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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056192	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbor Post Acute Care Center	21521 S. Vermont Avenue Torrance, CA 90502

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425 Based on observation, interview and record review, the facility failed to follow one of three residents ' (Resident 1) care plan, when Restorative Nursing Assistant 1 (RNA 1) transferred Resident 1 from the wheelchair to the bed by himself. This deficient practice has the potential for Resident 1 to experience a fall or injury. Findings: During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted on [DATE] with the diagnosis including hemiplegia (weakness on one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (disrupted blood flow to the brain). During a review of Resident 1 ' s Minimum Data Set ([MDS]- a standardized assessment and care screening tool) dated 7/25/2024, the MDS indicated Resident 1 ' s cognition (the mental processes that take place in the brain, including thinking, attention, language, learning, memory and perception) was intact and required substantial/ maximal assistance (helper does more than half the effort) during transfers from chair/bed to chair. During a record review of Resident 1 ' s care plan undated indicated Resident 1 had a potential for falls or injury due to dependency on staff for transfer and locomotion secondary to history of cerebrovascular accident ([CVA]- a condition that occurs when blood flow to the brain is suddenly interrupted). The care plan ' s interventions included transfer in and out bed daily, use additional help (2 or more-person physical assist) in transferring. During an interview on 9/3/2024 at 12:28 p.m. with Resident 1, Resident 1 stated it takes two staff members (one certified nursing assistant (CNA) and one RNA) to transfer him from the wheelchair back to the bed. During an observation on 9/3/2024 at 12:50 p.m. in Resident 1 ' s room, RNA 1 transferred Resident 1 from the wheelchair back to bed with no assistance from another staff member. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Harbor Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 21521 S. Vermont Avenue Torrance, CA 90502	

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/3/2024 at 2:37 p.m. with RNA 1, RNA 1 stated when he transfers Resident 1 back to bed, he can perform the task by himself. RNA 1 stated when CNAs perform the task, the CNAs need 2 persons because they are women, and they need more help. During an interview on 9/3/2024 at 3:29 p.m. with Registered Nurse 1 (RN1), RN 1 stated Resident 1, according to Resident 1 ' s care plan, requires two or more staff members to transfer from chair to bed ensure the safety of Resident 1. RN 1 stated if the proper amount of assistance is not provided, Resident 1 could fall or experience an injury. During an interview on 9/3/2024 at 4:12p.m. with the Director of Nursing (DON), the DON stated the plan of care is communicated through the resident ' s care plan. The DON stated the amount of assistance indicated on the care plan applies to all staff members, its not dependent on the size or gender of the staff member, and the purpose is to keep the resident safe during transfers. During a review of the facility ' s policy & procedure (P/P) titled Care Plans- Comprehensive, the P/P indicated care plan interventions are designed after careful consideration of the relationship between the resident ' s problem areas and their causes.