

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. (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

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure three of five sampled residents (Residents 2, 3 and 4) who were dependent (relying for support) on staff with activities of daily living, were provided good oral hygiene (the practice of keeping the mouth, teeth, and gums clean and healthy) daily. This deficient practice resulted in the residents' mouth dirty. This deficient practice placed the residents at risk for gum infections and other systemic health infection (bacteria from gum disease that can enter the bloodstream) which can jeopardize the residents' overall health condition, that can lead to hospitalizations. Findings:a). During an observation on 12/10/2025 at 9:15 a.m., in Resident 2's room, Resident 2 was in bed with head of the bed elevated. Resident 2 had thick, white secretions on the right side of the mouth. Resident 2 started to talk and observed white, thick saliva on the side of the resident's mouth and tongue. Resident 2 stated the nurses do not provide her oral care every day. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included hemiplegia (complete paralysis) and hemiparesis (partial weakness, with severity depending on the extent of nerve/brain damage), Diabetes (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing,) and hypertension (HTN-high blood pressure).During a review of Resident 2's History and Physical (H&P) dated 10/2/2025, the H&P indicated Resident 2 had the capacity to understand and make decisions.During a review of Residents 2's Minimum Data Set (MDS - a resident assessment tool) dated 9/12/2025, the MDS indicated Resident 2 had moderate cognitive impairment. The MDS indicated Resident 2 was dependent on staff with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer and mobility.During a review of Resident 2's Care Plan titled, Oral Care, [NAME] (Ventilator Associated Pneumonia) Aspiration related pneumonia reduction/ prevention, dated 10/2/2025, the goal indicated Resident 2 will be provided oral hygiene as needed. The interventions included the facility will provide Resident 2 daily and every shift oral care, oral care kit with Chlorhexidine Gluconate (CHG- an oral antiseptic that has the ability to kill harmful bacteria), brush teeth with CHG twice daily, oral care every shift including lips, teeth, tongue, buccal wall (mouth), pharynx (the membrane-lined cavity behind the nose and mouth, connecting them to the esophagus), removal of oropharyngeal secretions, suction swab for teeth and tongue and lip balm as needed. b). During an observation on 12/10/2025 at 9:52 a.m., in Resident 3's room, Resident 3 was in bed covered with blankets, eyes closed and was unable to be interviewed. Resident 3's mouth had white crusty discharges in the upper and lower lips. During the observation, a Respiratory Therapist (RT)1 walked inside Resident 3's room and stated, the resident's oral care were being done by night shift at 5:00 p.m. and 5:00 a.m. RT 1 stated Resident 3 does not open his mouth fully and it was hard to do oral care but regardless of any situation, oral care must be done. RT 1 stated Resident 3's lips should not be dry and crusty if oral care was done as ordered. During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 diagnoses included hemiplegia and hemiparesis, seizures (sudden, temporary disruptions from abnormal electrical activity in the brain) and HTN. During a review of Resident 3's H&P dated 10/14/2025, the H&P indicated Resident 3 did not have the capacity to understand and make decisions.During a review of Residents 3's MDS dated [DATE], the MDS indicated Resident 3 had severe cognitive impairment. The MDS indicated Resident 3 was dependent on staff with ADLs.During a review of Resident 3's Care Plan titled, Oral Care, Aspiration related pneumonia reduction/ prevention dated 9/25/2025, the care plan goals indicated Resident 3 will have oral hygiene as needed. The interventions included the facility will provide Resident 3 daily and every shift oral care, oral care kit with CHG, brush teeth with CHG twice daily, oral care every shift including lips, teeth, tongue, buccal wall, pharynx, removal of oropharyngeal secretions, suction swab for teeth and tongue and lip balm as needed. c). During an observation on 12/10/2025 at 9:52 a.m., in Resident 4's room, Resident 4's mouth, upper and lower lip had white, dry and crusty mucus. Certified Nursing Assistance (CNA) 1 was observed inside the room, CNA 1 stated, RT usually put moisturizer in the resident's lips when oral care was being done. CNA 1 stated oral care is important because dry lips can cause skin breakdown on the lips. During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 4's diagnoses include respiratory failure (a serious condition where the lungs can't adequately oxygenate the blood or remove carbon dioxide, leading to low</p>		