STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055559	A. Building B. Wing	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bay Crest Care Center	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)
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. (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify one of three sampled residents' (Resident 3) physician when Licensed Vocational Nurse (LVN 1) administered Resident 3's medications at 12:08 p.m., three hours later than the 9 a.m. administration time.This deficient practice had the potential to delay medical interventions for Resident 3, if needed.Findings:During a review of Resident 3's admission Record (Face Sheet), the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body, affecting the arm, leg, and sometimes the face, caused by a brain or spinal cord injury) and diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 3's Minimum Data Set ([MDS] a resident assessment tool) dated 8/1/2025, the MDS indicated Resident 3's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact was dependent on facility staff to complete his activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 3's physician orders and medication administration record (MAR) for 9/2025 indicated Resident 3 was prescribed the following medications:1. Ascorbic acid (Vitamin C) tablet 500 milligrams ([mg] unit of measurement), one tablet by mouth once a day at 9 a.m. for supplements.2. Aspirin (a drug that reduces pain, fever, inflammation, and blood clotting) 81 mg oral tablet chewable, one tablet by mouth once a day at 9 a.m. for stroke (loss of blood flow to a part of the brain) prophylaxis. 3. Clopidogrel Bisulfate (medication used to prevent dangerous blood clots) 75 mg tablet, one tablet by mouth once a day at 9 a.m. for cerebral vascular accident (CVA - stroke) prophylaxis.4. Fish oil oral capsule (a natural oil extracted from the fatty tissues of fish) 1000 mg, one capsule by mouth two times a day (BID) at 9 a.m. and 5 p.m. for supplement. 5. Hydrochlorothiazide capsule (medication used to treat high blood pressure) 12.5 mg, one capsule by mouth one time a day at 9 a.m. for hypertension (high blood pressure). 6. Metformin hydrochloric acid (HCL) oral tablet (medication used to treat diabetes) 1000 mg, one tablet by mouth two times a day with meals at 8 a.m. and at 5 p.m. for type 2 diabetes. 7. Metoprolol succinate extended-release tablet (medication used to treat high blood pressure) 25 mg, one tablet by mouth one time a day at 9 a.m. for hypertension. 8. Multi Vitamin tablet, one tablet by mouth one time at 9 a.m. for supplement. 9. Pioglitazone (medication to treat diabetes) HCL 30 mg, one tablet by mouth one time a day at 9 a.m. for type 2 diabetes. 10. Vitamin B12 oral tablet 1000 micrograms ([mcg] unit of measurement) one tablet by mouth one time a day at 9 a.m. During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at risk for cardiovascular symptoms, signs and symptoms of elevated and low blood pressure (BP) or complications related to history of cerebrovascular accident (CVA- stroke) with paraplegia (loss of movement and/or sensation, to some degree, of the legs), hypertension, hyperlipidemia (high cholesterol), congestive heart failure ([CHF] a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and history of cardiac arrest (heart attack). The Care Plan indicated the goal included for Resident 3 to avoid complications related to elevated BP or low BP daily for the next three months. The Care Plan interventions included administering medications as ordered, assessing effectiveness and side effects of medications, and reporting abnormalities to the physician.During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at high risk for signs and symptoms of hypoglycemia (low blood sugar (BS) level) and hyperglycemia (high blood sugar level). The Care Plan's goal indicated Resident 3 will be free of all signs and symptoms of hypo/hyperglycemia such as sweating, trembling, thirst, fatigue and weakness for 90 days or until the review date of 10/26/2025. The Care Plan interventions included which included to administer Metformin HCL oral tablet 1000 mg.During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at risk for injury or complications related to the use of anticoagulant (medication that prevents the blood from forming clots) therapy medication Clopidogrel for CVA prophylaxis. The Care Plan goal indicated Resident 3 will not exhibit signs or symptoms of bleeding for the next 90 days or until the review date of 10/26/2025. The Care Plan interventions included administering anticoagulant as ordered.During a concurrent observation and interview with LVN 1 on 9/2/2025 at 12:08 p.m., LVN 1 was observed administered ten medications (Ascorbic acid tablet 500 milligrams, Aspirin 81 mg oral tablet chewable, Clopidogrel Bisulfate tablet 75 mg, Fish oil oral capsule 1000 mg, Hydrochlorothiazide capsule 12.5 mg, Metformin hydrochloric acid (HCL) oral tablet 1000

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to administer medication per physician orders for one of three sampled residents (Resident 3) when Licensed Vocational Nurse 1 (LVN 1) administered medication at 12:08 p.m., three hours after the 9 a.m. administration time.This deficient practice had the potential for Resident 3 to experience delayed adverse drug events ([ADEs- reactions from a missed or delayed dose of medication) due to delayed medication administration.Findings:During a review of Resident 3's admission Record (Face Sheet), the Face Sheet indicated Resident 3 was admitted to the facility on [DATE] with the diagnosis of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body, affecting the arm, leg, and sometimes the face, caused by a brain or spinal cord injury) and diabetes (disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 3's Minimum Data Set ([MDS] a resident assessment tool) dated 8/1/2025, the MDS indicated Resident 3's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact and Resident 3 was dependent on facility staff to complete his activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 3's physician orders and medication administration record (MAR) for 9/2025 indicated Resident 3 was prescribed the following medications:1. Ascorbic acid (Vitamin C) tablet 500 milligrams ([mg] unit of measurement), one tablet by mouth once a day at 9 a.m. for supplements.2. Aspirin (a drug that reduces pain, fever, inflammation, and blood clotting) 81 mg oral tablet chewable, one tablet by mouth once a day at 9 a.m. for stroke (loss of blood flow to a part of the brain) prophylaxis. 3. Clopidogrel Bisulfate (medication used to prevent dangerous blood clots) 75 mg tablet, one tablet by mouth once a day at 9 a.m. for cerebral vascular accident (CVA - stroke) prophylaxis.4. Fish oil oral capsule (a natural oil extracted from the fatty tissues of fish) 1000 mg, one capsule by mouth two times a day (BID) at 9 a.m. and 5 p.m. for supplement. 5. Hydrochlorothiazide capsule (medication used to treat high blood pressure) 12.5 mg, one capsule by mouth one time a day at 9 a.m. for hypertension (high blood pressure). 6. Metformin hydrochloric acid (HCL) oral tablet (medication used to treat diabetes) 1000 mg, one tablet by mouth two times a day with meals at 8 a.m. and at 5 p.m. for type 2 diabetes. 7. Metoprolol succinate extended-release tablet (medication used to treat high blood pressure) 25 mg, one tablet by mouth one time a day at 9 a.m. for hypertension. 8. Multi Vitamin tablet, one tablet by mouth one time at 9 a.m. for supplement. 9. Pioglitazone (medication to treat diabetes) HCL 30 mg, one tablet by mouth one time a day at 9 a.m. for type 2 diabetes. 10. Vitamin B12 oral tablet 1000 micrograms ([mcg] unit of measurement) one tablet by mouth one time a day at 9 a.m. During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at risk for cardiovascular symptoms, signs and symptoms of elevated and low blood pressure (BP) or complications related to history of cerebrovascular accident (CVA- stroke) with paraplegia (loss of movement and/or sensation, to some degree, of the legs), hypertension, hyperlipidemia (high cholesterol), congestive heart failure ([CHF] a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and history of cardiac arrest (heart attack). The Care Plan indicated the goal included for Resident 3 to avoid complications related to elevated BP or low BP daily for the next three months. The Care Plan interventions included administering medications as ordered, assessing effectiveness and side effects of medications, and reporting abnormalities to the physician.During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at high risk for signs and symptoms of hypoglycemia (low blood sugar (BS) level) and hyperglycemia (high blood sugar level). The Care Plan's goal indicated Resident 3 will be free of all signs and symptoms of hypo/hyperglycemia such as sweating, trembling, thirst, fatigue and weakness for 90 days or until the review date of 10/26/2025. The Care Plan interventions included which included to administer Metformin HCL oral tablet 1000 mg.During a review of Resident 3's untitled Care Plan dated 5/1/2022, Resident 3 was at risk for injury or complications related to the use of anticoagulant (medication that prevents the blood from forming clots) therapy medication Clopidogrel for CVA prophylaxis. The Care Plan goal indicated Resident 3 will not exhibit signs or symptoms of bleeding for the next 90 days or until the review date of 10/26/2025. The Care Plan interventions included administering anticoagulant as ordered.During a concurrent observation and interview with LVN 1 on 9/2/2025 at 12:08 p.m., LVN 1 administered ten medications (Ascorbic acid tablet 500 milligrams, Aspirin 81 mg oral tablet chewable, Clopidogrel Bisulfate tablet 75 mg, Fish oil oral capsule

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation, interview, and record review, the facility failed to monitor and maintain the temperature of the resident refrigerator which contained personal food items, per the facility's policy and procedure (P&P) titled, Refrigerators and Freezers.This deficient practice had the potential to cause bacterial (germs) growth and food borne illnesses (food poisoning - symptoms which include nausea, vomiting, diarrhea, fever, and other flu-like symptoms) for residents consuming refrigerated personal food items. Findings:During a review of the facility's Resident Refrigerator Temperature Log dated 8/2025, the Resident Refrigerator Temperature Log indicated the temperature was not checked (log was blank) on the following days: 8/2/2025 through 8/6/2025, 8/10/2025 through 8/12/2025, 8/15/2025 through 8/18/2025, 8/20/2025, 8/21/2025, and 8/23/2025 through 8/27/2025.During an observation on 8/27/2025 at 11:50 a.m., the resident refrigerator was observed with the thermometer inside the refrigerator reading 60 degrees Fahrenheit (scale for measuring temperature). In the resident refrigerator there was a carton of extra-large brown grade A eggs without resident name/identification of who the eggs belonged. The resident refrigerator was noted to have other food items such as cake, and other bagged/sealed food items.During an interview on 8/27/2025 at 11:55 a.m., Licensed Vocational Nurse (LVN) 5 stated she was responsible for checking the refrigerator since she was the charge nurse for station 1, but forgot to check it during the beginning of her shift. LVN 5 stated she was unsure if 60 degrees Fahrenheit was an appropriate refrigerator temperature or not. LVN 5 stated if food items are not stored at the proper temperature, it may not be safe for residents to eat.During an interview on 8/27/2025, at 3:15 p.m., the Director of Nursing (DON) stated he had just checked the resident food refrigerator temperature, which was still at 60 degrees Fahrenheit, and that the facility threw away all the food items to prevent residents from eating potentially contaminated food.During a review of the facility's policy and procedure (P/P) titled, Refrigerators and Freezers, dated 11/2022, the P/P indicated refrigerators are to be maintained in good working condition and foods are to be kept at or below 41 degrees Fahrenheit. The P/P indicated refrigerator and freezer temperatures should be checked daily when first opening and closing in the evening.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three facility doorbells were functioning. This failure resulted in Resident 1 having to wait several minutes for a staff member to hear Resident 1 knocking on the door after returning to the facility from an appointment.Findings:During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hypertension ([HTN] high blood pressure) and congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 6/6/2025, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was intact.During an interview on 9/3/2025 at 8:32 a.m., with Resident 1, Resident 1 stated after being dropped back off to the facility after her appointment (unknown date and time), she was attempting to ring the doorbell outside hallway 2's entrance and found that the doorbell was not working. Resident 1 stated she had to knock several times before one of the staff members finally heard her knocking and her in. Resident 1 stated she was frustrated that the doorbell was not working and had to wait several minutes outside the facility before a staff member realized she was there. Resident 1 stated that had the doorbell worked, she wouldn't have had to wait outside for so long. During a concurrent observation and interview on 9/3/2025 at 9:32 a.m., with Licensed Vocational Nurse (LVN) 1, LVN unlocked hallway 2's door, pushed the doorbell, and validated that it did not work. LVN 1 stated the doorbell should work so the staff are aware when a resident is waiting to come back from an appointment. LVN 1 stated it's important that the doorbell works because it is hot outside and the residents may be waiting for a long period of time because no one hears them knocking. LVN 1 stated having to wait outside could cause the residents to feel upset.During an interview on 9/3/2025 at 12:12 p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated it is unfair to the residents to make them wait outside which could cause them to become impatient and upset.During an interview on 9/3/2025 at 1:51 p.m., with the Maintenance Director (MD), MD stated he was unaware there was a doorbell at the hallway 2 door. MD stated the doorbell should work so the residents do not have to wait a long time to get into the facility, especially if it's hot outside, which could cause the residents to feel frustrated.During a concurrent observation and interview on 9/3/2025 at 2:42 p.m., with the Director of Nursing (DON), the DON validated the doorbell at the hallway 2 door is not working but should be. The DON stated the purpose of the doorbell is for the residents to be able to notify staff that they are waiting outside so staff can unlock the door and let them into the facility after getting dropped off. The DON stated this is their home and the doorbell should work so they could get back into their home and not being able to do so could cause them to feel bad, angry, and uncomfortable.During a review of the facility's policy and procedure, (P&P) titled, Maintenance Services, dated 12/2009, the P&P indicated, the Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Functions of the maintenance personnel include maintaining the building in good repair and free from hazards.