

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: 056192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Harbor Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that Certified Nurse Assistant (CNA) 1 was not assigned to a resident (Resident 1) after Resident 1 requested not to receive care from CNA 1 for one of three sampled residents (Resident 1). This deficient practice had the potential to upset and cause emotional distress to Resident 1. Findings: During a review of Resident 1's admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including unspecified anxiety disorder (a mental health condition characterized by persistent and extreme worry) and insomnia (trouble falling asleep or staying asleep). During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 10/31/2025, the MDS indicated Resident 1 had the capacity to understand and make decisions. The MDS indicated Resident 1 required substantial/maximum assistance (helper does more than half the effort) from staff with toileting hygiene, showering/bathing self, lower body dressing, and putting on/taking off footwear. During an interview on 11/18/2025 at 3:19 p.m., Resident 1 stated on 10/30/2025, CNA 1 was assigned to her during the 3-11 p.m. shift and refused to provide a shower. Resident 1 stated she informed Licensed Vocational Nurse (LVN) 1 that she did not want CNA 1 assigned to her. Resident 1 stated a different CNA (CNA unknown) was subsequently assigned. During a review of the Change of Condition Evaluation (COC), dated 10/30/2025, indicated Resident 1 requested not to be assigned to CNA 1 and asked for a different CNA. The COC indicated CNA 2 was subsequently assigned to Resident 1. During a telephone interview on 11/19/2025 at 9:48 a.m., CNA 1 stated she was assigned to Resident 1 on 11/1/2025 and did not know she was not to be assigned to her. CNA 1 stated her assignment was changed and no longer was assigned to care for Resident 1. During a telephone interview on 11/19/2025 at 12:00 p.m., LVN 1 stated on 10/30/2025 Resident 1 stated she did not want CNA 1 to care for her. LVN 1 stated when a resident does not want a certain staff member to care for them, the request is communicated to everyone (nursing staff) and documented in the communication book. LVN 1 stated he was not aware of Resident 1's preference as it was not documented in the communication book. LVN 1 stated had he had known Resident 1 did not want CNA 1 to be assigned to her, he would have assigned Resident 1 a different CNA. LVN 1 stated it is important to honor Resident 1's request because it is their right. During an interview on 11/19/2025 at 2:21 p.m., Restorative Nursing Assistant (RNA) 1 stated he made the CNA assignment on 11/1/2025 and was not aware of Resident 1's nurse preference until after LVN 1 told him. RNA 1 stated you must honor a resident's preference because it is their right. During an interview on 11/19/2025 at 12:59 p.m., the Director of Nursing (DON) stated she was aware of Resident 1 not wanting CNA 1 to provide care for her. The DON stated that when a resident refuses care from a specific nurse, the information is documented in the communication book. The DON stated that honoring such preferences is important as it relates to resident rights and dignity. During a review of the facility's policy and procedure (P&P), titled Residents Rights, revised 8/2009, the P&P indicated residents are guaranteed the right to voice grievances and to receive a response, as required by federal and state laws.		

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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