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	06/24/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one (1) of two (2) sample residents (Resident 1) received Tramadol Hydrochloride (a prescription drug that helps reduce pain by acting on the brain's pain receptors) as indicated on the physician's order. This deficient practice had the potential to result in over medicating Resident 1 and causing respiratory depression (breathing too slowly or shallow) and sedation (stated of calm, relaxation, or sleepiness caused by certain drugs).Findings: During a review of Resident 1's admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including but not limited to chronic obstructive pulmonary disease (COPD, disease that causes obstructed airflow from the lungs), stiff-man syndrome (known as stiff person syndrome, a rare autoimmune neurological disorder [a group of conditions where the body's immune system mistakenly attacks healthy cells and tissues in the nervous system] that mostly causes muscle stiffness and painful spasms that come and go and can worsen over time), and muscle weakness. During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment and tool), dated 6/5/2026, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was intact. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for toileting hygiene, upper and lower body dressing, and lying to sitting on side of bed. During a record review of Resident a's Order Summary Report for the month of June 2026, the order indicated as follows:5/20/2026: Monitor for pain level every shift using zero (0) to ten (10) pain scale: 0 no pain 1 to three (3) mild pain Four (4) to six (6) moderate pain Seven (7) to eight (8) severe pain Nine (9) to 10 worst possible pain every shift.6/17/2026: Tramadol Hydrochloride (HCl) oral tablet 50 milligrams (mg, unit of measurement): Give 1 tablet by mouth every eight hours as needed for severe pain *hold for sedation or if respiratory rate is less than 12.During a record review of Resident 1's Medication Administration Record (MAR, a medical record used by healthcare providers to document the administration of a medication or treatment) for the month of June 2026, the MAR indicated Resident 1 received Tramadol 50 mg on 6/20/2026 for pain scale of 6/10 and on 6/21/2026 for pain scale of 5/10. During a concurrent interview with the Director of Nursing (DON) and record review of Resident 1's MAR on 6/24/2026 at 3:57 PM, the DON stated Tramadol was ordered to be given as needed for severe pain. The DON stated that based on standardized levels of pain, the pain level from 4 to 6 is considered moderate and not severe pain (7 to 10). The DON stated the licensed nurse should not have administered the Tramadol medication for pain level of five (5) on 6/20/2026 for a pain level of 6 on 6/21/2026, since the pain medication was prescribed for severe pain and not moderate pain. The DON stated the licensed nurse should have called the doctor to clarify the order and ask the doctor for medication to be administered for moderate pain. The DON stated administering a medication that was meant for severe pain and not moderate pain could result in adverse effects and cause drowsiness in the resident. During a record review of the facility's policy and procedure (P&P) titled, Administering Medications, reviewed 1/29/2026, the P&P indicated medications are administered in accordance with the prescriber's orders. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has (continued on next page)

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

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's Attending Physician or the facility's medical Director to discuss the concerns. During a record review of the facility's policy and P&P titled, Pain Assessment Management, reviewed 1/29/2026, the P&P indicated assess pain using a consistent approach and a standardized pain assessment instruction appropriate to the resident's cognitive level. When opioids are used for pain management, the resident is monitored for medication effectiveness, adverse effects, and potential overdose. Due to the risk of fatal respiratory depression, opioids and benzodiazepines (medications that slow down activity in the brain and nervous system) are not administered together unless a clinical indication for the resident is documented and the resident is carefully monitored. The medication regimen (a structured, prescribed plan for taking drugs) is implemented as ordered.