

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/09/2026
NAME OF PROVIDER OR SUPPLIER  Villa Del Sol Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  16910 Woodruff Ave. Bellflower, CA 90706	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 ensure one of four sampled resident's (Resident 1) call light (device that allows residents to request assistance from nursing staff) was accessible and within reach. This deficient practice resulted in the inability of Resident 1 to use his call light to obtain assistance to empty his urinal and the potential for a delay in care. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 had diagnoses including generalized muscle weakness, acquired absence of multiple toes on his left and right feet, urinary tract infection ([UTI] an infection in the bladder/urinary tract, and chronic kidney disease ([CKD] a long-term condition where kidneys are damaged and cannot filter blood properly, leading to waste buildup, fluid retention, and potential, though not inevitable, kidney failure). During a review of Resident 1's Minimum data Set ([MDS] a resident assessment tool), dated 2/26/2026, the MDS indicated Resident 1 cognition (the mental process of gaining knowledge through thinking, knowing, and understanding) was intact. The MDS indicated Resident 1 required supervision to touch assistance to complete his ([ADLs] activities such as bathing, dressing and toileting a person performs daily During a review of Resident 1's untitled Care Plan dated 11/202/2025, the Care Plan indicated Resident 1 was at risk for falls/injury related to his impaired in balance. The Care Plan's intervention indicated to place Resident 1's call light within reach and to encourage the resident to use it for assistance as needed. During an observation and interview on 3/9/2026 at 2:45 p.m., in Resident 1's room, Resident 1's call light was found on the floor away from Resident 1. The Director of Staff Development (DSD) acknowledged and stated Resident 1's call light was out of Resident 1's reach. During an interview on 3/9/3036 at 2:55 p.m., Resident 1 stated he needed the call light under his forearm so he can press it when in need of assistance. was looking for the call light every 20 minutes and needed the call light to get assistance to empty his urinal. During an interview on 3/9/2026 at 3:47 p.m., the Director of Nursing (DON) stated all residents must have an accessible call lights within reach to ensure they could call for help when needed. The DON stated staff are instructed to check the call lights every hour. During an interview on 3/9/2026 at 3:55 p.m., Certified Nursing Assistant (CNA) 1 Resident 1 was large, and his body covered the entirety of his bed, so he placed Resident 1's call light on his bedside table at approximately 11 a.m. CNA 1 stated he thought it would fall off the bed and he should have placed it within Resident 1's reach. During a review of the facility's Policy and Procedure (P&amp;P) titled, Call Light: Accessibility and Timely Response, dated 12/19 2022, the P&amp;P indicated the call light needs to be within the residents' reach.</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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