STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056063	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Infinity Care of East Los Angeles	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident specific care plans (document that outlines the facility's plan to provide personalized care to a resident based on the resident's needs) was developed and implemented for one (1) of two (2) sampled residents (Resident 1) in accordance with the facility policy. This deficient practice had the potential for Resident 1 not to receive interventions specific to the resident's needs which could affect resident's overall health and wellbeing.Findings: During a review of Resident 1's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included cellulitis (a skin infection that causes swelling and redness) of right lower leg, peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs) and dermatitis (inflammation of the skin which causes itching, dryness, rashes, redness and swelling). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 7/31/2025, the MDS indicated Resident 1 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) with personal and toileting hygiene, shower, upper and lower body dressing and putting on/taking off footwear. The MDS further indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with oral hygiene and required supervision (helper provides cues) with eating. During an interview on 10/22/2025 at 10:40 AM, Certified Nursing Assistant 1 (CNA 1) stated she has seen Resident 1 scratched her legs, ears, and almost her entire body. During an interview on 10/23/2025 at 12:21 PM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 had the behavior of scratching on her arms and legs and picking on her dressing. During a concurrent record review and interview on 10/24/2025 at 9:31 AM, the Director of Nursing (DON) stated Resident 1 did not and should have had a care plan to address resident's behavior of scratching her legs and picking on her dressing. The DON also stated Resident 1's wounds on the right leg could have been prevented from getting exposed due to the dressings coming off if the facility had a specific care plan intervention on the resident's behavior. During a review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person - Centered, revised March 2022, the P&P indicated a comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident.

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