

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Palos Verdes Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 26303 Western Ave. Lomita, CA 90717	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure two of four sampled residents (Resident 1 and Resident 2) did not experience loss of dignity during an incontinent brief change after a bowel movement. This failure resulted in Resident 1 feeling humiliated and fearful that CNA 1 could have access to his personal information, and Resident 2 feeling anger, upset and violated. Findings: 1. 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 to the facility on [DATE] with diagnoses including cerebral infarction (lack of adequate blood supply to the brain), seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) affecting the left side, and brain compression (a life threatening condition where increased pressure inside the rigid skull damages brain tissue). During a review of Resident 1's History and Physical (H&P), dated 11/12/2025, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 12/16/2025, the MDS indicated Resident 1 was dependent (helper does all the effort) on nursing staff for toileting, showering, personal hygiene, oral hygiene and dressing. The MDS indicated Resident 3 was always incontinent (inability to control voluntary bodily functions, typically urination or defecation) to urine and bowel movements. During an interview on 3/25/2026 at 12:25 p.m. with Resident 1, Resident 1 stated Certified Nursing Assistant (CNA) 1, wiped him hard while cleaning him after a bowel movement. Resident 1 stated CNA 1 was digging in his rectum. Resident 1 stated he told CNA 1 to stop and to get out of his room and CNA 1 laughed at him. Resident 1 stated he felt violated, upset, mad and wanted to kill CNA 1. During an interview on 3/25/2026 at 2:50 p.m. with CNA 1, CNA 1 stated he was assigned to Resident 1 on 3/22/2026 and on 3/23/2026. CNA 1 stated Resident 1 is able to communicate and accused him of inserting his fingers in his rectum. During an interview on 3/27/2026 at 2:08 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 3/25/2025 the Responsible Party (RP) of Resident 1 was visiting at the facility. LVN 1 stated the RP reported to LVN 1 that Resident 1 was violated while being cleaned by CNA 1. LVN 1 stated the RP stated CNA 1 was digging too deep in Resident 1's anal area and when Resident 1 said stop, CNA 1 did not stop. 2. During a review of Resident 2's admission Record, the admission record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses of including generalized muscle weakness, lack of coordination (the ability to use different parts of the body together smoothly and efficiently), difficulty in walking, and end stage renal disease (irreversible kidney failure). During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had the ability to express ideas and wants. The MDS indicated Resident 2 needed substantial to maximal assistance (helper does all the effort) with toileting, showering, and dressing. The MDS indicated Resident 2 was frequently incontinent of urine. The MDS indicated Resident 2 was always incontinent of bowel movements. During a review of Resident 2's H&P dated 3/26/2026, the H&P indicated Resident 2 had fluctuating capacity to understand and make decisions. During an interview on 3/25/2026 at 12:50 p.m. with Resident 2, (continued on next page)</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 2 stated CNA 2 wiped him with force and place two fingers in his rectum in the shower. Resident 2 stated CNA 2 put his fingers in his rectum four times while being cleaned. Resident 2 stated he felt humiliated and is afraid CNA 2 will find out his personal information and where he lives. During an interview on 3/25/2026 at 1:04 p.m. with CNA 2, CNA 2 stated on 3/19/2026 he was assigned to Resident 2. CNA 2 stated Resident 2 had a bowel movement and needed to be cleaned. CNA 2 stated he placed Resident 2's bed flat removed his diaper and used wipes to clean his perineal area. CNA 2 stated Resident 2 was tense during cleaning and was instructed to relax. CNA 2 stated after he placed Resident 2 back to bed. During an interview on 3/27/2026 at 3:31 p.m. with the Director of Nursing (DON), the DON stated on 3/25/2026 Resident 2's Family Member (FM) 1 reported CNA 2 was rough and put two fingers in Resident 2's rectum. The DON stated the proper handling and the right way to clean resident is to explain to the residents before you touch them and ask if they are comfortable with you touching them. The DON stated if a resident is uncomfortable and says stop, the CNA should call the charge nurse immediately and explain to the resident again the reason for cleaning, changing the diaper and repositioning. The DON stated residents' could have a loss of dignity, trust and could be afraid of male nurses touching them. During a review of the facility's policy and procedure (P&P), titled Quality of Life - Dignity, date revised 8/2009, the P&P indicated, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. Residents shall be treated with dignity and respect at all times. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. During a review of the facility's policy and procedure (P&P), titled Resident Rights, date revised 12/2019, the P&P indicated, Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a dignified existence, be treated with respect, kindness, and dignity.</p>		