

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055952	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Torrance Care Center West, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 4333 Torrance Blvd 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 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** 49145</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an individualized care plan with measurable objectives, timeframes, and interventions for one of three sampled residents</p> <p>This failure had the potential to place Resident 4 at increased risk for further falls and for injury from a fall.</p> <p>Findings</p> <p>During a review of the Admission Record, the Admission Record indicated Resident 4 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including epilepsy (seizures), extrapyramidal and movement disorder (involuntary movements that you cannot control), and schizoaffective disorder (a mental illness that can affect your thoughts, mood, and behavior).</p> <p>During a review of the Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 6/20/2024, indicated Resident 4 requires supervision with bathing, picking up objects, and walking 150 feet.</p> <p>During a review of Resident 4 ' s Care Plan titled for At Risk for Falls. initiated on 7/23/2024, indicated no new interventions after Resident fall on 8/1/2024.</p> <p>During a review of the facility ' s Incident Report, dated 8/5/2024, the Incident Report indicated Resident 4 had a witnessed fall with an abrasion (injury of the skin) noted to the back of her head on 8/1/2024.</p> <p>During a review of Resident 4 ' s Fall Risk Assessment, dated 7/21/2024, indicated Resident 4 was not a high risk for falls. On 8/1/2024, the Fall Risk Assessment indicated Resident 4 was a high fall risk.</p> <p>During a review of Resident 4 ' s Transfer Record, dated 8/1/2024 indicated Resident 4 was transferred to General Acute Care Hospital (GACH), for a fall and a small abrasion to the back of her head.</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>During a concurrent observation and interview on 8/5/2024, at 12:15 p.m., Resident 4 was sitting up on the side of her bed with hand tremors. Resident 4 stated she fell and hit the back of her head a few days ago. Resident 4 stated she did not use her call light prior to getting out of bed and slipped and fell backwards.</p> <p>During an interview on 8/5/2024, at 1:10 p.m., with the Director of Nursing (DON), the DON stated Resident 4 ' s care plan did not have any new interventions after the fall. The DON stated the care plan should have new interventions in the care plan to prevent another fall.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Comprehensive Care Plan, (undated), the P&P indicated, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that include measurable objectives and timeframes to meet a resident ' s medical, nursing, and mental and psychosocial needs that are identified in the resident ' s comprehensive assessment.</p> <p>During a review of the facility ' s P&P, titled Fall Prevention Program, (undated), the P&P indicated When any resident experiences a fall, the facility will review the resident ' s care plan and update as indicated.</p>