STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055262	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lomita Post-Acute Care Center	1955 Lomita Blvd Lomita, CA 90717

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of four sampled residents (Residents 2, 3 and 4) were assisted with Activities of Daily Living (ADLs- activities related to personal care) in a timely manner.This deficient practice had the potential to result in skin breakdown and falls for Residents 2, 3 and 4 and could negatively affect the Residents' psychosocial well-being. Findings: During an observation on 2/10/2026 at 12:20 p.m., Resident 4's call light (a communication tool that allows residents to alert nursing staff when they need assistance) was on. A Licensed Vocational Nurse (LVN), Physical Therapist (PT), and Certified Nursing Assistants (CNAs) were observed passing by Resident 4's room without responding to the call light. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE]., with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing,) abnormalities of gait and mobility (refer to changes in walking patterns that can result from various medical conditions) and other lack of coordination (refers to difficulty performing smooth, precise movements due to impaired communication between the brain, muscles, and nerves). During a review of Resident 2's History and Physical (H&P) dated 2/10/2026, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Residents 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/3/2026, the MDS indicated Resident 2's was able to understand and be understood by others. The MDS indicated Resident 2 required substantial maximal assistance (helper does more than half the effort. Helper lifts or holds the trunk or limbs and provides more than half the effort) with ADLs such as lower body dressing, toileting hygiene, transfers (the ability to transfer to and from a bed to a chair or wheelchair) and bed mobility. During an interview on 2/10/2026 at 10:40 a.m. with Resident 2, Resident 2 stated it sometimes (dates unspecified) took between 30 minutes to one hour for nurses during the night shift (11:00 p.m. - 7:00 a.m.) to respond to her call light for assistance going to the bathroom and to obtain water to drink. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 3's diagnoses included DM, abnormalities of gait and mobility and acquired absences of right leg below knee (BKA-refers to the loss of the leg segment due to various causes, impacting mobility and requiring comprehensive rehabilitation). During a review of Resident 3's Care Plan titled, ADL Self-care Performance Deficit dated 8/10/2025, the Care Plan indicated Resident 3 had self-care performance deficit related to left foot diabetic ulcer (open sore), right BKA, DM.The Care plan interventions included for one to two staff to assist Resident 3 with toileting and bed mobility. During a review of Residents 3's MDS dated [DATE], the MDS indicated Resident 3 did not have cognitive (ability to think and reason) impairment. The MDS indicated Resident 3 required supervision or touching assistance (helper provides verbal cues and/or touching/steading assistance as resident completes (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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