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| 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 10/17/2025 |
| 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) |
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| <p>F 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**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 sampled residents (Resident 2), who was provided a shower, was not left exposed with his uncovered buttocks visible while being transferred through the facility's hallway to his bedroom. This deficient practice resulted in Resident 2 feeling embarrassed and had the potential for mistrust with care and services provided by the facility staff. Findings: During a review of Resident 2's admission Record (Face Sheet) the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of generalized weakness. During a review of Resident 2's History and Physical (H&P) dated 10/5/2025, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set ([MDS] a resident assessment tool) dated 10/3/2025, the MDS indicated Resident 2 required partial/moderate assistance (helper performs less than half of the effort for an activity) with toilet hygiene, and shower/bath . During an observation on 10/17/2025 at 9:15 a.m., Certified Nursing Assistant (CNA) 1 was observed pushing Resident 2 in a shower chair from the shower room through the hallway to the resident's bedroom. Resident 2 had a bath towel covering the front of his body but Resident 2's uncovered buttocks was visible and hanging through the shower chair. During an interview on 10/17/2025 at 10:15 a.m., Resident 2 stated he felt something cold on his buttocks and knew at that time that his buttocks must have been uncovered and hoped no one saw it because that would be embarrassing. During an interview on 10/17/2025 at 10:26 a.m., CNA 1 stated he usually wrapped a bath towel around resident's entire body following their shower and he did not know that Resident 2's buttocks was uncovered and visible. CNA 1 stated having the resident's buttocks visible for all to see could be embarrassing to Resident 2 The Director of Nursing (DON) stated Resident 2 should have been fully covered following his shower, so his buttocks was not uncovered and visible During a review of the facility's undated Policy and Procedure (P/P), titled Dignity the P/P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of wellbeing, level of satisfaction with life, and feelings of self -worth and self- esteem. Staff promote, maintain and protect the resident's privacy, including bodily privacy during assistance with personal care and during treatment procedures.</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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| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 055559 | If continuation sheet Page 1 of 3 |

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| F 0689 Level of Harm - Actual harm Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page) |

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| F 0689 Level of Harm - Actual harm Residents Affected - Few | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident, who had diagnoses of paraplegia (loss of voluntary movement and sensation in the lower half of the body) and generalized muscle weakness, did not sustain a second-degree burn (a burn injury that damages the outer layers of the skin [epidermis] and/or part of the underlying layer of the skin [dermis] but does not penetrate deeper into the subcutaneous tissue (the deepest layer of the skin beneath the epidermis and dermis) to his left thigh while using an egg cooker in his room for one of three sampled residents (Resident 1). The facility failed to: 1. Ensure Resident 1 did not have in his possession and use an unauthorized appliance (egg cooker) in his room. 2. Ensure when the Director of Nursing (DON) and Administrator (ADM), who were aware that Resident 1 had an egg cooker in his room, examined the egg cooker for safety and provided an approval for the use of the appliance in writing, per the facility's Policy and Procedure (P/P) titled Electrical Appliances. 3. Ensure after Resident 1 reported the burn to his left leg from using the egg cooker, the facility then assessed the egg cooker for safety, provided instruction/direction to Resident 1 for its use, removed the egg cooker from Resident 1's room and/or provided written authorization approving its use. 4. Ensure the facility followed their P/P, titled Electrical Appliances that indicated only authorized electrical appliances would be permitted in residents living area. Residents may not maintain any electrical appliances (i.e., heating irons, cooking utensils, etc.,) within their living area, unless approved, in writing, by the Administrator, or his/her designee. This deficient practice resulted in Resident 1 sustaining a second-degree burn to his left anterior (front or top of) thigh and had the potential for continued injuries if left in the resident's room/possession. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including paraplegia and generalized muscle weakness. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 9/5/2025, the MDS indicated Resident 1 was cognitively (mental action or process of acquiring knowledge and understanding ability) intact and required partial/moderate assistance (helper does less than half the effort) with activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 1's Change of Condition (COC) form, dated 10/7/2025, the COC form indicated Resident 1 reported, I burned myself when I was cooking eggs. The COC form indicated Resident 1 had a 5.0 centimeter ([cm] a unit of measurement) in length by 5.0 cm in width by 0.1 cm in thickness, partial thickness loss from a burn (a wound that affects the epidermis and/or the dermis but does not penetrate deeper into the subcutaneous tissue). During a review of Resident 1's Order Summary Report (Physician's Order) dated 10/7/2025, the Physician's Order indicated to apply Silver Sulfadiazine cream 1% (an antibiotic medicated cream used to prevent and treat infection in severe burn wounds) to Resident 1's left anterior thigh, topically (surface of the skin) daily during the day shift, for 30 days, for a second degree burn for 30 days. During an interview on 10/17/2025, at 9:23 a.m., Resident 1 stated on 10/4/2025 he was cooking eggs in his room using an egg cooker (the resident would not disclose where he obtained the egg cooker or eggs). Resident 1 stated when the eggs were done cooking, he took four of them out of the egg cooker, placed them in a large bowl that he sat on his lap. Resident 1 stated, he went to the bathroom with the eggs in the bowl and did not feel the heat immediately. Resident 1 stated when he was in the bathroom, his left thigh was red, and he knew it was burned. Resident 1 stated he waited a couple of days after burning himself, until he thought the burn needed to be treated, to tell staff about the burn on his leg. During an interview on 10/17/2025 at 12:06 p.m., Licensed Vocational Nurse (LVN) 1 stated that on 10/7/2025 at 11:30 a.m., Resident 1 told her he burned his left leg while cooking eggs. LVN 1 stated she told the ADM on 10/7/2025 about Resident 1 getting burned when he used the egg cooker. LVN 1 stated she knew Resident 1 had an egg cooker in his room, because when she went there daily to treat his other wounds, she would see the egg cooker on the floor. LVN 1 stated residents were not allowed to have heating/cooking devices in their room because it could be dangerous, causing a fire and/or burns to the resident(s) but she did not tell anyone prior to his report of a burn that he had the egg cooker. During an interview on 10/17/2025 at 12:26 p.m., the DON stated he knew Resident 1 had an egg cooker in his room at one time, but he thought the egg cooker was finally gone. The DON stated he never checked Resident 1's room to verify if the egg cooker was gone. The DON stated if he knew the egg cooker was still in Resident 1's room, he would have checked the egg cooker to make sure it was functioning properly, educated</p> | | |