

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 12/17/2025
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)		
<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>(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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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure proper management and documentation of a resident's personal funds for one of three sampled residents (Resident 1). The facility failed to: 1. Provide Resident 1 with the required monthly personal fund account statements and by failing to obtain the required authorization signatures. This deficient practice violated Resident 1's right to receive copies of monthly fund account statements. As a result, the facility did not ensure transparency, accountability, or protection of resident rights regarding the management of personal funds, placing the resident at risk for mismanagement or misuse of funds. 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] with diagnoses including bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), muscle weakness (generalized, feeling a lack of strength throughout your body). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 12/12/2025, the MDS indicated Resident 1 has intact cognition (ability to think, understand, learn, and remember), able to make self-understood, and able to understand others. The MDS indicated Resident 1 needs substantial/maximal assistance with bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing. During a review of Resident 1's personal fund withdrawal receipt on 12/16/2025 at 12:44 p.m., it was noted that there was no documentation showing the resident received periodic personal fund statements detailing deposits, withdrawals, and current balances. Additionally, record review revealed that the personal funds authorization form was incomplete, lacking Resident 1's signature and the required facility staff witness signature. During a review of Resident 1's personal fund withdrawal receipts revealed the following: a. Receipts with witness signatures: 09/05/2025, 12/04/2025, 12/12/2025 b. Receipts without witness signatures: 04/25/2025, 07/31/2025, 08/07/2025, 08/13/2025, 08/15/2025, 08/27/2025, 09/11/2025, 10/07/2025, 10/22/2025, 11/13/2025 During a concurrent observation and interview on 12/16/2025 at 1:40 p. m., Resident 1 was alert and oriented but spoke very loudly and appeared easily agitated toward staff and the surveyor. Resident 1 stated the facility was refusing to provide her monthly personal fund account statements and was also refusing to pay her phone bills. Resident 1 stated she had repeatedly requested her account statements, but facility staff were giving her the runaround, which led her to call the police to report the issue. Resident 1 further stated she was requesting a petty cash amount of \$200 to \$300 per week and needed to review her account balance on the statement. During a concurrent interview and record review with the Office Manager (OM) on 12/16/2025 at 3:16 p.m., OM stated that, to her knowledge, Resident 1 had never requested a bank statement from the office. OM stated it was the resident's right to receive monthly and quarterly personal fund account statements, especially when the resident's cognition was intact. OM stated this requirement was part of the facility's policy and stated that moving forward, Resident 1 will receive her bank statements. OM was unable to provide documentation showing that Resident 1 had been given personal fund statements or that proper authorization with two required signatures was obtained. OM further reported that the staff member responsible for obtaining the two signatures was no longer employed at the facility. During review of the facility's revised policy, dated 01/01/2023, titled Resident Trust Account Policy, the P&P indicated Quarterly statements are to be run at the end of every business quarter. The Resident must be presented with a copy of their ledger. They need to sign they received it, and the signed copy is to be placed in their resident trust folder. A copy is to be given to the resident.</p>		