

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2025
NAME OF PROVIDER OR SUPPLIER Bay Crest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3750 Garnet Street Torrance, CA 90503	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on interview and record review the facility failed to accommodate one of one resident's (Resident 1) request to have female staff to deliver hygiene personal care. This deficient practice violated residents' rights and had the potential to result in negative psychological outcomes. Findings:</p> <p>During a review of Resident 1's admission Record, the admission record indicated the facility admitted the resident on 9/30/2024 with a diagnosis including Orthopedic (branch of medicine deals with bones joints and muscles) aftercare, abnormalities of gait and mobility, muscle weakness, stage 3 pressure ulcer (Full-thickness loss of skin. Dead and black tissue may be visible) in the sacral (tail bone) region.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 4/2/2025, the MDS indicated Resident 1's cognitive skills were intact. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort to complete the task) with toileting hygiene and showering.</p> <p>During a telephone interview on 7/8/2025 at 12:32 p.m. with Resident 1's family member (FM 1), FM 1 stated that for the provision of personal hygiene Resident 1 requested female caregivers only.</p> <p>During a concurrent interview and record review on 7/11/2025 at 11:50 a.m., with Staffer 1, Resident 1's assignment sheets from 7/5/2025 to 7/10/2025 were reviewed. Staffer 1 stated the assignment sheets indicated Resident 1 was assigned male Certified Nurse Assistants (CNA)s on several occasions.</p> <p>During an interview on 7/11/2025 at 1:40 p.m., with the Director of Nursing (DON), the DON stated residents' preferences should be accommodated.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Accommodation of Needs", revised 1/2020, the P&P indicated the residents' preferences will be accommodated to the extent possible.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one out of one resident (Resident 1) received assistance with toileting hygiene at least every shift and as needed. This deficient practice had the potential to increase the risk of skin breakdown. Findings:</p> <p>During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis including Orthopedic (branch of medicine deals with bones joints and muscles) aftercare, abnormalities of gait and mobility, muscle weakness, stage 3 pressure ulcer (Full-thickness loss of skin. Dead and black tissue may be visible) in the sacral (tail bone) region.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 4/2/2025, the MDS indicated Resident 1's cognitive skills were intact. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort to complete the task) with toileting hygiene and showering.</p> <p>During a telephone interview on 7/8/2025 at 12:32 p.m. with Resident 1's family member (FM 1), FM 1 stated on 6/28/2025, Resident 1 was left in soiled disposable underwear without any personal care until the afternoon.</p> <p>During a concurrent interview and record review on 7/11/2025 at 11:29 a.m., with Registered Nurse 1 (RN 1), Resident 1's "Task: Personal hygiene: toileting" from 6/12/2025 to 7/11/2025 was reviewed. RN 1 stated the documentation indicated Resident 1 was not provided with toileting hygiene on all three shifts on multiple days. RN 1 stated on 6/28/2025 Resident 1 was provided toileting hygiene assistance on one shift as opposed to three shifts. RN 1 stated toileting hygiene needed to be provided to all residents at a minimum of every shift and as needed.</p> <p>During an interview on 7/11/2025 at 1:40 p.m. with the Director of Nursing (DON), the DON stated all residents should be assisted with toileting hygiene every shift and as needed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Activities of Daily Living, Supporting", revised 3/2018, the P&P indicated unable to carry out activities of daily living (activities such as bathing, dressing and toileting a person performs daily) will receive necessary services to maintain good grooming and personal hygiene.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 3) received Restorative Nursing Assistance (RNA) services (focus on helping residents regain or maintain physical mobility) as ordered by the physician. This deficient practice had the potential to result in a physical decline for Resident 3. Findings: During a review of Resident 3's admission record, the admission record indicated Resident 3 was admitted to the facility on [DATE] with diagnosis including multiple fractures (broken bones) of pelvis (bony structure inside your hips, buttocks and pubic region), orthopedic aftercare, and heart failure (a condition where the heart can't pump enough blood to meet the body's needs). During a review of Resident 3's Minimum Data Set ([MDS] a resident assessment tool), dated 6/6/2025, the MDS indicated Resident 3's cognitive skills were intact. The MDS indicated Resident 3 was independent in all activities of daily living (activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 3's Order summary dated 7/11/2025, the order summary indicated on 3/21/2025 the RNA program orders for Resident 3 were the following: a. Active Assisted range of Motion/ Active Range of Motion (AAROM/AROM - type of exercise where a patient uses their own muscles to move a body part through a range of motion, with some help from an external force or another person) every dayshift to right lower extremity (RLE) 3 times per week or as tolerated, b. AROM to Bilateral upper extremities (BUE) and RLE every day, three times a week or as tolerated. During a concurrent interview and record review on 7/11/2025 at 11:29 a.m., with Registered Nurse 1 (RN 1), Resident 3's Restorative Administration Record for 6/2025 and 7/2025 were reviewed. RN1 stated, the record indicated Resident 3 did not receive RNA services as ordered. During an interview on 7/11/2025 at 1:40 p.m., with the Director of Nursing (DON), the DON stated all residents should be provided with RNA services as ordered and if it was refused then it needed to be documented and addressed. During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services, revised 7/2017, the P&P indicated residents will receive RNA services as needed to help promote optimal safety and independence.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 2) with a foley catheter (flexible tube inserted into the bladder to drain urine), had documented evidence of cleaning and monitoring urine for signs and symptoms of infection. This deficient practice had the potential to result in urinary tract infections (UTI- an infection in the bladder/urinary tract), pain and urine retention. Findings:</p> <p>During a review of Resident 2's admission record, the admission record indicated the Resident 2 was admitted to the facility 6/2/2025 with a diagnosis including neuromuscular dysfunction of bladder (bladder control problems caused by nerve or muscle damage) and personal history of urinary tract infections.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] a resident assessment tool), dated 6/6/2025, the MDS indicated Resident 2's cognitive skills were intact. The MDS indicated Resident 2 was independent when eating, needed supervision with oral hygiene, needed partial assistance (helper does less than half the effort to complete the task) with showering, and substantial assistance (helper does more than half the effort to complete the task) with toileting hygiene.</p> <p>During a concurrent interview and record review on 7/11/2025 at 12 p.m. with the treatment nurse (TX 1) Resident 2's medical records were reviewed. TX 1 stated there was no documentation of foley care administered to Resident 2. TX 1 stated there was no documented evidence of monitoring of the urine in the foley catheter for signs and symptoms of infection.</p> <p>During an interview on 7/11/2025 at 1:40 p.m., with the Director of Nursing (DON), the DON stated residents with a foley catheter need to receive foley catheter care and the urine needs to be assessed every shift for signs and symptoms of infection.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Accommodation of Needs", revised 1/2020, the P&P indicated the residents' needs will be accommodated to the extent possible.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Activities of Daily Living, Supporting", revised 3/2018, the P&P indicated unable to carry out activities of daily living (activities such as bathing, dressing and toileting a person performs daily) will receive necessary services to maintain good grooming and personal hygiene.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure two out of three sampled residents (Resident 1 and 3) received meals at scheduled times and as needed to meet their dietary needs. These deficient practices resulted in Resident 1 and 3 not eating at their scheduled mealtime and had the potential to result in weight loss and hypoglycemia (low blood sugar). Findings:</p> <p>During a review of Resident 1's admission Record, the admission record indicated the facility admitted Resident 1 on 9/30/2024 with a diagnosis including Orthopedic (branch of medicine deals with bones joints and muscles) aftercare, abnormalities of gait and mobility, muscle weakness, stage 3 pressure ulcer (Full-thickness loss of skin, dead and black tissue may be visible) in the sacral (tail bone) region.</p> <p>A. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 4/2/2025, the MDS indicated Resident 1's cognitive skills were intact. The MDS indicated Resident 1 needed set up assistance (helper sets up and cleans up) with eating.</p> <p>During a review of Resident 1's Order summary as of 7/11/2025, the order summary indicated Resident 1 had orders for a regular diet, with a large portion of protein with breakfast.</p> <p>B. During a review of Resident 3's admission record, the admission record indicated Resident 3 was admitted to the facility on [DATE] with diagnosis including multiple fractures (broken bones) of pelvis (bony structure inside your hips, buttocks and pubic region), orthopedic aftercare, and heart failure (a condition where the heart can't pump enough blood to meet the body's needs).</p> <p>During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills were intact. The MDS indicated Resident 3 was independent in eating.</p> <p>During a review of Resident 3's Order summary as of 7/11/2025, the order summary indicated Resident 3 had an order for a regular diet and may have double portions upon request.</p> <p>During a concurrent observation and interview on 7/11/2025 at 10:25 a.m. at Resident 1's bedside, Resident 1 was observed without a sandwich as requested. Resident 1 stated she did not like her breakfast this morning and asked for the alternative sandwich but did receive the sandwich from the kitchen.</p> <p>During an interview and record review on 7/11/2025 at 11:29 a.m., with Registered Nurse 1 (RN 1), Resident 1 and 3's "Task: Meal", from 6/12/2025 to 7/11/2025, was reviewed. RN 1 stated, the documentation indicated Resident 1 and 3 did not receive their meals three times a day. RN 1 stated residents need to receive meals at least three times a day. RN 1 stated breakfast was served at 7 a.m. and Resident 1 received her sandwich at 10:40 a.m. RN 1 stated Resident 1 should have received her sandwich sooner.</p> <p>During an interview on 7/11/2025 at 1:40 p.m., with the Director of Nursing (DON), the DON stated all residents should be provided with their scheduled meals.</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, "Food and Nutrition Services", undated, the P&P indicated each resident is provided a nourishing diet that meets their daily nutritional and special dietary needs. Meals will be provided within 45 minutes of either resident request or scheduled mealtime.</p>