all nursing care for the residents in rooms [ROOM NUMBER]. RN 1 stated all residents can move in rooms [ROOM NUMBER]. without problems with the space. A review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled Room Waiver with a revision date of 12/01/2015 indicated, Residents will be screened for medical and personal needs for placement in waiver room that is slightly smaller room. The residents will be ambulatory (ability to walk and move around despite an illness or injury) or semi-ambulatory (a person with limited mobility who can walk or move independently to a partial extent, but requires mobility aids such as a walker or a wheelchair or assistance from others on a regular basis) residents.