

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Playa Del Rey Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 Manchester Avenue Playa Del Rey, CA 90293	

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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1 of 3 sampled residents (Resident 1) did not have a diaper and bed linen soaked with urine. This failure placed Resident 1 at risk for skin breakdown. Findings: During a concurrent observation and interview on 9/29/2025 at 11 a.m. with the Certified Nurse Assistant (CNA 1), Resident 1 was observed lying in bed with diaper soaked with urine, the linen on bed was wet of urine from the low back to mid thighs. Resident 1 was observed scratching her buttocks area using her right hand with hand mitten (protective devices used to prevent self-harm, such as scratching, and to stop patients from pulling out essential medical equipment like intravenous lines or catheters). CNA1 stated he had not provided Resident 1 with morning care or a diaper change. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), dysphagia (a medical condition characterized by difficulty or discomfort in swallowing), and peripheral vascular disease (a condition where the arteries and veins in the limbs, usually the legs become narrowed or blocked, reducing blood flow). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment and care planning tool), dated 8/14/2025, the MDS indicated Resident 1 had clear speech but was sometimes understood. The MDS indicated Resident 1 responds adequately to simple, direct communication only. The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for toileting hygiene, personal hygiene, and with rolling left to right (the ability to roll from lying back to left to right and return to lying on back on the bed). The MDS indicated Resident 1 was incontinent (unable to voluntarily control retention of urine or feces in the body) of bowel (defecation) and bladder (urine). During a review of Resident 1's untitled care plan, dated 10/7/2025, the care plan indicated Resident 1 was incontinent of bowel and bladder related to cognitive loss/inability to recognize and communicate toileting needs. The care plan goals indicated Resident 1's continent care needs will be met by staff to maintain dignity and comfort and to prevent incontinence related complications. The care plan interventions included assisting Resident 1 with perineal care as needed and providing comfort. During an interview on 9/29/2025 at 11:50 with CNA1, CNA 1 stated he checked on Resident 1 at the beginning of his shift but did not check her diaper. CNA 1 stated failure to provide incontinent care in a timely manner will result in skin redness, skin irritation and developing wounds. During a review of the facility's policy and procedure (P&P) titled Perineal Care, dated 2/2018, the P&P indicated to provide cleanliness and comfort to the resident, to prevent infections and skin irritation.</p>

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: 555004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Playa Del Rey Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 Manchester Avenue Playa Del Rey, CA 90293	
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)		
<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to ensure a current Direct Care Service Hours Per Patient Day (DHPPD- a staffing standard used in California's skilled nursing facilities, that measures the average number of actual hours of direct care provided to each patient in a 24-hour period) containing an updated census and number of staff on duty to ensure residents receive adequate level of direct care), was posted on 9/29/2025 at Nursing Station 1. This failure had the potential the facility did not meet the staffing requirements and placed the residents' care needs at risk of not being met. Findings: During a concurrent observation and interview on 9/29/2025 at 10:10 a.m., with the Director of Staff Development (DSD) at Nursing Station 1, The Census and Direct Care Service Hours Per Patient Day (DHPPD), dated 9/26/2025 was observed posted at the nursing station counter. The DSD acknowledged the DHPPD hours posted were not current and was 3 days old. The DSD stated the posted DHPPD hours should be updated daily. The DSD stated residents could feel anxious not knowing the facility has sufficient staff coverage to assist them with their activity of daily living needs. During a review of the facility's policy and procedure (P&P) titled Posting Direct Care Staffing Number, dated 8/2022, the P&P indicated the facility should post daily, for each shift, nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents. The P&P indicated, within 2 hours of the beginning of each shift, the number of licensed nurses (Registered Nurses [RN] and Licensed Vocational Nurses [LVN]) and the number of unlicensed nursing personnel (Certified Nurse Assistants [CNA] and Nurse Assistants [NA]) directly responsible for resident care should be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</p>		