

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Culver West Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 Grandview Blvd. Los Angeles, CA 90066	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on interview and record review the facility failed to document call system inspection monthly per the facility policy. This deficient practice placed the facility at risk for non-functioning call system. On 12/29/2025 The California Department of Public Health (CDPH) received a complaint alleging the call light was not working for 4 weeks. A review of the maintenance log for July, August and September 2025 indicated all the call lights were working. During an interview on 1/8/2025 at 2:00pm with the Maintenance Manager (MM). The MM stated the call lights and call system are checked monthly and should be documented. The MM stated there was no documentation for the months of November and December 2025. A review of the facility's policy and procedures titled, Building Systems Nurse's Call System reviewed 1/2025, the P&P indicated: Nurse's Call System Testing Procedure 1. Check weekly. A proportionate number of nurses call buttons, buzzers, cords, and lights so that each part of the system is checked at least monthly. Press the call button. Check to see that signal lights up over residents' door, that signal sounds at nurses station and nurses call annunciator lights up.</p>

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

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