

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Whittier Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S Pickering Avenue Whittier, CA 90602	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide care and services specific to the needs required for one of two sampled residents (Resident 1) who had a nephrostomy tubes (a thin, flexible tube that is inserted through the skin of the lower back directly into the kidney that is used to drain urine when the normal flow through the ureter to the bladder is blocked or impaired) by failing to: 1. Initiate and revise Resident 1's care plan to indicate actual and preventative measures for nephrostomy tube dislodgement. 2. Conduct an Interdisciplinary Team (IDT a group of professionals from different disciplines who work together to create and update a resident's individualized care plan) meeting to assess the root causes for Resident 1's nephrostomy tube dislodgement. This failure to perform a root cause analysis of Resident 1's recurring nephrostomy tube dislodgement and failure to initiate appropriate, individualized interventions to prevent future dislodgement of Resident 1's nephrostomy tubes, had the potential to result in repeated hospitalizations, increased risk of infection or other complications associated with nephrostomy tube displacement, and a decline in Resident 1's overall health and quality of life. During a review of Resident 1's admission Record, the record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including anoxic brain damage (occurs when the brain does not receive oxygen- often from events like cardiac arrest, choking, or drowning- leading to rapid and irreversible damage to brain cells), persistent vegetative state (a prolonged neurological condition in which a person appears awake but completely lacks awareness, cognition, or purposeful response to their environment due to severe brain injury), artificial openings of urinary tract (nephrostomy tubes), pyelonephritis (kidney infection), urinary calculi (kidney stones), and urinary tract infection (UTI- infection in the bladder/urinary tract). During a review of Resident 1's General Acute Care Hospital (GACH) records from 10/8/2025, the records indicated Resident 1 was admitted to the GACH with a chief complaint of percutaneous nephrostomy malfunction and UTI. The notes indicated Resident 1 underwent a right and left nephrostomy tube exchange and given antibiotics. Resident 1 was discharged from the GACH and readmitted to the facility on [DATE] after five days in the GACH. During a review of Resident 1's General Acute Care Hospital (GACH) records from 10/8/2025, the records indicated Resident 1 was admitted to the GACH with a chief complaint of percutaneous nephrostomy malfunction and UTI. The notes indicated Resident 1 underwent a right and left nephrostomy tube exchange and given antibiotics. Resident 1 was discharged from the GACH and readmitted to the facility on [DATE] after five days in the GACH. During a review of Resident 1's untitled Care Plan (CP) revised on 12/17/2025, the CP indicated Resident 1 had an alteration in urinary elimination and was at risk for UTI secondary to use of indwelling catheter (nephrostomy tubes). The CP indicated nursing interventions to secure the left and right nephrostomy tubing with anchors everyday shift to minimize dislodging of catheter. During a review of Resident 1's Change of Condition (COC) on 1/2/2026 at 2:41 PM, the COC indicated RN 2 wrote,</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[Treatment] Nurse notified RN that [Resident 1]'s right nephrostomy tube was dislodged. Upon further assessment, hematuria (blood in the urine) noted in left nephrostomy bag. [Resident 1] has no visible signs of distress noted, breathing even and unlabored, with no facial grimacing noted. During a review of Resident 1's GACH records from 1/2/2026, the records indicated Resident 1 was admitted to the GACH with a chief complaint of UTI and dislodged right nephrostomy tube. Resident 1 underwent a right nephrostomy tube exchange and was given intravenous (IV- given directly into the blood stream) antibiotics. Resident 1 was discharged from the GACH and readmitted to the facility on [DATE] after 13 days in the GACH. During a review of Resident 1's Change of Condition (COC) on 1/24/2026 at 1:40 AM, the COC indicated RN 3 wrote, . During first round change, CNA reported [Resident 1] left nephrotomy tube appears out of place and the urine collection bag was empty. The gauze dressing used to keep the tube in place was off and saturated with urine. On RN observation, the nephrostomy tube was inside stoma (a surgically created opening on the body's surface) but observed to be out of place 13.5 centimeters (cm) out with urine leaking from stoma . MD 1 notified and request made to transfer [Resident 1] for replacement. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 1/26/2026, the MDS indicated Resident 1 was in a persistent vegetative state and fully dependent on staff for all cares including personal hygiene, turning, and repositioning. During a review of Resident 1's Change of Condition (COC) on 1/24/2026 at 1:40 AM, the COC indicated RN 3 wrote, . During first round change, CNA reported [Resident 1] left nephrotomy tube appears out of place and the urine collection bag was empty. The gauze dressing used to keep the tube in place was off and saturated with urine. On RN observation, the nephrostomy tube was inside stoma (a surgically created opening on the body's surface) but observed to be out of place 13.5 centimeters (cm) out with urine leaking from stoma . MD 1 notified and request made to transfer [Resident 1] for replacement. During a review of Resident 1's untitled CP initiated on 1/24/2026, the CP indicated Resident 1 had a change of condition manifested by left nephrostomy tube displacement. The CP indicated nursing interventions to carry out new MD orders to transfer Resident 1 to the GACH for left nephrostomy tube displacement, notify MD and Resident 1's responsible party, provide standard nursing care such as reassurance and alleviate pain or discomfort as needed, and vital signs and pain rating. During a review of Resident 1's untitled CP initiated on 1/24/2026, the CP indicated Resident 1 was transferred to the GACH secondary to left nephrostomy tube displacement. The CP indicated nursing interventions to monitor vital signs, notify MD of any changes in Resident 1's condition, notify responsible party of any changes of resident's condition, position Resident 1 for comfort, and transfer to GACH for evaluation as indicated/ordered. During a review of Resident 1's Change of Condition (COC) 1/26/2026 at 1:05 PM, the COC indicated RN 1 wrote, [1 PM]- [Resident 1] left nephrostomy bag noted with no urine output. MD 1 notified with new order to send resident to [hospital] for exchange. During a review of Resident 1's GACH records from 1/26/2026, the records indicated Resident 1 was admitted to the GACH with a chief complaint of a dislodged left nephrostomy tube and UTI. The records also indicated on 1/27/2026, GACH Physician Assistant (GACH PA) wrote, Patient has had multiple dislodged nephrostomies over the past few months, is paraplegic and bedbound unknown how patient keeps getting dislodged nephrostomies. Patient seen in the emergency room (ER) with a left-sided dislodged nephrostomy, was actually seen at outside hospital [two] to [three] days prior for similar issues. The records indicated Resident 1 underwent a left nephrostomy tube placement on 1/28/2026 and was given antibiotics. Resident 1 was discharged from the GACH and readmitted to the facility on [DATE] after seven days in the GACH. During an interview with RN 2 on 2/17/2026 at 12:51 PM, RN 2 stated Resident 1 had recurring issues with his nephrostomy tubes becoming dislodged. RN 2 further stated the nephrostomy</p> <p>(continued on next page)</p>		

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