STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055430	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whittier Hills Health Care Ctr	10426 Bogardus Ave Whittier, CA 90603

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain comfortable and safe room temperature levels between 71- and 81-degree Fahrenheit (F, unit of measurement) in the resident's rooms as for three of five sampled residents (Resident 1, 2, and 3) as indicated by the facility's policy and procedures (P&P) titled Comfortable & Safe Air Temperature Levels This deficient practice resulted in the residents' increased level of discomfort and the potential to result in loss of body heat that could negatively impact the resident's quality of life.1. During a review of Resident 1's admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 11/12/2019 and readmitted on [DATE] with diagnoses that included congestive heart failure (CHF, a condition when the heart cannot pump blood well enough to the body) and type II diabetes mellitus (a disease of inadequate control of blood sugar level). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 9/29/2025, the MDS indicated Resident 1 had moderately impaired cognition (ability to understand and make decisions) and memory. The MDS indicated Resident 1 required setup or clean-up assistance with eating, partial/moderate assistance with oral hygiene, substantial/maximal assistance with personal hygiene, and was dependent on toileting hygiene, shower/bathe self and chair/bed-to-chair transfer. 2. During a review of Resident 2's AR, the AR indicated the facility originally admitted Resident 2 on 1/5/2019 and readmitted on [DATE] with diagnoses that included CHF and type II diabetes mellitus. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact cognition and memory. The MDS indicated Resident 2 required setup or clean-up assistance with eating, oral hygiene and personal hygiene, partial/moderate assistance with shower/bathe self and chair/bed-to-chair transfer, and substantial/maximal assistance with toileting hygiene. 3. During a review of Resident 3's AR, the AR indicated the facility admitted Resident 3 on 11/5/2025 with diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily life) and hypertension (high blood pressure). During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had intact cognition and memory. The MDS indicated Resident 3 required supervision or touching assistance with eating, oral hygiene and personal hygiene, and substantial/maximal assistance with shower/bathe self and chair/bed-to-chair transfer, and toileting hygiene. During a review of the facility's Maintenance Repair Request Log, dated from 11/1/2025 to 11/25/2025, the log indicated there was no requests regarding residents' room temperature. During a concurrent observation and interview on 11/25/2025 at 10:01 AM with Resident 1, Resident was observed wearing a thick flannel jacket and covered with multiple layers of blankets over his body and one fleece blanket over his head on his bed. Resident 1 stated he felt cold since the weather had become cooler. Resident 1 stated it was especially colder at as the nighttime and in the early morning. Resident 1 stated there was no warm air from the vent and no heater in the room. Resident 1 stated even though he had already worn a thick jacket and was covered with 5 blankets, he still felt cold. Resident 1 stated his hands were cold and his joints hurt because of the low room temperature. Resident 1 stated he reported to the nurses and the social worker that he felt (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	very cold in the room about two weeks ago but stated there was not change in the room temperature. During a concurrent observation and interview on 11/25/2025 at 10:13 AM with Resident 2, Resident 2 was observed wearing a fleece sweater, a black jacket, a pair of long pants and socks, sitting on the wheelchair. Resident 2 stated he was the roommate of Resident 1 and the temperature in his room got cold at night as the weather had been cooler within the last couple weeks. Resident 2 stated he lived in the facility for 8 years and the room was never warm during the colder days. Resident 2 stated he reported to staff (unknown) before, but the room temperature remained cold. Resident 2 stated he could not sleep well during the cold nights. During a concurrent observation and interview on 11/25/2025 at 10:19 AM with Maintenance 1, Maintenance 1 checked the room temperature with an infrared thermometer (a tool to measure surface temperature of an object without any physical touch) and the results for the room temperature were as followed:a. room [ROOM NUMBER] B: 68 F; b. room [ROOM NUMBER]A: 66 F; c. room [ROOM NUMBER]: 68.9 F.Maintenance 1 stated the temperature of these rooms were below the comfortable and safe temperature level, which was between 71-81 F, as the facility's policy indicated. During an interview on 11/25/2025 at 10:24 AM with Maintenance 2, Maintenance 2 stated no one reported low room temperature to Maintenance 2 and the maintenance staff did not know that the temperature in resident rooms were below 71 F. Maintenance 2 stated the temperature started to drop this month, especially at night, but they had not contacted the outside company to send out a technician to switch the facility's temperature regulator machine from the summer mode to winter mode until today because the temperature was not too cold. Maintenance 2 stated it was important to keep the room temperature between 71-81 F to ensure residents were comfortable and warm, and to prevent potential body heat loss, hypothermia dangerously low body temperature) and other complications. During a concurrent observation and interview on 11/25/2025 at 10:32 AM with Maintenance 2, Maintenance 2 checked the room temperature with an infrared thermometer in room [ROOM NUMBER], and the result was 66.7 F. Maintenance 2 stated the temperature of this room was below 71 F. During an observation on 11/25/2025 at 10:36 AM, Maintenance 2 checked the room temperature with an infrared thermometer in room [ROOM NUMBER], and the result was 67.6 F. During an interview on 11/25/2025 at 10:43 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 mentioned he felt cold, so CNA 1 provided extra layers of clothing and blankets and thought Resident 1. CNA 1 stated he had not checked Resident 1's room temperature and had not reported to maintenance to check Resident 1's room temperature due to Resident 1's complaint of feeling cold. CNA 1 stated he should have checked and informed maintenance to ensure Resident 1 was comfortable. During a concurrent interview on 11/25/2025 at 10:51 AM with Resident 3, there were two fleece blankets on his bed. Resident 3 stated he stayed in the facility for almost three weeks, and the room got really cold at nighttime and that there was no warm air or heater in the room. Resident 3 stated he told the staff he felt cold, and they provided him with extra blankets, but no one checked if the room temperature was too low. Resident 3 stated that since the room was too cold, Resident 3 could not get a restful sleep. During an interview on 11/25/2025 at 1:15 PM with the Director of Nursing (DON), the DON stated Resident rooms where not between room temperatures of 71 F to 81 F., as indicated on the facility's policy. The DON stated it was important to maintain the room temperature within the parameter to ensure the residents were comfortable and prevent body heat loss and other complications. During a review of the undated facility's policy and procedures (P&P) titled Comfortable & Safe Air Temperature Levels, the P&P indicated the facility to monitor, measures Ambient Air Temperatures and make sure the ambient temperatures are comfortable and at a safe level, between 71 deg. Fahrenheit and 81 deg. Fahrenheit, to minimize resident's susceptibility to loss of body heat and risk of hypothermia or susceptibility to respiratory ailment to colds.