

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER Los Palos Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1430 West 6th Street San Pedro, CA 90732	

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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review, the facility failed to ensure two out of two resident council meetings held on 10/15/2025 and 12/17/2025, where concerns regarding timely toileting assistance on were mentioned on 10/15/2025 and delayed call light response on 12/17/2025, were documented on the Resident Council Response Form (document used by the facility to formally record and respond to concerns). This deficient practice had the potential in delaying tracking issues mentioned during the resident council meetings, resolving resident concerns, and notifying the Quality Assurance/Quality Assurance and Performance Improvement ([QA/QAPI] a data driven proactive approach to improvement used to ensure services are meeting quality standards) committee in a timely manner to address ongoing problems. Findings: During a review of the facility's Resident Council Minutes, dated 10/15/2026, the minutes indicated the residents' concerns included the nurses should regularly check on residents who use the restroom often at least every two hours. During a review of the facility's Resident Council Minutes, dated 12/17/2026, the minutes indicated the residents' concerns included the call light is not being answered in a timely manner. During an interview on 1/16/2026 at 2 p.m., the Activities Director (AD) stated she has worked at the facility for about a month and was unaware of any resident council concerns before her time in the role. The AD stated council minutes should be shared with department heads immediately so each department can investigate and address issues. The AD emphasized the need to respond to residents' concerns promptly to ensure their needs are met in a timely manner. During an interview on 1/16/2025 at 4:30 p.m., the Director of Nursing (DON) stated the facility was aware of residents' concerns from the 10/15/2025 and 12/17/2025 council meetings regarding delayed call light response and the need to assist residents with toileting and hygiene at least every two hours. The DON stated he provided staff in-services but did not use the Resident Council Response Form, as required by facility policy, to track issues and resolutions. The DON said the QAPI team should have used these forms and resident council feedback to monitor improvements in call light response times and toileting times. The DON stated that without using the tool, the facility lacked a way to confirm that their actions were effective or to monitor progress. The DON stated this places residents at risk for a decline in their mental health and also their physical health as it places residents at risk for skin breakdown and infection as a result of not being provided with toilet hygiene in a timely manner. During a review of facility's undated Policy and Procedure (P&P) titled Resident Council, the P&P indicated, the facility supports resident's rights to organize and participate in the resident council. The purpose of the resident council is to provide a forum for residents. resident representative to have input in the operation of the facility .discussion of concerns and suggestions for improvement. disseminating information and gathering feedback from interested residents. The P&P indicated Resident Council Response Form will be utilized to track issues and their resolution. The facility department related to any issues will be responsible for addressing the item(s) of concern. The QAPI committee will review information and feedback from the resident council as part</p> <p>(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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