STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555004	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Playa Del Rey Center	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)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure, one of three sample residents' (Resident 1), received the therapeutic diet (meal plan prescribed by a healthcare professional [doctor or dietitian] to manage a specific medical condition, treat an illness, or improve overall health) ordered by the physician. This deficient practice resulted in Resident 1's high blood sugar levels, placing the resident at risk for complications like diabetic coma (life-threating, temporary state of unconsciousness caused by extreme high blood sugar levels).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 readmitted on [DATE]. Resident 1's diagnoses included type 2 diabetes mellitus (DM, chronic condition where the body resists insulin or fails to produce enough, causing high blood sugar levels) and muscle weakness. During a review of Resident 1's History and Physical (H&P) dated 11/27/2025, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 4/10/2026, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 was independent for eating, oral hygiene and toileting hygiene. Resident 1 required supervision (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with shower and bathing self. Resident 1 required setup or clean up assistance (helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.) with upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. Resident 1 required set up or clean up assistance with rolling from left to right, and supervision from sitting to lying position, lying to sitting on side of the bed. Resident 1 required setup or clean up assistance for sitting to stand, chair/bed to chair transfer, and supervision for toilet transfer, tub/shower transfer, walk 10 feet, and walk 50 feet with two turns. During a review of Resident 1's Order Summary dated 6/8/2026, the Order Summary indicated Carbohydrate Controlled Diet (CCHO, meal plan designed to manage blood sugar, especially for diabetes, by eating roughly the same amount of carbohydrates at the same time each day), Regular Texture (normal, everyday food, no blending or chopping needed,) thin consistency (regular liquids that flow freely), vegetarian (a selection of food and drink that excludes all animal flesh, including meat, poultry, and seafood). During a review of Resident 1's Care Plan titled, Insulin therapy, dated 6/20/2026, the interventions included to encourage compliance with prescribed diet, medications and blood glucose monitoring. During a concurrent observation and interview on 7/1/2026 at 12:10 p.m., with Resident 1, in Resident 1's room, the meal ticket on the breakfast and lunch tray dated 7/1/2026 was observed. The breakfast meal ticket did not indicate the ordered CCHO, regular texture, thin consistency, vegetarian diet (lacto [(lactose) relating to milk]/ovo [plant-based diet that excludes all meat, poultry, seafood, and dairy products, but allows the consumption of eggs]). The breakfast tray had breakfast slider, two fried eggs, and hashbrowns. The lunch tray had brown rice, green beans, tofu with sliced carrots and one white cake with jelly. Resident 1 stated she asked the kitchen not to give her potatoes because of too (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
	555004	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Playa Del Rey Center	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)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	many carbohydrates. Resident 1 stated her meal ticket did not indicate no potatoes today. During a concurrent interview and record review on 7/1/2026 at 1:11 p.m. with Dietary Manager, the Dietary Manager stated the Order Listing Report dated 7/1/2026 indicating CCHO diet regular texture, thin consistency, vegetarian (lacto/ovo) did not reflect in the breakfast and lunch meal tickets on 7/1/2026. The Dietary Manager stated the order listed and the meal tickets did not match. The Dietary Manager stated the information entered in their system was not printing both diets in the resident's meal ticket. During interview on 7/1/2026 at 2:45 p.m., Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 1's blood sugars for the month of July, before meals and at nighttime, ranged from 105 milligram/deciliter (milligram [mg]/deciliter [dL] unit of measure) to 400 mg/dL (normal range 70 to 99 mg/dL). LVN 1 stated Resident 1 did not receive the prescribed CCHO diet had led to elevated blood sugar levels. If Resident 1's blood sugar was not managed properly, it could lead to diabetic coma. During a concurrent interview and record review on 7/2/2026 at 11:45 p.m., with Registered Dietitian (RD), the breakfast and lunch meal tickets dated 7/1/2026, Order Listing dated 7/1/2026 and Therapeutic Spreadsheet week 4, was reviewed. RD stated the spreadsheet indicating CCHO diet indicated no hashbrown should be served. RD stated Resident 1's meal ticket did not reflect the physician's orders per the Order Listing and Resident 1 was not served CCHO servings as per Therapeutic Spreadsheet. RD stated the increase of carbohydrates could lead to elevated blood sugar levels. During a review of the facility's Policy & Procedure titled, Therapeutic Diets, dated 10/2017, the P&P indicated the facility therapeutic diets are prescribed by the Attending Physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences. A therapeutic diet is considered a diet ordered by a physician, practitioner or dietitian as part of treatment disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet such as diabetic/calorie-controlled diet. The P&P indicated diet order should match the terminology used by the food and nutrition services department.