STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555040	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lotus Care Center	6011 West Blvd Los Angeles, CA 90043

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to: Ensure the lid on an opened container of jelly was closed.Ensure a package of sandwich meat was stored in a closed container after being opened.Ensure staff were monitoring temperatures in 2/2 dry food storage rooms by placing thermometers inside. These deficient practices had the potential to result in contamination of food served to the residents.Findings: During an observation on 2/11/2026 at 8:20 am of the kitchen refrigerator, there was a square plastic container labeled jelly with a lid not closed on all four sides, and there was an opened plastic bag of sliced meat uncovered. During a concurrent observation and interview on 2/11/2026 at 8:20 am in the kitchen with the [NAME] (CK), the CK stated the lid of the jelly should have been closed on all four sides and the sandwich meat should have been put into a closed container. The CK stated the food could grow bacteria or become contaminated from not being in a closed container. During an observation on 2/11/2026 at 11:30 am in the kitchen's dry storage rooms, there were no thermometers or logs to monitor and document the temperature. During a concurrent observation and interview on 2/11/2026 at 11:30 am in the dry storage room with the Dietary Assistant (DA), the DA stated there was no thermometer to monitor the temperature. The second storage room does not have a thermometer either. The DA stated there should be one in each room because if it gets too hot, the food could become contaminated and make the residents sick. During a review of the facility's policy and procedure (P&P) titled Food Receiving and Storage indicated all foods stored in the refrigerator will be covered, labeled and dated. The P&P also indicated that non-refrigerated foods.will be stored in a designated dry storage unit which is temperature and humidity controlled.

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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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to:1. Ensure one of five sampled residents (Resident 30) Practitioner Orders for Life-Sustaining Treatment ([POLST] - a medical order form that documents specific medical treatment in the event of a medical emergency) part D of the form was completed.This deficient practice of not having the POLST completed had the potential for Resident 30's wishes not to be carried out in the time of distress. During a review of Resident 30's admission Record (Face Sheet), the Face Sheet indicated Resident 30 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 30's diagnoses included pleural effusion (accumulation of excess fluid in the pleural spaces between the lungs), heart failure (heart muscle cannot pump enough blood to meet the body's metabolic needs), and chronic obstructive pulmonary ([COPD]- a chronic lung disease causing difficulty in breathing).During a review of Resident 30's History and Physical (H&P), dated 2/9/2026, the H&P indicated Resident 30 had the capacity to make decisions for activities of daily living. During a review of Resident 30's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 12/22/2025, the MDS indicated Resident 30 cognition (ability to learn, reason, remember, understand, and make decisions) was severely impaired.During a review of Resident 30's POLST, dated 4/17/2025, the POLST part D information and signatures were incomplete. During a concurrent interview and record review on 2/12/2026 at 1:31 p.m., with Social Services Director (SSD), Resident 30's POLST, dated 4/17/2025, was reviewed. The POLST indicated part D information and signatures were incomplete. The SSD stated the POLST part D was incomplete. The SSD stated the POLST not being complete will have a big impact on how to move forward with Resident 30's care. During a concurrent interview and record review on 2/12/2026 at 2:44 p.m., with Director of Nursing (DON), Resident 30's POLST, dated 4/17/2025, was reviewed. The POLST indicated part D information and signatures were incomplete. The DON stated when the residents were admitted the Social Service were to assist with the POLST to make sure it was completed. The DON stated it was important to make sure that life sustaining form was completed to provide and honor Resident 30's wishes. During a review of the facility's policy and procedures titled, Practitioner Orders for Life-Sustaining Treatment (POLST), unknown date, the P&P indicated a process for nursing homes to follow when a person who resides or is considered residency, has a POLST form. The P&P indicated at the time of admission, the facility will determine whether the individual has completed a POLST form. The P&P indicated the facility will review the existing POLST for completeness.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to: 1. Report to the physician a change in condition when sediments (the solid matter that settles to the bottom of a liquid, such as urine) and cloudy urine were observed in the indwelling urine catheter (a medical device inserted into the bladder to drain urine continuously) tubing for one of one sampled resident (Resident 2). This deficient practice had the potential to delay clinical assessment and timely medical intervention. Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 4/17/2023 and readmitted on [DATE] with diagnoses including malignant neoplasm of prostate (prostate cancer), chronic kidney disease (CKD - condition which the kidneys are damaged and cannot filter blood as well as they should), benign prostatic hyperplasia (BPH - enlargement of the prostate gland that compresses the urethra[a tube that lets urine leave your body], causing symptoms such as weak stream, frequent urination, and difficulty emptying the bladder), and unspecified dementia (general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities). During a review of Resident 2's History and Physical (H&P), dated 12/13/2025, the H&P indicated, Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 12/15/2025, the MDS indicated Resident 2 sometimes understands, responds adequately to smple direct communication only. The MDS indicated Resident 2 was maximal assistant (helper does more than half the effort) from staff for activities of daily living (ADLs) such as toileting hygiene, showering, and dressing. The MDS indicated Resident 2 had an indwelling catheter. During an observation on 2/11/2026 at 2:55 p.m. in Resident 2's room, Resident 2's indwelling urinary catheter tubing contained visible sediment and cloudy urine. During an observation on 2/13/2026 at 8:16 a.m. in Resident 2's room, Resident 2's indwelling urinary catheter tubing contained visible sediment and cloudy urine. During a review of Resident 2's Order Summary Report (physician order), dated 12/11/2025, the physician order indicated to monitor signs and symptoms of UTI, urine output, color, odor and sediments every shift, notify physician as needed. During a review of Resident 2's Resident Care Plan titled, Indwelling Catheter, dated 12/11/2025, the care plan indicated, was at risk for UTI, injury, etc. due to indwelling catheter. Monitor urine for sediment, cloudy, odor, blood and amount. Report promptly to the physician. During a concurrent interview and record review on 2/13/2026 at 10:00 a.m., with Registered Nurse (RN) 1, RN 1 reviewed Resident 2's medical record and did not find documentation of a change in condition assessment or physician notification for cloudy urine and sediment in the catheter tubing. RN 1 stated nursing staff assessed indwelling urinary catheters for abnormalities such as cloudy urine or sediment. RN 1 stated these findings signified a change in condition and required staff to notify the physician and implement new orders as received. During an interview on 2/13/2026 at 2:24 p.m., with the Director of Nursing (DON), the DON stated staff are expected to monitor urine in an indwelling catheter and notify the physician when changes such as cloudy urine or sediment are observed. The DON stated early notification allows the physician to evaluate the resident and provide treatment as indicated. During a review of facility's policy and procedure (P&P) titled, Catheter Care, Urinary, dated October 2010, the P&P indicated, The purpose of this procedure was to prevent catheter-associated urinary tract infections. Observe the resident for complication's associated with urinary catheters; Observe for other signs and symptoms of urinary tract infection and to report findings to the physician or supervisor immediately. During a review of facility's P&P titled, Change in a Resident's Condition or Status, dated April 2011, the P&P indicated, Our facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Physician when there has been; instructions to notify the physician of changes in the resident's condition.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to: 1. Ensure the Minimum Data Set (MDS) resident assessment accurately reflected tobacco use status for two of 13 sampled residents (Residents 8 and 17). The MDS coded the residents as non-tobacco users despite documentation and staff confirming tobacco use within the required look-back period. This deficient practice had the potential to affect the accuracy of resident assessment data used for care planning, quality measures, and facility monitoring of smoking-related safety needs. Findings:A.During a review of Resident 8's admission Record, the admission Record indicated the facility admitted Resident 8 on 6/4/2025 and readmitted on [DATE] with diagnoses including epilepsy (recurrent brief episodes of involuntary movement that may involve a part of the body or the entire body), schizoaffective disorder-bipolar type (a mental illness that can affect thoughts, mood, and behavior) unspecified dementia (general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities). During a review of Resident 8's History and Physical (H&P), dated 2/8/2026, the H&P indicated Resident 8 had fluctuating capacity to understand and make decisions. During a review of Resident 8's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 12/4/2025, the MDS indicated Resident 8 was assessed to have moderate cognitive (difficulty with thinking) impairment in daily decision making. The MDS indicated Resident 8 was independent for activities of daily living (ADLs) such as eating, oral and toileting hygiene and supervision assistance from staff for showering, upper body dressing and transferring. B.During a review of Resident 17's admission Record, the admission Record indicated the facility admitted Resident 17 on 12/5/2024 and readmitted on [DATE] with diagnoses including epilepsy (recurrent brief episodes of involuntary movement that may involve a part of the body or the entire body), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior) unspecified dementia (general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities). During a review of Resident 17's History and Physical (H&P), dated 7/29/2025, the H&P indicated Resident 17 had fluctuating capacity to understand and make decisions. During a review of Resident 17's MDS, dated [DATE], the MDS indicated Resident 17 was assessed to have moderate cognitive impairment in daily decision making. The MDS indicated Resident 17 needed supervision for ADLs such as eating, oral and toileting hygiene, showering, dressing and transferring. During a review of Resident 17's Smoking Safety Evaluation, dated 9/10/2025, the smoking safety evaluation indicated Resident 17 does utilize tobacco. During an observation on 2/11/2026 at 1:00 p.m., at the designated smoking area, Resident 8 was observed smoking with staff supervision. During a concurrent interview and record review on 2/12/2026 at 2:15 p.m., with the MDS Coordinator, the MDS Coordinator reviewed Resident 8's admission MDS, dated 6/9/ 2025, the MDS was coded resident was not a tobacco user. The MDS Coordinator stated Resident 8 smoked at the time of the assessment and acknowledged the tobacco use item was coded incorrectly. The MDS Coordinator confirmed the MDS did not accurately reflect the resident's tobacco use status within the required look-back period. During the same interview, the MDS Coordinator reviewed Resident 17's annual MDS dated [DATE], the MDS was coded resident was not a tobacco user. The MDS Coordinator stated Resident 17 smoked at the time of the assessment and acknowledged the tobacco use item was coded incorrectly. During an interview on 2/12/2026 at 2:45 p.m., with the Director of Nursing (DON), the DON stated the MDS must be coded accurately and used to guide resident care planning. The DON stated inaccurate MDS coding would result in an inaccurate plan of care. During a review of facility's policy and procedure (P&P) titled, Resident Assessment Instrument: Minimum Data Set and Comprehensive Care Plan, dated 9/2024, the P&P indicated, A registered nurse shall be responsible for coordinating the input from the appropriate health disciplines to complete the Minimum Data Set (MDS). The RN Shall sign and certify the completion of the assessment.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to: 1. Maintain equipment in the kitchen when it was observed that the freezer was not kept at a temperature less than or equal to 0 degrees Fahrenheit. This deficient practice had the potential to result in contamination of food served to the residents.Findings: During an observation on 2/11/2026 at 8:40 am in the kitchen, 1/2 freezer's thermometer indicated a temperature of 48 degrees Fahrenheit (F). During a concurrent observation, interview, and record review on 2/11/2026 at 8:30 am in the kitchen with the [NAME] (CK), the thermometer inside the freezer indicated a temperature of 48 degrees F. The CK stated the freezer temperature should be 0 degrees F or less to keep bacteria from growing on the food. A review of the temperature log taped to the freezer titled Reach-In Refrigerator, dated February 2026 was reviewed. The temperature on days labeled 7 through 11 indicated temperatures of -4, 20, 28, 50, and 50 degrees F. The CK confirmed the log was for the freezer and stated that it had been broken for a few days. During a concurrent observation and interview on 2/11/2026 at 11:20 am in the kitchen with the Dietary Supervisor (DS), the DS stated he was aware of the freezer temperature, and that maintenance told him someone was coming to fix it today. The DS agreed that the freezer temperatures of 20 - 50 degrees F were too high for frozen food and that he would move the food to a second working freezer until it was fixed. During an interview with the Maintenance Supervisor (MS), the MS stated that he called for service over the weekend, and someone did come out for repair and arranged to come back with the necessary parts today. During a review of the facility's policy and procedure (P&P) titled Maintenance Service revised December 2009, indicated The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. During a review of the facility's P&P titled Food Receiving and Storage indicated Refrigerated foods must be stored below 41 degrees F unless otherwise specified by law.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to: 1. Ensure each resident had at least 80 square feet ([sq. ft.]- is a unit of, area measurement) of measured living space in rooms 1, 6, 7, 8, 9, 11,12,15,16, and 17.This deficient practice had the potential to result in residents not being able to move around freely, store personal items, and for staff to have difficulty providing care for the residents due to the lack of space. During an observation on 2/13/2026 at 2:15 p.m., room [ROOM NUMBER] had three occupied residents' beds with a total of four beds in the room.During a review of the Client Accommodations Analysis (form that indicates room measurements and capacity), dated 2/13/2026, the client accommodations analysis indicated the facility had the following room measurements:Room Number Sq Ft Number of Beds 1 125 2 6 138 2 7 156 2 8 156 2 9 141 2 11 295 4 12 295 4 14 295 4 15 295 4 16 295 4 17 295 4 During an interview on 2/13/2026 at 3:14 p.m., with Director of Nursing (DON), the DON stated the residents that occupied these rooms may have limited space to move around. The DON stated the limited space had the potential for the residents to move around in the room and the staff could potentially have limited space to care for the residents.During a review of the room wavier request letter, dated 1/9/2026, submitted by the Administrator (ADM), the waiver request letter indicated resident Rooms 2,3, 4,5, and 10 measured more than the required 80 square feet per resident. The room waiver request letter indicated the waiver will not adversely affect the health, safety, and welfare of each resident.