

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 S. Record St. Los Angeles, CA 90023	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 S. Record St. Los Angeles, CA 90023	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to ensure quality-control test (a procedure used to ensure the accuracy and reliability of glucose testing results) were done for the glucometers (a device to measure glucose in the blood) in Medication Carts A and B, as indicated in the facility's policy and procedure (P&P) titled, Blood Glucose Monitoring and Quality Control. This failure had the potential to result in inaccurate blood sugar readings placing the residents at risk not to receive appropriate treatment and care, resulting in medical complications. Findings: During a record review of the facility's Assure Pro Blood Glucose Monitoring System: Daily Quality Control Record for Medication Cart 1 for 9/2025, the Quality Control Records were blank on 9/8/2025, 9/10/2025, 9/13/2025, 9/17/2025, 9/18/2025, 9/21/2025, 9/22/2025, 9/24/2025, 9/25/2025, and 9/28/2025. During a record review of the facility's Assure Pro Blood Glucose Monitoring System: Daily Quality Control Record for Medication Cart 3 for 9/2025, the Quality Control Record was blank on 9/5/2025 to 9/17/2025, 9/19/2025, 9/21/2025, 9/23/2025 to 9/25/2025, and 9/28/2025. During an interview on 9/29/2025 at 8:05 a.m. with Licensed Vocational Nurse (LVN 1), LVN 1 stated glucometers must be quality control tested every 24 hours to ensure accuracy of blood glucose measurements (readings). During a concurrent interview and record review on 9/29/2025 at 8:34 a.m. with LVN 2, the facility's Assure Pro Blood Glucose Monitoring System: Daily Quality Control Record for Medication Cart 1 for 9/2025 was reviewed. LVN 2 stated the Quality Control Record was not completed for 10 days (on 9/8/2025, 9/10/2025, 9/13/2025, 9/17/2025, 9/18/2025, 9/21/2025, 9/22/2025, 9/24/2025, 9/25/2025, and 9/28/2025), indicating the glucometer was not calibrated and quality control tested for 10 days. LVN 2 stated the glucometer in Medication Cart 1 was used to test 8 residents' blood glucose levels. During a concurrent interview and record review on 9/29/2025 at 8:55 a.m. with LVN 3, the facility's Assure Pro Blood Glucose Monitoring System: Daily Quality Control Record for Medication Cart 3, for 9/2025 was reviewed. LVN 3 stated the Quality Control Record was not completed for 19 days (9/5/2025 to 9/17/2025, 9/19/2025, 9/21/2025, 9/23/2025 to 9/25/2025, and 9/28/2025, indicating the glucometer was not quality control tested for 19 days. LVN 3 stated the glucometer in Medication Cart 3 was used to test 6 residents' blood glucose levels. LVN 3 stated LVNs are responsible for overseeing, performing, and documenting quality control testing daily. During an interview on 9/29/2025 at 12:01 p.m. with LVN 3, LVN 3 stated glucometers must be quality-control tested to ensure accurate blood glucose readings, and appropriate amount of medications and treatment will be provided to the residents' according to the blood glucose levels obtained. LVN 3 stated if the glucometers were not quality-control tested daily, it placed the residents at risk for incorrect readings resulting in hyperglycemia, altered mental status, coma and hospitalization. During a concurrent interview and record review on 9/29/2025 at 3:00 p.m. with the Director of Nursing (DON), the facility's P&P titled Blood Glucose Monitoring and Quality Control, dated 10/2025, and Job Description: LVN, dated 2/2024, were reviewed. The DON stated when the glucometers in the Medication Carts 1 and 3 did not contain records that daily quality-control testing were conducted in September 2025, the facility's P&P was not followed. The DON stated LVNs were responsible for maintaining glucometer function and accuracy. During a review of the facility's P&P titled Blood Glucose Monitoring and Quality Control, dated 10/2025, the P&P indicated quality control testing for both high and low ranges should be completed daily and documented on the quality control log. During a review of the facility's Job Description: LVN, dated 2/2024, the Job description indicated LVNs were responsible for ensuring all equipment is maintained at all times to meet the needs of the residents and ensure to chart routinely in accordance with documentation policies.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 S. Record St. Los Angeles, CA 90023	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to label a multi-dose insulin pen (a portable device with a pen-like body, an insulin cartridge, and a needle used to inject insulin [medicine for diabetes-abnormal blood sugar] into the body, which can be disposable or reusable) with open and expiration dates, when first used, for one of three Resident's (Resident 1).This failure had the potential to result in Resident 1 receiving expired medication.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with history of Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had fluctuating capacity to make medical decisions.During a review of Resident 1's Order Summary Report, dated [DATE], the Order Summary Report indicated an order of Insulin Glargine (long-acting insulin for DM) dated [DATE].During a concurrent observation and interview on [DATE] at 8:05 a.m. with Licensed Vocational Nurse (LVN 1), Resident 1 had an opened Insulin Glargine pen that was not labelled with date opened or expiration date. LVN 1 stated the LVN who opened the insulin pen should have labelled the insulin pen with date opened and expiration date.During a concurrent interview and record review with Pharmacist 1 (Pharm 1), the Insulin Glargine Full Prescribing Information, dated 6/2022, was reviewed. Pharm 1 stated the Instructions for use indicated Insulin Glargine pens should not be administered 28 days after storing at room temperature, opening, or first use of the pen. Pharm 1 stated Insulin Glargine pens must be labeled with the open date and expiration date.During an interview on [DATE] at 12:01 p.m. with LVN 3, LVN 3 stated all insulin pens must be labeled with the open and expiration dates so licensed nurses know when it was opened and when the expiration date would be and will not have the risk of administering an expired insulin to Resident 1.During an interview on [DATE] at 2:45 p.m. with LVN 1, LVN 1 stated she would not know when Resident 1's Insulin Glargine pen was opened because the insulin was not labelled with date. LVN 1 stated it placed Resident 1 at risk of receiving expired insulin medication because the insulin pen was not labelled.During a concurrent interview and record review on [DATE] at 3:00 p.m. with the Director of Nursing (DON), the facility's P&P titled Medication Labeling and Storage, dated 2/2023, was reviewed. The DON stated the P&P indicated multi-dose vials that have been opened or accessed must be dated and discarded within 28 days. The DON stated the P&P was not followed when the licensed nurse did not label Resident 1's Insulin Glargine pen with the date when opened and the expiration date.During a review of the facility's P&P titled Medication Labeling and Storage, dated 2/2023, the P&P indicated the medication label should include the expiration date. The P&P indicated multi-dose vials that have been opened or accessed must be dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.During a review of the Insulin Glargine Full Prescribing Information, dated 6/2022, the Insulin Glargine Full Prescribing Information indicated room temperature or in-use single-resident-used prefilled pens can only be stored for 28 days.</p>		