

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 02/25/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on observation, interview, and record review, the facility failed to notify the physician regarding a resident's significant change of condition for one of three sampled residents (Resident 1). The facility identified Resident 1 had shortness of breath on 1/16/2026 at 7 p.m. while on (BiPAP) machine (a noninvasive ventilator used to assist breathing by delivering pressurized air through a mask) but did not notify the Medical Doctor. This deficient practice placed Resident 1 at risk of developing complications. Findings: During a review of Resident 1's Face Sheet (admission Record), undated, the Face Sheet indicated the facility originally admitted Resident 1 on 1/9/2026, with diagnoses including diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), moderate persistent asthma (is a long-term lung disease that inflames and narrows the airways, making it difficult to breathe), and personal history of other venous thrombosis (or deep vein thrombosis, DVT - is a serious condition where a blood clot forms in a deep vein, most commonly in the legs or thighs, and is dangerous if the clot breaks loose and travels to the lungs), and embolism (is an obstruction or blockage in a blood vessel). During a review of Resident 1's History and Physical, dated 1/12/26, the History and Physical indicated Resident 1's cognitive functioning was intact (the ability to think, learn, remember, use judgment, and make decisions). During a concurrent interview and record review on 2/26/2026 at 11:30 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 started having difficulty of breathing on 1/16/2026 at 7 p.m. LVN 1 stated he informed Registered Nurse (RN) 1, who came to the bedside, adjusted the BiPAP machine settings, and took Resident 1's vital signs (objective, measurable indicators of the body's most essential, life-sustaining functions) with oxygen level of 97 percent (% - one part in every hundred). LVN 1 stated that at 10 p.m., Resident 1 called again stating he was having difficulty of breathing, muscle tightening, and not getting enough air. LVN 1 stated RN 1 was called to the bedside where Resident 1 did a breathing treatment. During a concurrent interview and record review on 2/26/2026 at 12:30 p.m. with RN 1, Resident 1's change of condition records were reviewed. RN 1 stated he failed to initiate and implement a Change of Condition (COC - significant change in resident's health) for Resident 1 to address that Resident 1 had shortness of breath. RN 1 stated Resident 1's shortness of breath was not reported to the Medical Doctor. RN 1 stated this failure placed Resident 1 at risk for delay of care and other complication including death. During a concurrent interview and record review on 2/26/2026 at 2 p.m. with the Director of Nursing (DON), Resident 1's COC records were reviewed. The DON stated the facility staff failed to initiate a COC for Resident 1. Resident 1 had a diagnosis and a history of (DVT). The DON stated it was the responsibility of licensed staff (RN) to do a COC and notify the Medical Doctor on Resident 1's shortness of breath. The DON stated Resident 1's COC should have been addressed when Resident 1 complained of not getting enough air and tightening of the muscle. The DON stated if COC was not done and not reported to the Medical Doctor, Resident 1's symptom will not be treated and can lead to delay of care</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 3

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 02/25/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>which can lead to hospitalization and even death. During a review of the facility-provided policy and procedure (P&P) titled, Change in Condition: Notification of, last reviewed on 1/14/2026, the P&P indicated, A Facility must immediately . consult with the Resident's physician and/or NP (Nurse Practitioner) . where there is: . A significant change in Resident's physical When making notification of above, the Facility must ensure that all pertinent information is available and provided upon request to the physician and/or NP.</p>

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 02/25/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop and implement a person-centered care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs) for one of three sampled residents (Resident 1) to address that Resident 1 had a personal history of other venous thrombosis (or deep vein thrombosis, DVT - is a serious condition where a blood clot forms in a deep vein, most commonly in the legs or thighs, and is dangerous if the clot breaks loose and travels to the lungs), and embolism (is an obstruction or blockage in a blood vessel). This failure had the potential to delay provision of necessary care for Resident 1. Findings:During a review of Resident 1's Face Sheet (admission Record), undated, the Face Sheet indicated the facility originally admitted Resident 1 on 1/9/2026, with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and personal history of other venous thrombosis and embolism. During a review of Resident 1's History and Physical dated 1/12/26, it indicated Resident 1's cognitive functioning was intact (the ability to think, learn, remember, use judgment, and make decisions).During a concurrent interview and record review on 2/26/2026 at 2 p.m. with the Director of Nursing (DON), Resident 1's Care Plans were reviewed. The DON stated the facility staff failed to initiate and implement a Care Plan for Resident 1 to address that Resident 1 had a diagnosis and a history of other venous thrombosis and embolism. The DON stated it was the responsibility of licensed staff or the MDS Coordinator to initiate the Care Plan when Resident 1 was admitted to the facility. The DON stated Resident 1's Care Plan should have addressed that Resident 1 had a diagnosis of DVT and was at risk of developing DVT. The DON stated the Care Plan was a guide to implement the necessary interventions for Resident 1. The DON stated the failure to develop a comprehensive Care Plan that addressed Resident 1's DVT status placed Resident 1 at risk of developing DVT which had the potential to lead to blood clot and other complications such as death. During a review of the facility-provided policy and procedure (P&P) titled, Care plans, Comprehensive Person-Centered, last revised on 1/14/2025, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's medical, physical and Mental psychosocial needs shall be developed for each resident . 4. The care plan interventions are designed after careful consideration of the relationship between the resident's problem area(s) rather than addressing only symptoms or triggers.2. The comprehensive, person-centered care plan: .b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being e. reflects currently recognized standards of practice for problem areas and conditions.</p>		