

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  03/16/2026
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide 1 of 4 residents (Resident 1) with meals that accommodated the resident's food preference. This failure had the potential to result in decreased meal intake and could lead to weight loss and malnutrition for Resident 1.</p> <p>Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted on [DATE] and re-admitted on [DATE]. The admission Record indicated Resident 1's diagnoses included End Stage Renal Disease (ESRD-Irreversible kidney failure), dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), and heart failure (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 03/11/2026, the MDS indicated Resident 1 had clear speech, the ability to express ideas and wants, and was able to understand others. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching) with personal hygiene and upper body dressing, and partial/moderate assistance (helper does less than half the effort) with toileting hygiene and lower body dressing. During a review of Resident 1's Care Plan titled, Resident has food preference dated 3/15/2026, the Care Plan goal indicated Resident 1 will receive meals that align food preference daily and will verbalize satisfaction at least 2-3 weeks per month. The Care Plan interventions indicated staff would review Resident 1's food preferences sheet upon admission, update them as needed and ensure Resident 1 received alternative meal choices if the main entree conflicted with preferences. During a review of Resident 1's Order Summary Report dated 03/16/2026, the Order Summary Report indicated to provide Resident 1 with a renal 80 grams (g- unit of measurement) protein, constant carbohydrate or controlled carbohydrate diet (CCHO-the focus of the diet is eating the same amount of carbohydrates every day), regular texture. During a review of Resident 1's lunch ticket (a system for resident meal tracking) dated 03/16/2026, the lunch ticket indicated Resident 1 disliked sausage, ravioli, tuna, yellow cheese, egg salad sandwich, Brussel sprouts and pasta. During a concurrent dining observation, record review and interview on 03/16/2026 at 12:52 p.m., with the Dietary Manager (DM), in the activities room, Resident lunch ticket was reviewed. Resident 1's lunch plate was observed with penne pasta. The DM stated Resident 1 disliked pasta and may not eat the food served to the resident. The DM stated Licensed Vocational Nurses (LVNs) were responsible for comparing the lunch tickets with the lunch tray to ensure residents received the correct diet and preferences. During a review of the facility policy and procedure (P/P) titled, Resident Food Preferences dated 2001, the P/P indicated the food preferences will be assessed upon admission and communicated to the interdisciplinary team (IDT-a group of healthcare professional from different disciplines who work together to manage the resident's care). Upon the resident's admission (or within twenty-four hours after his/her admission) the dietitian or nursing staff will identify a resident's preferences. Nursing staff will document the residents' food and eating preferences in the care plan.</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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