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	10/07/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a change in condition (COC a sudden, clinically important deviation from a patient's baseline in physical, cognitive (ability to think, understand, learn, and remember), behavioral, or functional status which without immediate intervention, may result in complications or death) for one of one sampled residents (Resident 1), who had an elevated uric acid level (blood test to measure uric acid [natural waste product]) on 3/26/2025.This failure to recognize and respond to the resident's abnormal lab resulted in the lack of necessary care and treatment and had the potential to cause worsening of the resident's left third finger swelling, possibly leading to increased pain, functional decline, or further complications.Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cerebral infarction (loss of blood flow to the brain), heart failure (when the heart muscle weakens and cannot pump blood effectively throughout the body), chronic kidney disease (progressive damage and loss of function in the kidneys), gout (type of inflammatory arthritis that causes pain and swelling in your joints) and aphasia (a disorder that makes it difficult to speak). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 8/18/2025, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was severely impaired and was dependent (helper does all the effort) with activities of daily living (ADLs- activities such as bathing, dressing, and toileting a person performs daily). During a review of Resident 1's laboratory results dated [DATE], the laboratory results indicated a uric acid level of 10.3 milligram/deciliter (mg/dl-unit of measurement) (Normal uric acid was 1.5 to 6.0 mg/dl). During a review of a Skin/Wound Note dated 3/26/2025 at 8:30 a.m., the Skin/Wound Note indicated Resident 1 had left third finger swelling, tenderness, and pain with touching. The Skin/Wound Note indicated Resident 1's doctor was notified and ordered a uric acid lab to be drawn and an Xray (images that produce pictures of the inside of the body) of the left third finger. During an interview conducted on 10/3/2025, at 1:58 p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated that the facility's policy for handling abnormal laboratory results includes notifying the physician and initiating a Change in Condition (COC). RNS 1 stated that a COC should have been completed for Resident 1's elevated uric acid level to ensure appropriate monitoring and communication among staff regarding the resident's condition. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056192	A. Building B. Wing	10/07/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/7/2025, at 3:33 p.m., the Director of Nursing (DON) stated that a COC was required for any significant change in a resident's condition. The DON stated that a COC should have been initiated for Resident 1's elevated uric acid level to allow staff to closely monitor for improvement or deterioration in the resident's status. During a review of the facility's P&P titled, Change in a Resident's Condition or Status, dated 2/2021, the P&P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.

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	10/07/2025

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** Based on interview and record review, the facility failed to develop and implement a comprehensive care plan for one of three sampled residents (Resident 1). The facility failed to:1.Develop a care plan to address Resident 1's swollen left third finger. 2.Develop a care plan when Resident 1 had a significant weight loss (50 pounds) upon readmission to the facility on These failures had the potential to negatively impact the delivery of necessary care and services, placing Resident 1 at risk for delayed treatment, worsening of physical condition, and further health complications.Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cerebral infarction (loss of blood flow to the brain), heart failure (when the heart muscle weakens and cannot pump blood effectively throughout the body), chronic kidney disease (progressive damage and loss of function in the kidneys), gout (type of inflammatory arthritis that causes pain and swelling in your joints) and aphasia (a disorder that makes it difficult to speak). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 8/18/2025, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was severely impaired and was dependent (helper does all the effort) with activities of daily living (ADLs- activities such as bathing, dressing, and toileting a person performs daily). During a review of the Skin/Wound Note dated 3/26/2025, timed at 8:30 a.m., the Skin/Wound Note indicated Resident 1 had swelling and pain in the left third finger knuckle, with pain noted upon light touch. During a review of Resident 1's weight records showed that on 7/7, 2025, Resident 1 weighed 200 pounds, and by 8/15/2025, the weight had decreased to 150 pounds, reflecting a 50-pound weight loss upon readmission to the facility on 8/13/ 2025. During a concurrent interview and record review on 10/3/ 2025, at 1:58 p.m., Registered Nurse Supervisor (RNS) 1 stated that there was no care plan developed for either the swollen left third finger noted on 3/26/ 2025, or the significant weight loss observed upon readmission. RNS 1 stated that a care plan should have been developed for both conditions, as care plans serve as a guide for resident care and help staff address and monitor resident problems effectively. During an interview on 10/7/2025 at 3:33 p.m., with the Director of Nursing (DON), the DON stated that a care plan was a critical communication tool used by staff to guide resident care. The DON stated that a care plan should have been developed for Resident 1's swollen finger to ensure proper monitoring of symptoms. The DON stated that regarding the 50-pound weight loss, she was aware of the issue but did not believe a separate care plan was necessary, as it was addressed under the existing tube feeding care plan. (continued on next page)

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	10/07/2025

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	During a review of the facility's policy and procedure (P&P) titled Care Plans, Comprehensive Person-Centered, undated, the P&P indicated, The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Reflects currently recognized standards of practice for problem areas and conditions. During a review of the facility's P&P titled, Weight Assessment and Intervention, undated, the P&P indicated, Resident weights are monitored for undesirable or unintended weight loss or gain. Individualized care plans shall address the identified cause of weight loss, goals and benchmarks for improvement, and time frames and parameters for monitoring and reassessment.

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	10/07/2025

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to:a. Ensure a follow up dental appointment was provided for one of one sampled resident (Resident 1). This deficient practice had the potential to result in the delay of necessary care and services for Resident 1 and compromised Resident 1's ability to chew food properly that can lead to weight loss, decreased energy levels, and reduced muscle mass. b. Ensure Resident 1 did not missed scheduled urology follow-up appointment, which was necessary to confirm resolution of a urinary tract infection (UTI- infection in the urine) This deficient practice had the potential to result in delayed identification and treatment of a urinary tract infection (UTI), as well as an increased risk of UTI recurrence. Findings: a.During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cerebral infarction (loss of blood flow to the brain), heart failure (when the heart muscle weakens and cannot pump blood effectively throughout the body), chronic kidney disease (progressive damage and loss of function in the kidneys), gout (type of inflammatory arthritis that causes pain and swelling in your joints) and aphasia (a disorder that makes it difficult to speak). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 8/18/2025, the MDS indicated Resident 1's cognition (ability to think, understand, learn, and remember) was severely impaired and was dependent (helper does all the effort) with activities of daily living (ADLs- activities such as bathing, dressing, and toileting a person performs daily). During an interview on 10/3/2025 at 1:23 p.m., with the Social Services Director (SSD), SSD stated that she did not follow up on Resident 1's authorization for tooth extractions and dentures from 4/2025 until 7/2025. SSD stated she was unable to keep track of all the dental company's recommendations for Resident 1. The SSD stated that while the dental company scheduled appointments she did not verify whether the services were completed. During a subsequent interview on 10/3/2025 at 2:48 p.m., with SSD, the SSD stated that she should have followed up on the authorization for tooth extraction and dentures. The SSD stated that the delay could have impacted Resident 1's comfort and ability to chew food. During an interview on 10/7/2025 at 3:33 p.m., with the Director of Nursing (DON), the DON stated the SSD should have followed up on the dental authorization in a timely manner. The DON stated that the three-month delay resulted in the need to obtain a new authorization and that the lack of follow-up could have affected Resident 1's dignity. During a review of the facility's Social Service Job Description, the Social Service Job Description indicated, The primary function of Social Service Designee is to identify and provide medically related social services which assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs. Make referrals and obtain services from outside entities. (continued on next page)

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	10/07/2025

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Dental Examination/Assessment, undated, the P&P indicated, Upon conducting a dental examination, a resident needing dental services will be promptly referred to a dentist. b. During a concurrent interview and record review conducted on 10/03/2025 at 11:24 a.m. with Licensed Vocational Nurse (LVN 1), LVN 1 stated she could not recall why Resident 1 missed a scheduled urology appointment on 11/04/2024, as there was no documentation available to explain the absence. LVN 1 explained that upon receiving the appointment order from general acute care hospital (GACH), LVN 1 entered the order into the facility's system and provided a copy to the Social Services department. LVN 1 stated that Social Services was responsible for arranging transportation for residents' medical appointments. During a concurrent interview and record review on 10/03/2025 at 12:07 p.m. with Social Services Designee (SSD 1), SSD 1 stated that she was responsible for arranging transportation for Resident 1's urology appointment scheduled for 11/04/2024. SSD 1 stated that she had the appointment order on file but did not know why the resident missed the appointment. SSD 1 stated there were no notes or documentation indicating whether Resident 1 attended the appointment or why transportation did not occur. SSD 1 further explained that her assistant was responsible for contacting the transportation provider but was also unaware of what happened. SSD 1 acknowledged the lack of documentation and stated that the facility has since implemented a tracking system to log all residents scheduled for outside appointments to prevent future occurrences. During an interview and record review on 10/03/2025 at 12:31 p.m. with the Social Services Assistant (SSA), SSA stated that she had texted the transportation company using her personal phone regarding Resident 1's scheduled urology appointment on 11/04/2024. SSA stated that she had no notes or records to verify the contact. SSA acknowledged the absence of documentation and reported that the facility has implemented a new process for documenting and communicating all resident appointments to ensure accountability and prevent future missed appointments. During an interview on 10/03/2025 at 2:13 p.m. with Registered Nurse Supervisor 1 (RNS1), RNS1 stated that she was working on 11/04/2024, the date of Resident 1's scheduled urology appointment but did not know why the resident missed the appointment. RNS 1 confirmed that staff had reviewed Resident 1's chart and were unable to locate any documentation explaining the missed appointment. RNS 1 stated it was important to document all actions in the resident's medical record and stated that, moving forward, the facility has implemented three separate tracking systems to monitor resident appointments. During an interview and record review on 10/07/2025 at 2:23 p.m. with the Director of Nursing (DON), the DON stated that she had interviewed all staff members involved in coordinating appointments, including the social services team, but no one could explain why Resident 1's appointment was missed. The DON stated that she has since conducted multiple in-service training courses and revised the facility's appointment coordination process to ensure all responsible parties were involved and accountable. The DON stated she felt bad over Resident 1's missed appointment. During a review of the facility's dated 12/2016. policy and procedure titled, Resident Rights, indicated The rights include residents right to be notified of his or her condition and of any changes in his or her condition.