

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  09/15/2025
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)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	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.  (continued on next page)

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide information on how to file a grievance (an official statement of a complaint over something believed to be wrong or unfair) and its process to one of three sampled residents (Resident 1). This failure resulted in Resident 1 being unable to exercise his or her right to file grievance. Findings: During a review of Resident 1's admission Record, the admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] and last readmission was on 4/17/2025 with diagnoses including cerebral infarction (loss of blood flow to a part of the brain), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), and left above the knee amputation (AKA-surgical removal of the portion of the leg above the knee joint). During a review of Resident 1's History and Physical (H&amp;P), dated 4/17/2025, the H&amp;P indicated, Resident 1 had the capacity (ability) to understand and make decision. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 7/9/2025, the MDS indicated Resident 1 required maximal assistance (Helper does more than half the effort) from two or more staff for bed mobility, transfer, dressing, hygiene, moderate assistance (Helper does less than half the effort) from one staff for bathing, and set up or touching assistance (Helper sets up or cleans up) for eating. During a concurrent observation and interview on 9/15/2025, at 11:25 a.m., with Resident 1 in her room, Resident 1 was wearing green track pants (soft, comfortable trousers, originally designed for athletic activities and warm-ups, now widely worn as casual wear) and her pants were wet. Resident 1's adult brief (a type of absorbent, tab-style adult diaper designed for moderate to heavy incontinence) was crooked to left side. Resident 1 stated, she felt so uncomfortable and irritated because the staff did not know how to adjust her brief. Resident 1 stated, she has been having this issue since the admission. Resident 1 stated some staff were having an attitude when she asked them to change her before leaking. Resident 1 stated, she has been complaining about this issue, but no one did anything for her. Resident 1 stated, the Social Service Director (SSD) or the staff did not explain how to file the grievance. Resident 1 stated, she would file the grievance if she knew how to file the grievance. During a concurrent interview and record review on 9/15/2025, at 2:00 p.m., with the Social Service Director (SSD), the facility's Grievance/Complaint Log, dated from 6/2025 to 9/2025 was reviewed. There was no grievance documented regarding Resident 1's adult brief-changing complaint. The SSD stated this was the known issue or complaint since the 4/2025. The SSD stated that any complaint regarding the resident's care and rights should be in grievance log and investigated. The SSD stated, she mentioned regarding Resident 1's adult brief changing complaint in her note, but she did not file the grievance for Resident 1. The SSD stated, she should have provided information regarding how to file grievance and the process of grievance to Resident 1 and family members as soon as she found out about the issue. The SSD stated she should have formally addressed, investigated, and resolved Resident 1's concern in a timely manner by filing grievance for her as soon as she found out about the complaint. The SSD stated, she should not have assumed that Resident 1 knew how to file the grievance. The SSD stated it was the resident's right to file the grievance. During an interview on 9/15/2025, at 2:50 p.m., with the Director of Nursing (DON), the DON stated, the SSD should have provided the information regarding how to file grievance and the process of grievance to Resident 1 and family members since there was an ongoing complaint regarding brief change. The DON stated that the residents should know how to file grievance to exercise their rights. During a review of the facility's Policy and Procedure (P&amp;P) titled, Grievance/Concerns, undated, the P&amp;P indicated, The staff shall respond promptly and appropriately to concerns or complaints expressed by residents or their family, friends, or responsible party. Filing of Grievance: Grievances must be submitted to the coordinator or designee within 30 days of becoming aware of the alleged discrimination action. The coordinator or designee shall conduct an investigation of the complaint to determine its validity. The investigation may be informal, but it must be thorough, affording all interested parties/persons an opportunity to submit evidence relevant to the complaint. The coordinator or designee will issue a written decision on the grievance no later than 30 days after its filing. During a review of the facility's Policy and Procedure (P&amp;P) titled, Social Service Director: Job Description, undated, the P&amp;P indicated, Major Duties and Responsibilities: The Social Service Director will assist residents in voicing and obtaining resolution to grievances. The Director will review complaints and grievances made by the resident and make a written report indicating what action(s) were taken to resolve the complaint or grievance.</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to develop and/or implement an individualized person-centered plan of care with measurable objectives and interventions to meet the residents' needs for one of three sampled residents (Resident 1) regarding adjustment of the adult brief (a type of absorbent, tabs-style adult diaper designed for moderate to heavy incontinence) fitting. This failure resulted in Resident 1 feeling embarrassed due to the leakage of urine from the improper adjustment of the adult brief and avoiding activities due to uncomfortable fitting of the adult brief. 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Resident 1 stated some staff were having an attitude when she asked them to change her before leaking. Resident 1 stated, she has been complaining about this issue, but no one did anything for her. Resident 1 stated, she did not participate in activities because she was worried about leakage due to crooked adult brief because of poor application by the staff. During an observation on 9/15/2025, at 11:35 a.m., in Resident 1's room, the Director of Nursing (DON) and Certified Nurse Assistant (CNA) 1 were changing Resident 1's adult brief. DON and CNA 1 had to make multiple adjustments per Resident 1's requests and Resident 1 verbalized her frustration when CNA 1 did not follow her instructions. During an interview on 9/15/2025, at 12:10 p.m., with CNA 1, CNA 1 stated, she understood why Resident 1 was frustrated. CNA 1 stated, she witnessed Resident 1's pants get wet due to poorly applied adult brief on many occasions. CNA 1 stated that Resident 1 refused to go to activities sometimes. CNA 1 stated there was no detailed instruction or intervention to follow how to adjust Resident 1's adult brief. CNA 1 stated, she felt bad for Resident 1. During a concurrent interview and record review on 9/15/2025, at 1:04 p.m., with the Director of Staff Development (DSD), Resident 1's Interdisciplinary Team Meeting (IDT meeting - a collaborative discussion among diverse healthcare professionals to develop, coordinate, and support a patient's care plan, ensuring a comprehensive, person-centered approach) Notes, dated from 4/2025 to 9/2025 were reviewed. There were no specific and resident centered interventions for ongoing Resident 1's adult brief adjustment complaint. The DSD stated that the IDT developed the care plan and its interventions for each resident. The DSD stated that the IDT failed to recommend comprehensive and resident centered interventions for Resident 1's adult brief issue. During a concurrent interview and record review on 9/15/2025, at 1:42 p.m., with the Minimum Data Set Coordinator (MDSC), Resident 1's Care Plan (CP), revised 8/14/2025, the CP Focus indicated, Resident 1 had aggressive behavior during diaper change. The CP goal indicated, Resident 1 will have no evidence of behavior problems by review date (10/9/2025). The CP Interventions indicated to explain why behavior was inappropriate, approach in a calm manner, and attempt to determine underlying cause. The MDSC stated, Resident 1's care plan goal was not objective and measurable. The MDSC stated that interventions were generic (not specific). The MDSC stated Resident 1's care plan did not address the actual issue of accommodating Resident 1's requests to adjust her adult brief in a comfortable way. During an interview on 9/15/2025, at 2:50 p.m., with the DON, the DON stated, care plans are created to guide the staff on how to care for residents with identified problems. The DON stated, without a care plan with specific interventions, a resident may have a recurrence of an issue or a worsening of a condition. The DON stated, IDT meeting should have developed individualized resident centered care</p>		