STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056218	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bell Convalescent Hospital	4900 E. Florence Ave Bell, CA 90201

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 observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan with interventions addressing a resident's identified risk for falls for one of one sampled resident (Resident 1).This failure had the potential to place Resident 1 at an increased risk for falls, injury, and failure to receive necessary care and services.FindingsDuring 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]. Resident 1's diagnoses included dementia (a progressive state of decline in mental abilities), history of falling, and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of the left hand.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 6/1/2026, the MDS indicated Resident 1's cognitive skills for daily decision making (process of thinking) was severely impaired. The MDS indicated Resident 1 was dependent on staff for eating, toileting, bathing, and putting on/taking off footwear During a review of Resident 1's History and Physical (H&P), dated 4/4/2026, the H&P indicated Resident 1 did not have the capacity to understand or make decisions. During a review of Resident 1's Fall Risk Annual Evaluation, dated 3/3/2026, the Fall Risk Evaluation indicated, Resident 1 was at risk for falls.During a concurrent interview and record review on 6/16/2026 at 3:35 p.m. with Registered Nurse (RN) 2, Resident 1's Fall Risk Evaluation, dated 3/2/2026 was reviewed. The Fall Risk Evaluation did not indicate a care plan was developed addressing Resident 1's risk for falls. RN 2 stated Resident 1 was admitted with a history of falls and was identified as being at risk for falls and a care plan should be comprehensive. RN 2 stated failure to develop an at risk for falls care plan placed Resident 1 at risk for recurrent falls, fractures (broken bones), and loss of independence (a person no longer able to do things on their own and needs help from others). During an interview on 6/16/2026 at 4:35 p.m. with the Director of Nursing (DON), the DON stated care plans should be comprehensive and specific to resident needs. The DON stated residents who completed an annual fall risk evaluation should have a comprehensive care plan that addresses fall risk scoring to meet their medical needs. During a review of the facility's Policy and Procedure (P&P) titled, Comprehensive Plan of Care, dated 12/2016, the P&P indicated, a comprehensive plan of care developed includes goals, measurable objectives and timetable to meet physical, psychosocial, and functional needs is developed and implemented for each resident. During a review of the facility's P&P titled, Fall Prevention Program, dated 12/2016, the P&P indicated, all residents will be assessed following incident of fall, if resident is at risk for falls, it will be added on their care plan.

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