

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/17/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure physician - ordered treatment was transcribed to the Treatment Administration Record (TAR) and implemented for one of three sampled residents (Resident 1). This deficient practice had the potential to delay necessary treatment and compromise Resident 1's skin integrity. Findings: During a review of Resident 1's undated admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes (the body's inability to process sugar), history of falling, hypertension (elevated blood pressure), and neurocognitive disorder (a decrease in mental function). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/30/2026, the MDS indicated Resident 1's cognitive functioning (the ability to think, learn, remember, use judgment, and make decisions) was severely impaired. The MDS indicated Resident 1 required moderate assistance with oral hygiene, bathing, and dressing. During a review of Resident 1's Order Summary Report (OSR) for the active orders as of 6/16/2026, the OSR indicated an order to cleanse with Normal Saline (NS - a sterile salt water) the skin irritation (a localized, non-allergic inflammatory response that occurs when the skin's protective outer barrier is damaged) on chin, pat dry, apply triple antibiotic ointment (a topical medication used to prevent infections in minor skin wounds) and leave open to air for 14 days with an order date of 6/5/2026. During an interview with Licensed Vocational Nurse (LVN 1) on 6/16/2026 at 2:15 p.m., LVN 1 stated, CNA 1 reported to her (LVN1) that CNA 1 was shaving Resident 1's face and noted a small abrasion (a surface wound caused by skin rubbing) on Resident 1's chin. LVN 1 stated she notified the Medical Doctor and received an order to apply triple antibiotic ointment to the chin for 14 days. LVN 1 stated she provided the treatment to Resident 1 after receiving the order; however, the order was not carried out in the Treatment Administration Record (TAR - a formal medical log used by healthcare workers to track the treatments given to a resident). LVN 1 stated the order needed to be carried out as ordered by the physician. During a concurrent interview and record review with the Director of Nurses (DON) on 6/16/2026 at 3:10 p.m., the DON stated she did not see the treatment order in Resident 1's TAR and the LVN 1 must not have carried out the order completely. The DON stated it is important to fully carry out physician orders, so residents receive the proper medical treatment. During a review of the facility's policy and procedure (P&P) titled, Medication and Treatment Orders, dated July 2016, the P&P indicated orders for medications and treatments will be consistent with principles of safe and effective order writing. The P&P indicated verbal orders must be recorded immediately in the Resident's chart by the person receiving the order and must include prescriber's last name, credentials, date and time of the order.		

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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