

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 03/18/2026
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the Licensed Vocational Nurse (LVN) failed to notify supervision of request for room change for one of four sampled residents, (Resident 2).This deficient practice left Resident 2 in a room across from Resident 4 while Resident 4 constantly yells and screams making it difficult for Resident 2 to sleep.A review of Resident 2's admission Record indicated the facility admitted this [AGE] year-old male on 11/18/2025 with diagnoses including gastroenteritis and colitis (infection in the colon), ulcerative chronic proctitis (long term inflammation of rectum), pleural effusion (fluid in the space between the lungs and chest wall), atherosclerosis (hardening of arteries), angina (chest pain), left ventricular heart failure (left side of heart does not pump properly), atrial fibrillation, diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), prosthetic heart valve, Anemia (a condition where the body does not have enough healthy red blood cells), general anxiety disorder (condition causing excessive fear and worrying), peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs), presence of pacemaker and hypertension (HTN- high blood pressure).A review of Resident 2's Minimum Data Set (MDS-a resident assessment) dated 2/19/2026 indicated Resident 2's cognition (mental ability to make decisions for daily living) was not intact. The MDS indicated Resident 2 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting and transfers (moving between surfaces) from bed to chair.A review of Resident 4's admission Record indicated the facility originally admitted this [AGE] year-old female on 6/16/2025 and most recently on 12/11/2025 with diagnoses including: Encephalopathy (disease of the brain), hyperlipidemia (high fat in the blood), delusional disorder (having false or unrealistic beliefs), anxiety disorder, insomnia (trouble falling asleep or staying asleep), hearing loss, chronic kidney disease (long term kidney malfunction), Bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), HTN, osteoarthritis (OA-a progressive disorder of the joints, caused by a gradual loss of cartilage), psoriasis (long term skin inflammation), urinary tract infection (UTI- an infection in the bladder/urinary tract) and dysphagia (difficulty swallowing).A review of Resident 4's MDS dated [DATE] indicated Resident 4's cognition was mildly impaired. Resident 4 was dependent with toileting, showering and transferring.A review of Resident 4's physician order dated 1/23/2026 indicated to monitor for anxiety manifested by physical aggression and yelling related to anxietyDuring an interview on 3/18/2026 at 10:30 a.m. with family member (FM) 1. FM 1 stated Resident 2 complained about Resident 4 yelling and screaming throughout the day and night. FM 1 stated Resident 2 alleged having trouble sleeping at night due to Resident 4 yelling and screaming. FM 1 spoke with a supervisor and asked for a room change. FM 1 was told a room change was not possible because the facility has other residents that needed to be closer to the nursing station.During an observation on 3/18/2026 at 11:29 a.m. in the hallway Resident 4's door was closed and Resident 2's door was slightly opened. Resident 4 was heard yelling from behind the door help me, what's going on, what's that smell. Resident 4's call light (continued on next page)</p>

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

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