

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 12/29/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop a care plan for two of three sampled residents (Residents 1 and 3) for the use bed [pad] alarm (a pad with sensors that will alarm when a resident stands up unassisted to help prevent falls by alerting staff) as indicated in the facility policy. This deficient practice had the potential for Residents 1 and 3 not to receive care and services specific to their needs which could affect the residents' over all well-being. Findings: 1. During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included generalized muscle weakness, anxiety disorder (emotion characterized by feelings of tension, worried thoughts and physical changes) and urinary tract infection (bacterial infection in any part of the urinary system). During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool), dated 8/12/2025, the MDS indicated Resident 1 had moderately impaired cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort, helper lifts or holds the trunk or limbs and provides more than half the effort) with oral and personal hygiene. Resident 1 was dependent (staff does all the effort in tasks, resident does no effort in task, assistance of two or more helpers is sometimes required to complete a task)with toileting, shower/bathing, and dressing. During a review of Resident 1's care plan, dated 11/19/2025, the Care Plan interventions included to assure that lighting is adequate, bed at lowest position, and maintain call light within reach. The care plan did not reflect Resident 1's use of bed alarm. During a concurrent observation in Resident 1's room and interview on 12/29/2025 at 1:27 PM with Certified Nurse Assistant 2 (CNA2), Resident 1 was observed in bed with a bed alarm. CNA2 stated Resident 1 has a bed alarm to prevent falls. 2. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included depression (mood disorder that causes a persistent feeling of sadness and loss of interest), hypothyroidism (abnormally low activity of the thyroid gland, resulting in retardation of growth and mental development in children and adults), and generalized muscle weakness. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had intact cognitive skills for daily decision making. The MDS also indicated Resident 3 required substantial/maximal assistance with showering/bathing self, toileting hygiene and dressing, and setup or clean up assistance with eating. During a concurrent observation in Resident 3's room and interview on 12/29/2025 at 11:58 AM with CNA1, a bed alarm was observed in the resident's room. CNA1 stated the bed alarm was for Resident 3 and it was an intervention to prevent fall. During a concurrent record review and interview on 12/29/2025 at 12:36 PM with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 3 has a bed alarm for fall prevention. LVN 1 stated Resident 3's care plan did not and should have reflected the use of bed alarm. During a concurrent interview and record review on 12/29/2025 at 4:40 PM with Registered Nurse 1 (RN 1) the facility policy titled, Tab Alarms, Bed Alarms, Wanderguard (a monitoring device such as a bracelet used to help ensure resident safety) System, dated 6/2/2025, and Resident 1 and Resident 3's medical records were reviewed. The Bed Alarm policy indicated a plan of care must be formulated with the interdisciplinary team (IDT - a coordinated group of experts from several different fields) to determine the need for bed alarms and documented in the care plan. RN 1 stated Resident 1 and Resident 3's medical records did not and should have had a care plan to reflect the use of bed alarm as indicated in the policy. RN 1 stated it was important to follow the policy to ensure Resident 1 and Resident 3's safety and keep track of the implemented measure of the bed alarms to ensure they are effective. During a review of the facility's Policy and Procedure (P&P) titled, Tab Alarms, Bed Alarms, Wanderguard System, dated 6/2/2025, the P&P indicated , tab alarms or bed alarms may be used on a resident who is deemed unsafe through the nursing assessment and documented on the resident's care plan that the resident is at risk for falls. The P&P indicated a plan of care must be formulated with the IDT to determine the need for bed alarms and documented in the care plan.</p>		