

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/14/2025
NAME OF PROVIDER OR SUPPLIER  Infinity Care of East Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE  101 S Fickett Street Los Angeles, CA 90033	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46087</b></p> <p>Based on observation, interview, and record review, the facility failed to provide safe and comfortable environment to their 52 residents residing at the facility's second floor by failing to ensure that there was no leakage in the second floor's ceiling located above Shower room [ROOM NUMBER] (shower room used for the residents) and hallway across room [ROOM NUMBER].</p> <p>This deficient practice had the potential to result in ceiling collapse (fall down) and had the potential for residents to be placed at risk for injury.</p> <p>Findings:</p> <p>During a concurrent observation outside Shower room [ROOM NUMBER] (located across a resident's room [room [ROOM NUMBER]]) and interview on 2/14/2025 at 9 AM with Maintenance Supervisor (MS), MS stated, there is a water stain (indicates a visible discoloration on your ceiling caused by moisture seeping through from a leak) on the ceiling outside Shower room [ROOM NUMBER]. MS also stated, he does not know when the leak/ water stain started.</p> <p>During an interview with Administrator (ADM) on 2/14/2025 at 3:18 PM, ADM stated the leak located on the ceiling of the 2nd floor primarily affects the removable and easily replaceable ceiling tile (lightweight construction materials, which are used to cover ceilings). The ADM stated any leaks observed on the second floor occurred due to the mounting of commercial air conditioner unit located on the roof of the facility (unable to recall when), leak was from the micro cracks (a tiny crack in a material) and fissures (a long, narrow opening) then caused seepage (slow escape of a liquid) of water to occur at those points and subsequently flow to the second-floor ceiling. The ADM added having a wet ceiling might cause the tile to swell (to increase in size) and collapse.</p> <p>During an interview on 2/14/2025 at 4:11 PM with MS, MS stated the water stain in the ceiling outside shower room [ROOM NUMBER] is measured 22.5 inches (unit of measurement) by 17 inches. MS stated the water stain could have been from the recent rain last 2/13/2025 due to small leak from the roof.</p> <p>During a review of Facility's Policy and Procedure, titled 'Homelike Environment', revised in March 2024, indicated repairs such as painting, patching, and/or leak repairs will be done in coordination with the resident. Repairs will be done in a timely fashion and in a manner that does not interfere with resident care.</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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