

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  08/27/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</b></p> <p>During an interview and record review the facility failed to ensure grievance was investigated and resolved promptly for one of one sampled resident (Resident 2).</p> <p>This deficient practice had the potential for Resident 1 concerns unresolved.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Order, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), nicotine dependence (a chronic condition that occurs when someone compulsively craves nicotine [a substance found in tobacco products]), and mood affective disorder (a mental condition that causes significant changes in a person emotions).</p> <p>During a review of Resident 2's Minimum Data Sheet (MDS- a standardized assessment and care screening tool) dated 08/06/2024 indicated Resident 2 had no cognitive impairment (ability to learn, understand, and make decisions) and requires assistance for all activities of daily living.</p> <p>During a review of Resident 2 ' s care plan titled Smoking dated 07/30/2024, indicated interventions including to assist resident to and from designated smoking area, as required, supervise resident per smoking assessment and explain risks involved with smoking safety measures to resident/responsible party.</p> <p>During an interview on 08/23/2024 at 4:28 p.m., Resident 2 stated Certified Nursing Assistant (CNA 4) lit a butane lighter (a type of lighter that uses butane gas to create a flame) close to his face and the fire was so big. Resident 2 stated he was afraid to get the fire to his face and suffer a burn. Resident 2 stated CNA 4 did it twice on the same occasion when he asked CNA 4 to light his cigarette again. Resident 2 stated that he went to see the Administrator and complained about it.</p> <p>During an interview on 08/23/2024 at 4:53 p.m., the Activity Assistant (AA 1) stated he saw CNA 4 lit Resident 2 ' s cigarette with the butane lighter and the flame was close to Resident 2 ' s face. AA 1 stated he does not know if it was done intentionally.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 2 ' s Nursing Progress notes and social services grievance and complaint log on 08/27/2024 at 3:41 p.m., RR indicated there was no documentation of any investigation related to Resident 2 complaint.</p> <p>During an interview on 08/27/2024 at 3:30 p.m., the Administrator stated the reason why it was not investigated because she was focusing on physical abuse allegation towards Resident 1. The Administrator stated Resident 2 complaints regarding CNA 4 should have been investigated and addressed.</p>