

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: 056478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Lighthouse Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 Santa Ana Blvd. Los Angeles, CA 90059	
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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the Power of Attorney (POA, a legal document that lets one person, act on their behalf) for health care decisions, during Changes of Condition (COC- a noticeable or measurable deviation in a person's physical, mental, or functional health status compared to their normal baseline), for one of 4 residents' (Resident 1). This failure violated the resident's instructions and the resident representative's rights provided by the state law and resulted in the resident's POA for healthcare decisions not aware of the residents changes in medical condition. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's diagnoses included metabolic encephalopathy (a general loss of brain function), malignant neoplasm of endometrium (cancer starting in the inner lining of the uterus), and hypertension (occurs when the force of blood pushing against your artery walls is consistently too high). Resident 1 had a POA. During a review of Resident 1's Advance Health Care Directive Form (a legal document that lets you state your medical treatment preferences in advance and name someone to make decisions for you if you become unable to speak or decide for yourself), dated 4/8/2022, the Advance Health Care Directive Form indicated FM 1, as the POA/ designated agent for health care decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 7/5/2026, the MDS indicated Resident 1 had clear speech, difficulty communicating some words or finishing thoughts but is able if prompted or given time, and responds adequately to simple, direct communication only. The MDS indicated Resident 1 was dependent on staff for personal hygiene, toileting hygiene and shower/bathe self. During a review of Resident 1's Change of Condition, dated 4/28/2026, 5/13/2026, 5/14/2026, 6/9/2026, 6/10/2026, 7/4/2026 and Resident 1's Progress Notes dated 4/28/2026, 5/14/2026, 6/10/2026, the COC and progress notes indicated Resident 1 was responsible and was made aware of the COCs. There were no documentation the healthcare decision maker was notified. During an interview on 7/27/2026 at 2 p.m., with the Registered Nurse (RN 1), the RN 1 stated staff failed to notify Resident 1's designated agent for health care decisions (FM1), of all the Resident 1's COCs, that resulted in FM 1 being unaware and uninformed of the resident's changes in condition. During a review of the facility's policy and procedure (P&P) titled, Change of Condition Notification, dated 2/20/2026, the P&P indicated facility should promptly inform the resident and notify the resident's legal representative when the resident experience a change in condition.		

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