STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055952	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Torrance Care Center West, Inc	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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff treated residents with dignity and respect by providing attentive, courteous, and respectful interactions during resident communication for one of three sampled residents (Resident 2) when Licensed Vocational Nurse (LVN) 1 engaged in personal activity on a cell phone while interacting with Resident 2. This failure resulted in Resident 2 not being treated with dignity and respect and had the potential for Resident 2 to feel ignored, dismissed, disrespected, unimportant and/or devalued.Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 6/20/2019 and readmitted on [DATE] with diagnoses including type 2 diabetes mellitus ([DM] a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic kidney disease ([CKD] a progressive loss in kidney function over a period of months or years), and epilepsy (a brain disorder in which a person has repeated seizures [uncontrolled movement]).During a review of Resident 2's History and Physical (H&P), dated 8/21/2025, the H&P indicated, Resident 2 had the ability to understand and make decisions.During a review of Resident 2's Minimum Data Set ([MDS]a resident assessment tool), dated 4/15/2026, the MDS indicated Resident 2's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired. The MDS indicated Resident 2 required set up assistance (helper sets up or cleans up and resident completes activity) from staff with eating, oral hygiene, and required supervision assistance (helper provides verbal cues and/ or touching/ steadying and/or contact guard) from staff with toileting hygiene, personal hygiene).During an observation on 6/24/2026 at 10:07 a.m. at the facilities Nursing Station A, LVN 1 was observed sitting at the station with a cell phone in his hand and playing a game on the cell phone. Resident 2 was observed standing nearby the station and was repeatedly asking LVN 1 for an extra smoking ticket. LVN 1 repeatedly responded No without making eye contact with Resident 2 throughout the interaction, remained focused on the cell phone and continued playing the game.During an interview on 6/24/2026 at 10:11 a.m. with LVN 1, LVN 1 acknowledged he was playing a game on his cellphone, while interacting with Resident 2. LVN 1 stated he should have maintained eye contact with Resident 2 to demonstrate dignity and respect. LVN 1 admitted that his interaction was not respectful and that he should have shown more courtesy to Resident 2. LVN 1 explained that he knew Resident 2 well and believed he already knew what the resident wanted.During an interview on 6/25/2026 at 1:24 p.m. with Resident 2, Resident 2 stated on 6/24/2026 he was requesting an extra smoking ticket and LVN 1 did not make eye contact during the interaction. Resident 2 stated because LVN 1 did not make eye contact or otherwise acknowledge him and assumed LVN 1 was busy. During an interview on 6/25/26 at 3:20 p.m. with the Director of Nursing (DON), the DON stated staff should respect residents' dignity by giving residents their full attention during interactions and should not engage in personal activities, such as playing games on a cell phone.During a review of the facility's undated policy and procedure (P&P) titled Promoting/ Maintaining Resident Dignity, the P&P indicated, staff should treat each resident with respect and dignity as well as care for each resident in a manner, that maintains or (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	enhances resident's quality of life by recognizing each resident's individuality. The P&P indicated when interacting with a resident, pay attention to the resident as an individual.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff documented personal belongings on the inventory list for one of three sampled residents (Resident 1). This failure has the potential to result in the inability to track Resident 1's personal belongings, verify reports of missing items, and ensure accountability for residents' personal property.Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 had diagnoses including chronic obstructive pulmonary disease ([COPD] a chronic lung disease causing difficulty in breathing), chronic kidney disease (gradual loss of kidney function to filter waste and excess fluid from the blood), and schizophrenia (a mental illness that is characterized by disturbances in thought).During a review of Resident 1's History and Physical, (H&P), dated 12/14/2025, the H&P indicated Resident 1 had the ability to understand and make decisions.During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 4/22/2026, the MDS indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact. The MDS indicated Resident 1 required set up assistance (helper sets up or cleans up: resident completes activity) from staff with eating, oral hygiene, and supervision assistance (helper provides verbal cues and/ or touching/ steadying and/or contact guard assistance as resident completes activity) from staff with toileting hygiene, showering, and personal hygiene. During a review of Resident 1's Inventory Lists, dated 10/16/2025 and 12/12/2025, the Inventory Lists indicated Resident 1's personal inventory included one housecoat (robe) and one dress. During a concurrent observation and interview on 6/24/2026 at 11:20 a.m. with Resident 1 in Resident 1's room, 12 clothing items were observed in the closet. Resident 1 stated a pair of black pants had recently gone missing.During an interview on 6/25/2026 at 11:20 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, although Resident 1 had numerous clothing items in the closet, the only items were listed on the inventory list are the resident's and the rest of them were donated by the facility to Resident 1. LVN 1 stated the donated clothing is not considered residents' personal property hence why it is not documented on the resident inventory list. During an interview on 6/25/2026 at 11:50 a.m. with the Social Service Director (SSD), the SSD stated once the facility donates an item to a resident, the item becomes the president's personal property and staff should add it to the resident's inventory list and label it with the resident's name.During a concurrent observation and interview on 6/25/2026 at 12:29 p.m. in Resident 1's room, the SSD was observed inspecting Resident 1's closet and stated there were numerous items not listed on Resident 1's inventory list.During a concurrent interview and record review on 6/25/2026 at 12:35 p.m. with the SSD, Resident 1's Inventory Lists, dated 10/16/2025 and 12/12/2025 were reviewed. The SSD stated Resident 1's Inventory List did not accurately reflect the clothing currently in the closet and documented a limited number of clothing items. The SSD stated staff could not determine where the clothing currently in the closet came from. The SSD stated because the pair of black pants the resident reported missing was not documented on the inventory list, staff had no way to verify to track the missing item. The SSD stated all residents' personal belongings should be accounted for and inventoried upon admission and whenever additional items are received.During an interview on 6/25/2026 at 3:20 p.m. with the Director of Nursing (DON), the DON stated when residents received items including the donation, staff should add any items to the personal belongings inventory list to maintain an accurate record to track and prevent mix-ups.During the facility's undated policy and procedure (P&P) titled Resident Personal Belongings and Donations Policy, the P&P indicated the resident's belongings inventory shall be updated whenever significant personal belongings are added or removed. Once a donated item is assigned to a resident, it becomes that resident's personal property. The assigned item shall be documented on the (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's personal belongings inventory, including an appropriate description of the item. Any additional donated items assigned after admission shall also be added to the inventory to maintain an accurate record of the resident's belongings. Staff shall accurately document inventories, promptly report missing or damaged property, update inventories when belongings change, and ensure donated items assigned to residents are added to the resident's belongings inventory.