STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555070	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	11701 Studebaker Road Norwalk, CA 90650

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interview, the facility failed to ensure a mattress placed on the floor next to one of three sampled resident's (Resident 1) bed was not damaged. This deficient practice resulted in a visibly damaged mattress placed on the floor next to Resident 1's bed and had the potential for harm to Resident 1 and to affect his sense of dignity.Findings: During a review of Resident 1's admission Record (Face Sheet) the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE]. Resident 1 had diagnoses including a cognitive communication deficit (an impaired ability to communicate effectively), and abnormal posture. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 5/22/2026, the MDS indicated Resident 1 ?s cognition was severely impaired. Resident 1 required supervision/touching assistance with eating, oral hygiene, personal hygiene and was dependent (helper does all the effort) with shower/bathing, and upper body dressing. During an observation of Resident's room on 5/28/2026 at 1:36 p.m., a mattress was noted on the floor next to Resident 1's bed. The mattress was not covered with a sheet or other covering, there was a large white discolored area in the middle of the mattress, the top protective layer of the mattress was worn off, and the right upper side of the mattress was peeled off. During an interview with Certified Nursing Assistant (CNA) 1 on 5/29/2026 at 1:30 p.m., and a concurrent observation of the mattress lying on the floor next to Resident 1's bed, CNA 1 stated the mattress appeared as if it had been cleaned multiple times which caused the top layer of the mattress to be worn off. During a concurrent interview on 5/29/2026 at 3 p.m., the Administrator (ADM) and Director of Nursing (DON) both stated they were aware of the mattress and stated it should not have been there. The DON stated Resident 1's room should be homelike, the mattress on the floor was not pleasing to the eye and could be a dignity issue. During a review of the facility's Policy and Procedure (P/P), dated 11/2021, and titled Residents Rights the P/P indicated it is the policy of this facility that all residents be treated with kindness, dignity and respect.

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