

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 02/09/2026
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to provide a safe, functional, sanitary and comfortable environment by failing to: Ensure the ceiling and walls in the residents' hallways across from the second dining or televisions (TV) room on the facility's second floor did not have water leak marks, brownish discoloration and paint peeling off the walls. Ensure three (3) rooms' (Room C, D and E) ceiling and/or walls did not have water leak marks and brownish discoloration. Ensure that Room B did not have a framed painting on the wall with an unidentified greenish and blackish substance spreading from inside the frame to the surrounding wall. Ensure that Room A did not have multiple scratches on the wall, peeling paint on the wall, and a cracked baseboard protruding from the wall. These deficient practices resulted in an unsanitary, unhomelike environment and created the potential risk of residents being exposed to unidentified substances in the framed painting or potential molds from the water leak. Findings: During an observation on 2/9/2026 at 11:10 AM in the second-floor hallway across the second dining/TV room, the ceiling panel next to the window was observed with dark brown discoloration and the wall next to the ceiling panel was also observed with cracked wood and paint was peeling off. During an observation on 2/9/2026 at 11:15 AM on the second-floor along the resident's room hallway, the ceilings were observed with scattered dark brown discoloration and visible dried brown colored water leak marks on the wall. During an observation on 2/9/2026 at 11:45 AM in Room A, Room A multiple scratches were noted on the wall, the paint was peeling off, and the baseboard was cracked and protruding from the wall. During a concurrent observation and interview on 2/9/2026 at 12:25 PM with the Maintenance Supervisor (MS), inside Room B, a framed painting was observed hanging on the wall that appeared damp inside the frame. An unidentified green substance was noted on the top left corner of the frame, and a black substance was also observed on the bottom middle area extending to the right corner. In addition, from the ceiling to the wall above the framed painting, a visible dried dark brown water mark was noted, continuing beneath the painting and extending down to the base boards. MS confirmed the water mark resulted from a water leak that occurred after heavy rains early in January 2026. MS also stated no staff or residents reported this water leak mark, which was already dried. During an observation on 2/9/2026 at 1:08 PM inside Room C, Room C had a cracked and peeled paint on the walls. During an observation on 2/9/2026 at 1:10 PM inside Room D, Room D had peeled paint on the room ceiling and bathroom ceiling. During an observation on 2/9/2026 at 1:15 PM inside Room E, Room E had peeling paint on the ceiling and walls. During an interview on 2/9/2026 at 1:40 PM with the Housekeeping Supervisor (HKS), the HKS stated resident rooms, nurses' stations, staff lounges, offices and hallways are cleaned daily. HKS stated housekeeping staff should be cleaning the walls and the floors. HKS stated she does not know why the dried water leak marks were not cleaned and the dirty painting with greenish and blackish substances was not removed in Room B. HKS stated none of the housekeeping staff or nursing staff reported this to HKS. HKS also stated it was not acceptable to have any visible water leak marks or</p> <p>(continued on next page)</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>to have a dirty painting still hanging in the residents' room. The HKS stated the painting looked very dirty and whatever substance was in the painting could potentially make the residents occupying the room sick. During an interview on 2/9/2026 at 3:48 PM with MS, MS stated the ceilings and walls in Rooms C, D, and E were repainted after the water leak from the roof in early January 2026 was repaired. MS also stated the paint started to peel off again. During an interview on 2/9/2026 at 4:34 PM with the Director of Nursing (DON), the DON stated facility staff need to report any dirty rooms, hallways or surfaces, and cracked walls and paint peeling off to the maintenance department so it could be addressed immediately so residents were not going around with a dirty and stained ceiling or continue to stay in a dirty room. The DON stated it was not good for the residents and could affect their wellbeing. During a concurrent interview and record review on 2/9/2026 at 5 PM with the Administrator (ADM), the policy and procedure (P&P) titled Homelike Environment, dated 6/2/2025, was reviewed. The ADM stated the P&P indicated residents are provided with a safe, clean, comfortable and homelike environment. The P&P also indicated the facility staff, and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting included a clean, sanitary and orderly environment. The ADM stated the policy was not followed.</p>		