STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055525	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crenshaw Nursing Home	1900 S Longwood Ave Los Angeles, CA 90016

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its Policy and Procedure (P&P) titled, Change In a Resident's Condition, which indicated the facility will notify the Resident's representative (RP) of changes in the resident's medical condition and/or status for one of three sampled resident's (Resident 1), when Resident 1's Public Guardian (PG) was not notified of the Resident's transfer to the General Acute Care Hospital (GACH) on 4/4/2026.This failure had the potential to violate Resident 1's RP to be informed regarding the patient's condition and result in the inability for the RP to make informed decisions regarding the Resident's care.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 1's diagnoses included other psychotic disorder not due to a substance or known physiological condition (a mental health diagnosis for symptoms like hallucinations [sensing things such as visions, sounds or smells that seem real but are not] that do not meet criteria for a specific psychotic disorder) and dementia (a progressive state of decline in mental abilities). The admission Record indicated Resident 1 had a PG as the first Emergency contact. During a review of Resident 1's History and Physical (H&P), dated 1/8/2026, the H&P indicated Resident 1 lacked capacity to make medical decisions.During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 4/4/2026, the MDS indicated Resident 1 had severe cognitive impairments (problems with the ability to think, remember, and solve problems). The MDS indicated Resident 1 was dependent (helper does all the effort) for Activities of Daily Living (ADLs) such as toileting, personal hygiene self and the ability to transfer from bed to chair.During a review of Resident 1's Progress Notes dated 4/4/2026, the Progress Notes indicated Resident 1 was transferred to the GACH for further evaluation. The Progress Notes did not indicate Resident 1's PG was notified of the transfer.During an interview on 5/7/2026 at 1:52 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated staff should inform the first listed contact for changes in condition or transfers of residents. LVN 1 stated if a resident were to have a PG listed, the PG must be notified to ensure that the PG was aware of what was going on with the resident.During an interview on 5/8/2026 at 11:48 a.m., with LVN 2, LVN 2 stated the facility notified Resident 1's conservator and did not attempt to notify Resident 1's PG when the resident was transferred to the GACH on 4/4/2026. During a concurrent interview and record review on 5/8/2026 at 2:32 p.m., with the Director of Nursing (DON), Resident 1's admission Record and Progress Notes, dated 4/4/2026, were reviewed. The DON stated because Resident 1's PG was first emergency contact and responsible party listed, the PG should have first been made aware of Resident 1's transfer to the hospital and not Resident 1's conservator.A review of facility's P&P titled, Change in a Resident's Condition dated 3/2023, the P&P indicated, the facility promptly notifies the resident representative of changes in the resident's medical condition and/or status. The P&P indicated unless otherwise instructed by the resident, a nurse will notify the resident's representative when it is necessary to transfer the resident to a hospital/treatment center.

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