

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2026
NAME OF PROVIDER OR SUPPLIER  Alexandria Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1515 N Alexandria Ave. Los Angeles, CA 90027	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interview and record review, the facility failed to implement its policies and procedures related to residents and/or responsible party notification rights for one of three sampled residents (Resident 1) when Resident 1 received an order for x-ray (a photographic or digital image of internal parts of the body) of bilateral (both sides) hips, which Resident 1 or responsible party were not informed about. This deficient practice denied Resident 1 and the responsible party the rights to know, to understand, and to make informed decisions related to Resident 1's care. Findings: During a review of Resident 1's admission Record, undated, the admission Record indicated an admit date on 12/25/2026 with diagnoses including displaced intertrochanteric fracture of right femur (a break in the hip bone on the right thigh bone), displaced fracture of epiphysis (a bone injury where the upper part of thigh bone separates from rest of the bone), anxiety disorder (excessive worrying that interferes with daily activities), and major depressive disorder (persistent feeling of sadness and loss of interest in activities). During a review of Resident 1's History and Physical (H&amp;P - a comprehensive assessment of a resident's medical condition), dated 1/15/2026, the H&amp;P indicated Resident 1 was assessed and identified with limited decision-making capacity. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/20/2026, the MDS indicated Resident 1's cognitive functioning (the ability to think, learn, remember, use judgment, and make decisions) was with moderate impairment. The MDS also indicated Resident 1 needed partial/moderate assistance (helper does less than half the effort) for toileting hygiene needs, and substantial/maximal assistance with showering or bathing, and assistance with lower body dressing of items below the waist including footwear. Further review of the MDS identified Resident 1's preferred language was Spanish, and requiring an interpreter to communicate with a doctor or health care staff. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following physician's order: - 1/27/2025 at 3:04 p.m., Bilateral hips x-ray STAT (immediate). During a concurrent interview and record review on 2/4/2026 at 3:59 p.m. with Registered Nurse 1 (RN 1), RN 1 stated Resident 1 is alert to her name and can make basic needs like water, pain, or if she is hungry known, but it would be better to inform the responsible party as the resident will not remember. RN 1 stated Resident 1 had an order for stat bilateral hip x-ray, but per notes, there was no documentation that Resident 1 or responsible party were informed of the order. RN stated Resident 1 alleged that a man was taking a picture of her. We failed to inform the resident (Resident 1) and the responsible party. RN 1 stated, The failure here was not notifying the resident and family of the procedure and failure to document. We could reorient the resident (Resident 1) and explain that it was an order and the doctor just wanted to see the progress of the hip. During an interview with Licensed Vocational Nurse 1 (LVN 1) on 2/4/2026 at 5:22 p.m., LVN 1 stated being with the x-ray technician and explaining to Resident 1 that the x-rays were being taken due to Resident 1's leg pain. LVN 1 stated not being able to speak Spanish and confirmed that there was no documentation explaining the order and the procedure to Resident</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 056113	If continuation sheet Page 1 of 2

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F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	1. During a review of the facility provided policy and procedure (P & P) titled, Resident Rights with last reviewed date of 10/2025, the P & P indicated; 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to: h. be supported by the facility in exercising their rights; o. be notified of their medical condition and of any changes in their condition; p. be informed of, and participate in, their care planning and treatment .;		