| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0814<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Dispose of garbage and refuse properly.<br><br>Based on observation, interview, and record review, the facility failed to ensure the garbage disposal area was free of clutter by leaving the dumpster surrounded by used cardboard boxes and empty plastic containers. This failure had the potential to attract pests such as rats, cockroaches, flies, and ants, which may spread disease to the residents of the facility. Findings: During a concurrent observation and interview on 3/3/2026 at 7:42 AM with the Maintenance Director (MD) at the facility's garbage disposal area, the ground was cluttered with garbage. Next to the main dumpster there were both constructed and deconstructed cardboard boxes stacked on top of each other. Directly adjacent to the dumpster were at least ten empty plastic containers stacked on top of each other. The MD stated the area around the dumpster should be clear of trash and the boxes and containers should not be left around the dumpster. The MD stated it is important not to leave trash around the dumpster as it may attract pests, which may lead to infections. It is a pest control risk. During a review of the facility's policy and procedure (P&P) titled, Garbage and Refuse Disposal, dated October 2017, the P&P indicated all waste should be kept in containers and garbage should be stored in a manner inaccessible to pests. It also indicated garbage storage areas should always be clean and free of surrounding litter. |

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 |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement the facility's infection control policy and procedure by failing to: 1.Ensure the two pillows were not place on the handwashing sink and ensure Family Member (FM) for Resident 64 who was on contact precaution (infection control measures used to prevent the spread of infections transmitted through direct or indirect contact) wore appropriate personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) when in contact with the resident. 2. Ensure Certified Nursing Assistant (CNA 4) performed hand hygiene (the act of cleaning your hands to remove germs, dirt, and viruses) when feeding. 3.Ensure two Certified Nursing Assistants (CNA 1 and 2) performed hand hygiene when entering and exiting the residents' rooms. These failures had the potential to result in cross-contamination and healthcare-associated infections that could lead to a wide spread infection in the facility. Findings:<br><br>1.During a review of Resident 64's admission Record dated 3/25/2025, the admission Record indicated Resident 64 was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Diagnoses included Enterocolitis (inflammation of both the small and large intestines) due to Clostridium Difficile (C. diff – a highly contagious bacteria that causes severe diarrhea), Encephalopathy (damage or malfunction of the brain that affects the brain function, muscle weakness, and left leg below knee amputation (BKA-surgical removal of the portion of the leg below the knee).<br><br>During a review of Resident 64's Minimum Data Set ((MDS – a resident assessment tool) dated 1/22/2026, indicated Resident 64's Brief Interview of Mental Status (BIMS – a tool used to screen and identify the cognitive condition) scare of 2 severely impaired (severe problems with thinking and memory). Additionally, Resident 64 is dependent on toileting hygiene, shower/bathe, lower body dressing, putting on/taking off footwear. Substantial maximal assistance in upper body dressing, and personal hygiene. Partial/moderate assistance in eating, and oral hygiene.<br><br>During an interview on 3/2/2026 at 10:35 AM with the Infection Preventionist (IP) the IP confirmed that two pillows were sitting inside the handwashing sink in Resident 64's room. The IP stated, The sink is for handwashing should be kept clear and the pillows should not be there.<br><br>During an interview on 3/5/2026 at 12:28 PM with Director of Nurses (DON), DON stated that it is the expectation that any staff member passing a room under precautions should ensure visitor are wearing the required PPE. The pillows in the sink also represent a cross-contamination risk that should have been corrected immediately.<br><br>During a review of the facility's policy and procedure (P&P) titled, Clostridium Difficile (CD) revised 2018, indicated, that precautions are taken while caring for residents with CD infection to prevent transmission to other residents. Such as increased awareness of symptoms and risk factors among staff, residents and visitors. Wearing gloves when handling feces or articles contaminated with feces.<br><br>2. During an observation on 3/4/2026 at 12:28 p.m. in dining room, CNA 4 did not perform hand hygiene between feeding residents.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 3/4/2026 at 1:49pm with the Infection Preventionist, stated, Staff are required to perform hand hygiene before entering a room, before a task, it's important to follow hand hygiene policy to prevent infection, prevent the spread of germs, and protect the resident's health.<br><br>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene Policy Statement, dated August 2019, the P&P indicated to use alcohol-based hand rub or water and soap before and after direct contact with the residents.<br><br>During an observation on 3/3/2026 at 9:26 AM in the hallway, CNA 1 entered and exited Resident 23's room without performing hand hygiene. At 9:27 AM, CNA 1 entered Resident 25's room to retrieve a shower chair. CNA 1 exited Resident 25's room with the shower chair without performing hand hygiene, then proceeded to bring the shower chair into Resident 23's room without performing hand hygiene. At 9:28 AM, CNA 1 entered and exited Resident 24's room without performing hand hygiene.<br><br>During an observation on 3/3/2026 at 9:34 AM in the hallway, CNA 2 entered Resident 19's room without performing hand hygiene. CNA 2 proceeded to put on a pair of medical gloves and retrieved a shower chair from the bathroom in Resident room [ROOM NUMBER] to prepare the resident for a bath.<br><br>During an interview on 3/3/2026 at 9:49 AM with CNA 2, CNA 2 stated he forgot to perform hand hygiene before coming into the resident's room, but he was supposed to. CNA 2 also stated staff are supposed to perform hand hygiene every time they come in and out of the rooms to protect the residents from disease.<br><br>During an interview on 3/3/2026 at 9:55 AM with CNA 1, CNA 1 stated sometimes she forgets to perform hand hygiene, and she forgot this time. She also stated it is important to do hand hygiene before and after every time staff enter the resident rooms for infection prevention.<br><br>During an interview on 3/4/2026 at 1:49 PM with the Infection Preventionist (IP), IP stated staff are required to perform hand hygiene before entering a room, before a task, when in contact with bodily fluids, upon exiting rooms, etc. Even if the resident's room is empty, they still need to perform hand hygiene. She also stated it is important to follow hand hygiene policy to prevent infection, prevent the spread of germs, and protect the residents' health.<br><br>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated August 2019, the P&P indicated all personnel shall follow hand hygiene procedures to prevent the spread of infection in the facility. It also indicated staff are to perform hand hygiene before and after direct contact with residents and objects nearby residents.<br><br>3. During an observation on 3/3/2026 at 9:26 AM in the hallway, CNA 1 entered and exited Resident room [ROOM NUMBER] without performing hand hygiene. At 9:27 AM, CNA 1 entered Resident room [ROOM NUMBER] to retrieve a shower chair. CNA 1 exited Resident room [ROOM NUMBER] with the shower chair without performing hand hygiene, then proceeded to bring the shower chair into Resident room [ROOM NUMBER] without performing hand hygiene. At 9:28 AM, CNA 1 entered and exited Resident room [ROOM NUMBER] without performing hand hygiene.<br><br>During an observation on 3/3/2026 at 9:34 AM in the hallway, CNA 2 entered Resident room [ROOM NUMBER] without performing hand hygiene. CNA 2 proceeded to put on a pair of medical gloves and retrieved a shower chair from the bathroom in Resident room [ROOM NUMBER] to prepare the<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | resident for a bath.<br><br>During an interview on 3/3/2026 at 9:49 AM with CNA 2, CNA 2 stated he forgot to perform hand hygiene before coming into the resident's room, but he was supposed to. CNA 2 also stated staff are supposed to perform hand hygiene every time they come in and out of the rooms to protect the residents from disease.<br><br>During an interview on 3/3/2026 at 9:55 AM with CNA 1, CNA 1 stated sometimes she forgets to perform hand hygiene, and she forgot this time. She also stated it is important to do hand hygiene before and after every time staff enter the resident rooms for infection prevention.<br><br>During an interview on 3/4/2026 at 1:49 PM with the Infection Preventionist (IP), the IP stated staff are required to perform hand hygiene before entering a room, before a task, when in contact with bodily fluids, upon exiting rooms, etc. Even if the resident's room is empty, they still need to perform hand hygiene. She also stated it is important to follow hand hygiene policy to prevent infection, prevent the spread of germs, and protect the residents' health.<br><br>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated August 2019, the P&P indicated all personnel shall follow hand hygiene procedures to prevent the spread of infection in the facility. It also indicated staff are to perform hand hygiene before and after direct contact with residents and objects nearby residents. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0554<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Allow residents to self-administer drugs if determined clinically appropriate.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the interdisciplinary team (IDT - a coordinated group of experts from several different fields who work together) assessed one of six sampled residents (Resident 16) to determine the resident's ability to self-administer medication and keep the medications at the bedside. In addition, Resident 16 had no physician's order to self-administer medications and keep artificial tears ophthalmic solution (eye drops) and Tums tablets (chewable antacid tablets containing calcium carbonate for fast relief of heartburn, sour stomach, acid indigestion, and upset stomach) at the bedside. This deficient practice had the potential to result in unsafe medication administration and overdose of medication. Findings: During a review of Resident 16's admission Record the (AR) indicated that Resident 16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), left and right leg above the knee amputation (AKA-surgical removal of the portion of the leg above the knee joint). During a review of Resident 16's History and Physical (H &P) dated 6/16/2025 indicated that resident have the capacity to understand and make decisions. During a review of Resident 16's Minimum Data Set (MDS - a resident assessment tool), dated 2/18/2026, the MDS indicated that Resident 16 had moderate impaired cognition (the ability to process thoughts and emotions). The MDS indicated that Resident 16 needed substantial/maximal assistance with lower body dressing, partial/moderate assistance with shower/bathe self, supervision or touch assistance with upper body dressing and toileting hygiene. During a review of Resident 16's Order Summary Report dated 2/7/2026 indicated a physician order for artificial tears ophthalmic solution instill one drop in both eyes every 8 hours as needed for dry, itchy eyes. During a concurrent observation and interview on 3/2/2026 at 9:45 AM with Resident16 stated that he has eye allergies and he keeps eye drops at bedside and applies the drops when his eyes get affected by the allergies. Resident 16 also has a container of Tums tablets at the bedside that the resident stated he keeps in the nightstand drawer and takes the tablets when necessary. During an interview on 3/3/2026 at 2:30 PM with License Vocational Nurse (LVN) 1 stated that Resident 16 had no documented evidence the resident was assessed for self-administration of eye drops and Tums. LVN 1 stated Resident 16 was not allowed to have medications at bedside. During an interview on 3/5/2026 at 12:30 PM with the Director of Nurses (DON) stated that there was no assessment indicating Resident 16 was assessed for self-administration medication and that self-administration assessment is done only when needed. During a review of the facility's policy and procedure (P&P) titled Self-Administration of Medication dated 12/2016 indicated that residents have the right to self-administered medications if the IDT determines that it is clinically appropriate for the resident to do so. Additionally, the policy indicated that the staff shall identify and give to the charge nurse any medications found at the bedside that are not authorized for self-administration. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policy and procedure titled Answering the Call Light for one out of one sampled residents (Resident 8) with call light that was not within reach. This deficient practice placed the residents at risk of not having their needs meet timely, especially during an emergency or accident. Findings: During a review of Resident 8's admission Record (AR), the AR indicated that the resident was admitted on [DATE] with diagnoses that included muscle weakness, down syndrome (a genetic condition leading to intellectual disability and developmental delays), and reduced mobility. During a review of Resident 8's History and Physical (H&P), dated 7/25/2025, the H&P indicated that the resident does not have the capacity to understand and make decisions. During a review of Resident 8's Minimum Data Set (MDS, a resident assessment tool), dated 1/2/2026, the MDS indicated that the resident has severely impaired cognition (the ability to process thoughts). The MDS also indicated that Resident 8 was dependent (helper does all of the effort) in activities such as bed mobility, eating, and personal hygiene. During a review of Resident 8's care plan for falls, initiated on 7/29/2025, the care plan included a goal for the resident's risk of fall and injury will be minimized with interventions, revised on 7/31/2025. The care plan also included an intervention for staff to keep the call light within reach of Resident 8, initiated on 7/29/2025. During an observation on 3/3/2026 at 8:40 AM inside Resident 8's room, Resident 8's call light device was observed behind the resident's headboard, and out of reach from the resident. During a concurrent observation and interview on 3/3/2026 at 8:41 AM inside Resident 8's room with Certified Nursing Assistant (CNA) 3, Resident 8's call light device was observed behind Resident 8's headboard. CNA 3 stated that Resident 8's call light device is not within Resident 8's reach because it's behind the resident's headboard. CNA 3 stated that the call light device should have been placed close to Resident 8's hands. CNA 3 stated that she forgot to place the residents' call light device next to Resident 8's hands before she left the resident's room. CNA 3 stated that the call light device is used by residents to call her for help. During concurrent interview and record review on 3/5/2026 at 10:18 AM with the Director of Nursing (DON), Resident 8's care plan for falls was reviewed. The DON stated that the care plan included a plan for staff to place the call light device within Resident 8's reach. The DON stated that call light devices are used by residents to call for assistance into the room. The DON added that if residents cannot call for help, accidents may happen, such as falls. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, revised 9/2022, the P&P indicated that the purpose of the P&P is to ensure timely responses to the resident's requests and needs. The P&P indicated that staff are to ensure that the call light is accessible to the resident when in bed. The P&P also indicated that staff are to answer the resident call system immediately. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policies and procedures regarding the formulation of an Advance Directive (AD a legal document that specify the person's medical treatment preferences and appoint a surrogate decision-maker if you become unable to communicate their wishes) for two out of four sampled residents (Resident 39 and Resident 47). As a result of this deficient practice, the facility had the potential to not honor the residents' wishes and choices in the event that they become incapable of making decisions regarding their care.<br><br>Findings:<br><br>1.During a review of Resident 47's admission Record (AR), the AR indicated that the resident was admitted on [DATE] with diagnoses that included difficulty in walking, urinary tract infection (infection of the urinary system), and muscle weakness.<br><br>During a review of Resident 47's History and Physical (H&P), date 1/21/2026, the H&P indicated that the resident has the capacity to make needs known but cannot make decisions.<br><br>During a review of Resident 47's Minimum Data Set (MDS, a resident assessment tool), dated 1/21/2026, the MDS indicated that the resident has intact cognition (the ability to process thoughts and emotions).<br><br>During a review of Resident 47's entire physical medical records and electronic medical records, the records did not indicate documented evidence that Resident 47 received information to formulate an advance directive.<br><br>During a concurrent interview and record review on 3/3/2026 at 9:02 AM with Licensed Vocational Nurse (LVN) 2, Resident 47's entire medical records were reviewed, including the progress notes. LVN 2 stated the records do not indicate that Resident 47 has an advance directive. LVN 2 also stated that the resident's progress notes do not indicate that Resident 47 was offered to formulate an advance directive.<br><br>During an interview on 3/3/2026 at 9:23 AM with Resident 47, Resident 47 stated she does not recall ever been offered the opportunity to create an advance directive.<br><br>During an interview on 3/3/2026 at 9:33 AM with SSD, SSD stated that she has not offered Resident 47 the opportunity to formulate an advance directive. SSD stated that she is responsible for offering residents the opportunity to formulate an advance directive. SSD added that advance directives must be offered upon the resident's admission to the facility.<br><br>2. During a review of Resident 39's AR, the AR indicated that the resident was admitted on [DATE] with diagnoses that included hyperlipidemia (elevated blood cholesterol level), pneumonia (infection of the lungs), and hypertension (elevated blood pressure)<br><br>During a review of Resident 39's H&P, dated 2/19/2026, the H&P did not indicate if the resident has the capacity to understand and make decisions.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 39's physician's Progress Note, dated 2/26/2026, the Note indicated that Resident 39 has the capacity to make medical decisions.<br><br>During a review of Resident 39's MDS, dated [DATE], the MDS indicated that the resident has intact cognition.<br><br>During a review of Resident 39's entire physical medical records and electronic medical records, the records did not indicate documented evidence that Resident 39 received information to formulate an advance directive.<br><br>During a review of Resident 39's physical medical records, a form titled, Advance Directive Acknowledgement the form did not have any markings, such as Resident 39's initials or signature, to indicate that Resident 39 received or reviewed the form.<br><br>During a concurrent interview and record review on 3/3/2026 at 9:02 AM with LVN 2, the form found in Resident 39's physical medical records titled, Advance Directive Acknowledgement, was reviewed. LVN 2 stated that the form is incomplete because there are no markings such as the resident's initials or signatures.<br><br>During another concurrent interview and record review on 3/3/2026 at 9:02 AM with LVN 2, Resident 39's entire medical records were reviewed, including the progress. LVN 2 stated the records had no documented evidence that Resident 39 was offered to formulate an an advance directive. LVN 2 also stated that the resident's progress notes do not indicate that Resident 47 was offered to formulate an advance directive.<br><br>During an interview on 3/3/2026 at 9:20 AM with Resident 39, Resident 39 stated that no one from the facility has offered her information to create an advance directive.<br><br>During an interview on 3/3/2026 at 9:29 AM with the Social Services Director (SSD), SSD stated that she has not offered Resident 39 the opportunity to formulate an advance directive.<br><br>During an interview on 3/5/2026 at 10:18 AM with the Director of Nursing (DON), the DON stated that the purpose of an advance directive was to determine and honor the residents' wishes when they are no longer able to make decisions for themselves. The DON stated that residents should be offered information on how to formulate an advance directive upon admission or within 48 hours. The DON further stated that if the facility does not offer the residents the opportunity to formulate an advance directive, the facility would not be able to honor the residents' choice or wishes.<br><br>During a review of the facility's policy and procedures (P&P) titled, Advance Directives, revised 12/2016, the P&P indicated that upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive. The P&P also indicated that if the resident cannot make decisions, the information may be provided to the resident's legal representative. The P&P further indicated that prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives.<br><br>3.During a review of Residentˆ20's admission Record (AR), the ARˆindicatedˆthat the resident was admitted on [DATE]ˆwith diagnoses that includedˆdementia (a progressive state of decline in mental<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | abilities), psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>ˆ<br><br>During a review of Residentˆ20's Minimum Data Set (MDS, a resident assessment tool), datedˆ1/21/2026, the MDS indicated that the residentˆhas moderately impaired cognition (the ability to process thoughts and emotions).ˆ<br><br>ˆ<br><br>During a review of Resident 20's entireˆphysical medical records and electronic medical records, the records did notˆindicateˆdocumented evidence thatˆResident 20ˆreceived information to formulate an advance directive.ˆ<br><br>ˆˆ<br><br>During an interview on 3/4/2026 atˆ9:15 AM with Resident 20, Resident 20 does not understand what an advance directive is.<br><br>ˆ<br><br>During an interview on 3/4/2026 at 11:27 AM with SSD, SSDˆverifiedˆthat the advance directive was incomplete and should have been filled completely with all the statements completed and explained with information given to the resident's responsible party.<br><br>4. During a review of Residentˆ22's admission Record (AR), the ARˆindicatedˆthat the resident was admitted on [DATE], and re-admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (a temporary brain dysfunction caused by a chemical imbalance in the body), dementia (a progressive state of decline in mental abilities), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body).<br><br>ˆDuring a review of Residentˆ22's Minimum Data Set (MDS, a resident assessment tool), datedˆ2/20/2026, the MDS indicated that the residentˆhas severely impaired cognition (the ability to process thoughts and emotions).ˆ<br><br>ˆ<br><br>During a review of Resident 22's entireˆphysical medical records and electronic medical records, the records did notˆindicateˆdocumented evidence thatˆResident 22ˆreceived information to formulate an advance directive.ˆ<br><br>ˆˆˆ<br><br>During an interview on 3/4/2026 at 11:27 AM with SSD, SSDˆverifiedˆthat the advance directive was incomplete and should have been filled completely with all the statements completed and explained with information given to the resident's responsible party.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility's policy and procedures (P&P) titled, Advance Directives, revised 12/2016, the P&P indicated that upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive. The P&P also indicated that if the resident cannot make decisions, the information may be provided to the resident's legal representative. The P&P further indicated that prior to or upon admission of a resident, the Social Services Director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to reflect the resident's status on the Minimum Data Set (MDS - a resident assessment tool) reflected of the resident's status at the time of the assessment on two of six sampled residents (Resident 22 and Resident 42) by failing to: 1.Ensure Resident 22 fall on 1/3/2026 was documented in the MDS and Activities of daily living (ADL's) were accurately assessed and documented in the MDS. 2. Ensure Resident 42 ADL's were accurately assessed and documented in the MDS. These failures had the potential of not identifying Resident 22 and Resident 42's relevant care needs and developing a plan of care that will meet their needs. Findings: 1. During a review of Residentˆ22's admission Record (AR), the ARˆindicatedˆthat the resident was admitted on [DATE], and re-admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (a temporary brain dysfunction caused by a chemical imbalance in the body), dementia (a progressive state of decline in mental abilities), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body). During a review of Resident 22's Minimum Data Set (MDS, a resident assessment tool), dated 2/20/2026, the MDS indicated that the resident has severely impaired cognition (the ability to process thoughts and emotions). The MDS indicated that Resident 22 needed partial/moderate assistance in personal hygiene, putting on/taking off footwear, lower body dressing, shower/bathes self, toileting hygiene. Supervision assistance in oral hygiene, and upper body dressing. Setup or clean up assistance in eating. Partial/moderate assistance with walking 10 feet. During a review of Resident 22's Care Plan ADL Functioning with Self-Care Deficit dated 7/1/2025, indicated that Resident 22 needed supervision to extensive assistance with ADL's with the goal to meet daily assistance needed with ADL's. During an observation, on 3/3/2026 in Resident 22's room, Certified Nurse Assistant (CNA 2) was providing total care assistance with ADL's to Resident 22. During a review of Resident 22's Documentation Survey Report documentation from the Certified Nurse Assistants (CNAs) of the type of assistance that was provided to Resident 22 was dependent on bathing/shower, personal hygiene, oral hygiene, putting on/taking off footwear. Resident 22 not ambulating. Not ambulating 10 feet. During an interview on 3/3/2026 at 9:45 AM with CNA 2 stated that Resident 22 has been dependent on ADL's and most of the time he is using the Hoyer lift Hoyer Lift (a mechanical device used to lift and/or transfer a person from place to place) with 2-person assistance to transfer the resident. CNA 2 stated that Resident 22 was not walking any more. During an interview on 3/3/2026 at 1:35 PM, the MDS Coordinator (MDSC) stated that he believed that moderate/maximal assistance already meant the resident was dependent on staff for ADLs, and therefore he mistakenly overlooked the fall that was not captured on the MDS. The MDSC stated that it is important to reflect upˆtoˆdate resident information in order to develop an accurate assessment and care plan, which helps prevent further decline or complications related to the resident's dependence on staff for ADLs. The MDSC further stated that changes in two or more areas of a resident's current condition constitute a change in condition that should be reflected in the MDS and care plan. 2. During a review of Resident 42's admission Record the admission record indicated that Resident 42 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), difficulty in walking, lack of coordination, osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 42's Minimum Data set (MDS - a resident assessment tool), dated 1/16/2026 indicated that Resident 42 has severely impaired cognition (the ability to process thoughts and emotions). The MDS indicated that Resident 42 was not receiving range of motion exercises. During a review of Resident 42's Order Summary Report dated 2/12/2026 indicated an order for Restorative Nurse Assistant to provide bilateral lower extremities passive range of Motion as tolerated once as day five times a week. During<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | an interview on 3/4/2026 at 2:31 with the MDS Coordinator (MDSC) stated that he overlooked the range of motion treatment exercises which was not entered into the current MDS. During an interview conducted on 3/5/2026 at 12:28 PM, the Director of Nurses (DON) emphasized the significance of including all Activities of Daily Living (ADLs) and treatments received by residents in the Minimum Data Set (MDS) assessment. The DON stated all resident ADLs and treatments must be accurately documented in the MDS, as the MDS is intended to reflect each resident's current condition. The DON emphasized that complete and upˆtoˆdate information in the MDS is essential for ensuring continuity of care and keeping all staff informed of the resident's needs. The facility's policy and procedures titled Certifying Accuracy of the Resident Assessment, updated in November 2019, establish clear guidelines regarding the completion of the Minimum Data Set (MDS) assessment. According to this policy, every individual responsible for completing any portion of the MDS assessment must sign to certify the accuracy of the section they have completed. This requirement ensures accountability and maintains the integrity of the resident assessment process, supporting thorough and precise documentation of resident care needs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 10)'s care plan was updated to reflect the discontinuation of Ativan (a medication used to quickly calm the brain and nervous system). This failure had the potential to result in Resident 10 not to receive the necessary care and behavioral monitoring when Ativan was discontinued. Findings: During a review of Resident 10's admission Record (face sheet), dated 3/5/2026, the face sheet indicated the resident was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's disease (an irreversible brain disorder that destroys memory and thinking skills over time), dementia (a general term for loss of memory, language, problem-solving and other thinking abilities), and anxiety disorder (repeated episodes of feelings of intense fear or terror). During a review of Resident 10's History and Physical (H&P), dated 10/5/2025, the H&P indicated Resident 10 does not have the capacity to understand and make decisions. During a review of Resident 10's latest Minimum Data Set (MDS - a standardized clinical tool used in nursing homes to evaluate every resident), dated 1/30/2026, the MDS indicated Resident 10 is rarely/never understood. During a concurrent interview and record review on 3/4/2026 at 2:16 PM with the Minimum Data Set Coordinator (MDSC), Resident 10's care plan (personalized document that outlines a person's specific health needs and goals), last revised 3/2/2026, was reviewed. The care plan indicated Resident 10 was receiving Ativan to manage anxiety and nursing staff are to monitor side effects of the medication such as sedation or drowsiness. MDSC stated that this Ativan section is included in the most current care plan for Resident 10 and the next revision to the care plan is due 5/25/2026. MDSC confirmed if this is on the resident's care plan, it means the resident is currently receiving Ativan either as a scheduled medication or on an as-needed basis. During a concurrent interview and record review on 3/4/2026 at 2:19 PM with MDSC, Resident 10's current Active Order list (record within an electronic health record system that displays all currently valid medical instructions for a resident, including medications) was reviewed. MDSC stated there is no current order listed for Ativan. MDSC also stated the last time Resident 10 had an active order for Ativan was from 5/15/2024 - 5/29/2024. MDSC stated because there is no current order for Ativan in Resident 10's active order list, the Ativan care plan should have been removed. He also stated it is important to remove inactive care plans in a timely manner to ensure the accuracy of the care plan. It is important to have accurate care plans because it tells the healthcare team the latest things that are going on with the residents and how to care for them properly. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, dated December 2016, the P&P indicated care plans are revised as information about the residents and residents' conditions change. The Interdisciplinary Team must update the care plan when there is a change in the resident's condition and at least quarterly, in conjunction with the quarterly MDS. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to assess and monitor and evaluate one of six sampled residents (Resident 16) who complained of diarrhea on and off for two months. This deficient practice had the potential to result in weight loss, fluid and electrolytes deficit. Findings: During a review of Resident 16's admission Record the (AR) indicated that Resident 16 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), left and right leg above the knee amputation (AKA-surgical removal of the portion of the leg above the knee joint). During a review of Resident 16's History and Physical (H &P) dated 6/16/2025 indicated that resident does have the capacity to understand and make decisions. During a review of Resident 16's Minimum Data Set (MDS - a resident assessment tool), dated 2/18/2026, the MDS indicated that Resident 16 had moderate impaired cognition (the ability to process thoughts and emotions). The MDS indicated that Resident 16 needed substantial/maximal assistance with lower body dressing, partial/moderate assistance with shower/bathe self, supervision or touch assistance with upper body dressing and toileting hygiene. During an interview on 3/2/2026 at 9:45 AM, Resident 16 stated that he has been experiencing diarrhea on and off for the last 2 months stated that the staff is aware of this issue, but he still does not know why this is happening. Resident 16 stated he was not able to go to activity room due to his diarrhea issues. During an interview on 3/4/2026 with the License Vocational Nurse (LVN 3) stated that she was not aware of Resident 16 having diarrhea and that she will notify Resident 16 physician of the change in condition. During an interview on 3/5/2026 at 12:30 with the Director of Nurses (DON) stated that the licensed nurses were not aware of the episodes of diarrhea stated it is important for the Certified Nurse Assistants to be able to recognize subtle changes in residents condition so that they may report it to the physician because a delayed in treatment care can have a negative impact on the overall residents health. During a review of the facility's policy and procedure (P&P) dated 3/2018 indicated that the Certified Nurse Assistants will be trained in recognizing subtle but significant changes in the resident and encouraged to use the stop and watch early warning tool to communicate subtle changes in the residents to the nurse |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to complete Restorative Nursing Assistant (RNA) treatments per physician's orders for one of six sampled residents (Resident 46) by failing to provide range of motion exercises to the affected joints. This deficient practice had the potential to promote the development of contractures (a condition involving shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of the joints) in Resident 46's upper and lower extremities. Findings: During a review of Resident 46's admission Record, Resident 46 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including hemiplegia and hemiparesis (total paralysis of the arm, leg, and trunk on the same side of the body), cerebrovascular accident (stroke), and contracture of the left elbow. During a review of Resident 46's Minimum Data Set (MDS), dated [DATE], the MDS indicated the resident's cognition was intact. The MDS documented that Resident 46 required total dependence for putting on and taking off footwear; substantial/maximal assistance for showering/bathing; partial/moderate assistance for personal hygiene, lower body dressing, upper body dressing, and toileting hygiene; supervision or touching assistance for oral hygiene; and setup assistance for eating. During a review of Resident 46's Care Plan dated 1/16/2026, the plan indicated the goal to minimize the risk of further loss of range of motion daily. The plan directed the RNA to assist with the elbow extension splint, resting hand splint, and passive range of motion exercises to the left upper extremity. During a review of the Order Summary Report dated 2/11/2026, physician orders were noted for the RNA program that included: Application of a left upper extremity elbow extension splint six times a week, up to two hours as tolerated, to decrease decline in function. Application of a left upper extremity resting hand splint six times a week, up to three hours as tolerated, to decrease decline in function. Passive range of motion to the left upper extremity six times a week or as tolerated to maintain functional mobility. During an interview on 3/2/2026 at 11:30 AM, Resident 46 stated he had not received range of motion exercises and, although splints had been applied in the past, he could not remember when this last occurred. He stated the splints were kept in his closet but did not know why staff had not applied them. During concurrent observations and interviews on 3/3/2026 at 3:32 PM and 3/4/2026 at 2:31 PM, Resident 46 again stated he had not received range of motion exercises or had his splints applied to his left upper extremity. During an interview on 3/5/2026 at 10:29 AM, Certified Nurse Assistant (CNA 2) stated he had not seen the splints applied to Resident 46's left arm and had not observed the resident receiving range of motion exercises. During an interview on 3/5/2026 at 3:32 PM, RNA 2 stated Resident 46's left upper extremity was stiff and that the resident had complained that he had not received range of motion exercises or splinting in a while. RNA 2 stated she had provided exercises and applied the splints as ordered by the physician but noted the resident's arm felt stiff. During an interview on 3/5/2026 at 12:28 PM, the Director of Nursing (DON) stated that range of motion exercises are important to prevent a decline in mobility. The DON stated she would follow up to ensure the physician's orders were carried out and acknowledged that the facility was not short-staffed, stating there was no reason the resident should not have been receiving his ordered treatments. During a review of the facility's policy and procedure titled Resident Mobility and Range of Motion dated 7/2017, the policy indicated that residents will not experience avoidable reductions in range of motion and that residents with limited range of motion will receive treatment and services to increase and/or prevent further decrease in range of motion |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0694<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide for the safe, appropriate administration of IV fluids for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policy and procedure for the infusion of intravenous (IV, directly into the vein) medications for one out of one resident (Resident 39) who was receiving IV medications at the facility when Resident 39's IV medication bag did not contain the appropriate labeling. This deficient practice placed Resident 39 at risk of developing IV-related complications such as infections. Findings: During a review of Resident 39's AR, the AR indicated that the resident was admitted on [DATE] with diagnoses that included hyperlipidemia (elevated blood cholesterol level), pneumonia (infection of the lungs), and hypertension (elevated blood pressure) During a review of Resident 39's H&P, dated 2/19/2026, the H&P did not indicate if the resident has the capacity to understand and make decisions. During a review of Resident 39's Physician's Progress Note, dated 2/26/2026, indicated that Resident 39 has the capacity to make medical decisions. During a review of Resident 39's MDS, dated [DATE], the MDS indicated that the resident has intact cognition. The MDS also indicated that the resident requires substantial assistance (helper does more than half the effort) in activities such as changing position from sitting to lying and sitting to standing. The MDS also indicated that the resident requires partial assistance (helper does less than half the effort) in activities such as rolling in bed from left to right and personal hygiene. During a review of Resident 39's physician order indicated an order, dated 2/27/2026, for Dextrose-NaCl (a solution of sugar mixed with salt in sterile water) Solution 5-0.45 % (Dextrose-Sodium Chloride) Use 35 ml/hr (milliliters per hour, a unit of measurement of how much to infuse) intravenously (into the vein) in the afternoon for hydration until 3/2/2026 at 11:59 PM, infuse total 2 liters (a unit of measuring liquid volume). During an observation on 3/2/2026 at 9:18 AM inside Resident 39's room, Resident 39 was observed laying down in bed while an intravenous (IV) tubing was connected to the resident's right left arm. The IV tubing was observed connected to a 1000 mL bag of clear liquid that read 5% Dextrose and 0.45% Sodium Chloride with approximate amount of 200 mL of the clear liquid in the bag that did not have a label of the name and date or time the bag opened and initially administered to the resident. During an interview on 3/2/2026 at 9:18 AM inside Resident 39's room, Resident 39 had IV tubing connected to the resident's -- arm. Resident 39 stated she does not know how long she has had an IV tubing connected to her and who placed it. During a concurrent observation and interview on 3/2/2026 at 9:24 AM inside Resident 39's room with Registered Nurse (RN) 1, Resident 39's IV bag was inspected. RN 1 stated that the IV bag does not have a label and should have had a label must be placed over the IV bag which contains the resident's name, infusion rate, the date and time when the IV bag was started by the nurse who initiated the IV infusion. RN 1 stated that not labeling the IV bag could pose a risk for infection because nurses would not be able to know if the bag is old and needs to be replaced or disposed of. RN 1 added that she does not know when the IV infusion was started. During an interview on 3/5/2026 at 10:18 AM with the Director of Nursing (DON), the DON stated that IV bags must be labeled with the resident's name, date of initiation of the IV infusion, and the name of the nurse that started the infusion. The DON stated that if the bag is not labeled, the resident could be at risk of IV-related complications such as infections and phlebitis (inflammation of the vein). During a review of the facility's policy and procedure (P&P) titled, Infusion Therapy Medication Administration, undated, the P&P indicated that the purpose of the P&P is to provide for the safe, accurate, and effective administration of parenteral medications directly into the vascular system. The P&P indicated that staff are to complete ?Infusion Therapy Solution/Additive' label and place on IV bag |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow physicianˆordered parameters for required monitoring prior to medication administration for one of six sampled residents (Resident 63). During a medication pass, Licensed Vocational Nurse (LVN) 1 was observed preparing and about to administer Resident 63's ordered Doxazosin Mesylate (a medication used to lower blood pressure) via the gastrostomy tube (Gˆtube). The surveyor stopped the administration when LVN 1 did not check Resident 63's blood pressure and heart rate as required by the physician's order. The order directed staff to hold the medication if the systolic blood pressure (SBP) was less than 110 or if the heart rate (HR) was below 60. This deficient practice had the potential to result Resident 63's risk for adverse outcomes (undesired effect of medication) such as severe hypotension (dangerously low blood pressure where blood flow to vital organs-like the brain, heart, and kidneys are severely reduced) that could cause harm to Resident 63's health and quality of life. Findings: During review of Resident 63's admission Record indicated Resident 63 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts), diabetes (blood sugar, is too high) and hypertension (HTN-the pressure in your blood vessels is too high). During a review of Resident 63's History and Physical Examination (H&P), dated 3/3/2026, indicated Resident 63 does not have the capacity to understand and make decisions. During a review of Resident 63's Minimum Data Set (MDS - a resident assessment tool), dated 3/6/2026, indicated Resident 63's cognitive status (ability to think and understand) was severely impaired, that required partial/moderate assistance (helper does less than half the effort) with personal hygiene, and substantial/maximal assistance (helper does more than half the effort) with toileting, bathing and dressing. During a review of Resident 63's facility document titled Order Summary Report (OSR), dated 3/1/2026, indicated to administer Doxazosin Mesylate 1 mg (unit of weight) via G-tube daily for hypertension, hold if systolic blood pressure (SBP) (the first (top/upper) number) is less than 110 or HR is lower than 60. During a review of Resident 63's care plan (CP) for HTN, dated 3/2/2026, indicated to administer medications as ordered by the physician and monitor blood pressure. During a concurrent observation and interview on 3/3/2026 at 8:45 AM in Resident 63's room, with Licensed Vocational Nurse (LVN) 1, LVN 1 prepared Resident 63's medication Doxazosin Mesylate and was about to administer the medication to Resident 63 via G-tube without checking the resident's BP and HR. LVN 1 explained, she forgot to check Resident 63's blood pressure and heart rate before administering the medication Doxazosin Mesylate. During a concurrent interview and record review on 3/3/2026 at 8:55 AM with LVN 1, Resident 63's medication administration record (MAR) dated 3/3/2026 was reviewed. The document indicated, to administer Doxazosin Mesylate via g-tube, hold if SBP is less than 110 or heart rate is lower than 60. LVN 1 stated, she could have given the Doxazosin Mesylate without checking Resident BP and HR, and if the BP was already low prior to giving the medication it would have caused severe hypotension, that could result into harm to Resident 63's health. During an interview on 3/3/2026 at 1:30 PM with the Director of Nurses (DON), the DON stated, LVN 1 did not follow procedure for administering medication Doxazosin Mesylate. DON stated, LVN 1 should have checked Resident 63's blood pressure and heart rate prior to administering Doxazosin Mesylate to determine if the medication should be held if the parameter if the SBP was less than 110 or heart rate is lower than 60. If the medication was not help according to the parameter, the medication had the potential to result if severe hypotension, which could cause harm Resident 63's health and quality of life. A review of the facility's policy and procedure (P&P) titled, Administering Medications revised 4/2019, indicated: a) medications are administered in a safe and timely manner and as prescribed, b) medications are administered in accordance with prescriber's order and c) information is checked/verified for each resident prior to administering medications Vital Signs (includes BP and HR) if necessary. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 10)'s psychotherapeutic drug (medications that affects mood and behavior) Informed Consent Form (a written document ensuring voluntary participation in research or medical procedures, detailing the study's purpose, duration, procedures, risks, and benefits) was completed. This failure had the potential to result in Resident 10 or the responsible party to receive information such as side effects about the medication Rexulti (an antipsychotic medication used to treat agitation). Findings: During a review of Resident 10's admission Record (face sheet), dated 3/5/2026, the face sheet indicated the resident was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's disease (an irreversible brain disorder that destroys memory and thinking skills over time), dementia (a general term for loss of memory, language, problem-solving and other thinking abilities), and anxiety disorder (repeated episodes of feelings of intense fear or terror). It also indicated a family member is the resident's representative and responsible party for Resident 10. During a review of Resident 10's History and Physical (H&P), dated 10/5/2025, the H&P indicated Resident 10 does not have the capacity to understand and make decisions. During a review of Resident 10's Minimum Data Set (MDS - a standardized clinical tool used in nursing homes to evaluate every resident), dated 1/30/2026, the MDS indicated Resident 10 is rarely/never understood. During a review of Resident 10's care plan, last revised 3/2/2026, the care plan indicated Resident 10 has a diagnosis of Alzheimer's dementia and nurses are to administer Rexulti (an antipsychotic medication used to treat agitation associated with Alzheimer's dementia in adults) as ordered. During a review of Resident 10's physician's orders, dated 1/28/2026, the medication order indicated Resident 10 was ordered Rexulti 2 milligrams each morning. During a concurrent interview and record review on 3/4/2026 at 10:17 AM with Minimum Data Set Coordinator (MDSC), Resident 10's Psychotherapeutic Drug Informed Consent Form for Rexulti was reviewed. The form did not indicate the date of the physician's signature. The form also did not indicate the name of the responsible party who confirmed consent to treatment or the date consent was verified. MDSC stated he had called the responsible party and confirmed consent over the phone, but he forgot to write down the name of the responsible party and the date of the phone call. MDSC stated it is important to fill out these consent forms completely to show there is proper consent for the medication, especially because this is a legal form. MDSC further stated it could negatively impact the resident because of the legal aspects of not getting proper consent. During an interview on 3/4/2026 at 11:34 AM with Medical Records Director (MRD), MRD stated the doctor should have filled out the date under their signature on the form. MRD also stated the licensed vocational nurse should have completed the form by putting the name of the resident representative that they confirmed consent from and the date of consent. MRD stated it is ultimately her responsibility to audit paper forms because they are uploaded to the electronic medical record. MRD stated she should have audited this form to ensure it is complete and it is important to have complete forms to ensure the accuracy of records. During a review of the facility's policy and procedure (P&P) titled, Informed Consent - Psychotherapeutic Medications, dated 3/1/2024, the P&P indicated the consent form shall be signed by the licensed nurse if the resident or resident representative's signature cannot be obtained. The licensed nurse shall also list the date and name of the person whom they verified informed consent. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0908<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep all essential equipment working safely.<br><br>Based on observation, interview and record review, the facility failed to ensure the kitchen freezer was maintained at a temperature of 0 degrees Fahrenheit ( F) and below, per facility's policy and procedure (P&P). This failure had the potential to result in widespread foodborne illnesses with the residents. Findings: During an observation on 3/2/2026 at 8:39 a.m. in the kitchen, the thermometer inside the freezer read 18 F and the digital thermometer on the exterior of the freezer read 22 F. During an observation on 3/3/2026 at 8:13 a.m. in the kitchen, the thermometer inside the freezer read 30 F. During a concurrent interview and record review on 3/3/2026 at 8:21 a.m. with the Director of Food Services (DFS), the Cold Storage Temperature Log, dated 3/3/2026 was reviewed. The log indicated the freezer's readings are to be 0 F or lower. During a concurrent interview and record review on 3/5/2026 at 10:22 a.m. with DFS, the facility's policy and procedure (P&P) titled, Food Receiving and Storage, dated October 2017 was reviewed. The P&P indicated the freezer must keep frozen foods solid. Wrappers of frozen foods must stay intact until thawing. DFS stated the freezer must keep foods frozen solid at 0 F or below. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>Based on observation and interview, the facility failed to ensure two of four sampled residents (Resident 17 and Resident 33), had their call light within reach. This failure had the potential to affect the residents' ability to request assistance when needed.Findings: During an observation on 3/2/2026 at 9:32 a.m. in Resident 17's room, Resident 17 was lying in bed with a sling on her right arm. The call light was behind the resident, tied to the bottom right side of the bed, not within reach. During an observation on 3/2/2026 at 9:51a.m. in Resident 33's room, Resident 33 was lying in bed in with their head elevated at a 45degree angle. The call light was behind the resident, on the floor not within reach. During a concurrent interview and record review on 3/5/2026 at 12:38 p.m. with Registered Nurse (RN) 1, the facility's policy and procedure (P&P) title, Answering the Call Light, dated September 2022 was reviewed. The P&P indicated the call light is to be accessible to the resident when in bed, from the toilet, from the shower or bathing and from the floor. RN 1stated it is the entire staff's responsibility to ensure all call lights are within the residents' reach. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055168 | A. Building<br>B. Wing | 03/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Socal Post-Acute Care | 7931 S. Sorenson Ave.<br>Whittier, CA 90606 |

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 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>Based on interview and record review, the facility failed to post an accurate nurse staffing information of actual hours worked by Registered Nurses (RN), License Vocational Nurse (LVN) and Certified Nurse Aides (CNA) per shift on 2/23/2026 up to 3/3/2026 in accordance with the facility's policy and procedure titled Posting Direct Care Daily Staffing Number. This deficient practice of posting inaccurate nurse staffing information misinforms the residents and responsible parties about sufficient staffing ratio per residents to meet their needs which affects their quality of care.Findings: During a review of the facility documents titled Nursing Personnel on Duty, (posting of staffing information) dated 2/23/2026 up to 3/3/2026, the document did not indicate, the number of actual time worked per shift for each category (licensed or non-licensed) and type of nursing staff (RN, LVN , and CNA), instead it had a combined total hours per shift of all nursing staff. During a concurrent interview and record review of the document Nursing Personnel on Duty, on 3/4/2026, at 8:36 AM, with Director of Nurses (DON), the DON stated the document indicated on 2/23/2026 up to 3/3/2026 the posting reflected the combined total actual hours worked per shift of all nursing staff and not by category or type of nursing staff. DON stated, the nurse posting was inaccurate, the actual hours worked per shift should indicate what type and what category of nursing, because the nursing type and category determines what kind of nursing care are provided to the residents. During an interview on 3/5/2026, at 8:40 AM, the DON stated, the daily nursing postings are intended to inform the residents, resident's responsible parties and the visitors about the type, category, and hours of nursing care provided in the facility per shift. DON stated these nursing posting must be accurate to prevent misinformation and confusion. A review of the facility's policy and procedure (P&P) titled, Posting Direct Care Daily Staffing Number. revised 7/2016, indicated, a) shift staff information shall be recorded for each shift the type (RN, LVN or CNA) and category (licensed or non-licensed) of nursing staff working during that shift, b) the actual time worked during that shift for each category and type of nursing staff, and c) total number of licensed or non-licensed nursing staff working for the posted shift. |