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	05/07/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure sufficient staff were available to provide care and ensure four out of eight sampled residents' (Residents 35, 60, 63, and 123) needs were met as evidenced by 1.Resident 35 had not been showered for several weeks, and 2.Call lights (device that allows residents to request assistance from nursing staff) for Residents 60, 63, and 123, were not answered in a timely manner.These failures had the potential to resulted in a delay in care and services. Findings:During a review of Resident 35's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 35 was admitted to the facility on [DATE] with diagnoses including difficulty walking, abnormal posture, blindness of the right eye, generalized muscle weakness, and paraplegia (inability to voluntarily move the lower parts of the body). During a review of Resident 35's Minimum data Set ([MDS] a resident assessment tool), dated 3/31/2026, the MDS indicated Resident 35's cognition (ability to make decisions of daily care) was intact. The MDS indicated Resident 35 needed substantial assistance from facility staff (helper does more than half the effort) with showering. During a review of Resident 60's Face Sheet, the Face Sheet indicated Resident 60 was admitted to the facility on [DATE] with diagnoses including aftercare (support, care, and treatment) following joint replacement surgery (procedure replaces damaged joint), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of right knee, difficulty walking, and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 60's MDS, dated [DATE], the MDS indicated Resident 60's cognition was moderately impaired, and she had the ability to understand others and make herself understood. The MDS indicated Resident 60 needed set-up assistance with eating, oral hygiene, personal hygiene, needed substantial assistance with toileting hygiene, and was dependent (helper does all the effort to perform the task) on staff with showering. During a review of Resident 63's Face Sheet, the Face Sheet indicated Resident 63 was admitted to the facility on [DATE] with diagnoses including gastrointestinal stromal tumor (cancer in the stomach or small intestine), difficulty walking, and abnormal posture.During a review of Resident 63's MDS, dated [DATE], the MDS indicated Resident 63's cognition was moderately impaired, and he had the ability to understand others and make himself understood. The MDS indicated Resident 63 needed supervision (helper does verbal cues) with eating, partial assistance (helper does less than half the effort to complete the task) with oral hygiene, and personal hygiene, needed substantial assistance with toileting hygiene, and was dependent on staff with showering. During a review of Resident 123's Face Sheet, the Face Sheet indicated Resident 123 was admitted to the facility on [DATE] with diagnoses including, muscle weakness, difficulty walking, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and abnormal posture.During a review of Resident 123s MDS, dated [DATE], the MDS indicated Resident 123's cognition was intact. The MDS indicated Resident 123 was independent with eating, oral hygiene, personal hygiene, and needed supervision with toileting hygiene, and showering. During an interview on 5/4/2026 at 9:18 a.m., Resident 60 stated staff take a long time to respond when she activates her (continued on next page)

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
	555070	A. Building B. Wing	05/07/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	call light to summon help, sometimes she has to wait for 30 minutes.During an interview on 5/4/2026 at 9:21 a.m., with Resident 35, Resident 35 stated he had not showered over couple weeks. Resident 35 also stated call light response time can be slow and sometimes the nurse will answer the call light say they will come back but do not come back. During Resident council meeting on 5/5/2026 at 1:26 p.m., Resident 63 stated the facility was short of nurses. Residents 63 and 123 stated call light response time was a problem, and it was slower than before. Resident 63 and 123 stated the wait times can be as long as 10 minutes and depending on what residents need that 10 minutes can be long. During a concurrent interview and record review on 5/6/2026 at 7:55 a.m. with the Activities Director (AD), the facility's Resident Council Meeting Minutes, 3/4/2026, were reviewed and the AD stated the minutes indicated Resident 60 complained that call lights were not answered in a timely manner. During a concurrent interview and record review on 5/7/2026 at 9:47 a.m. with Licensed Vocational Nurse (LVN) 5, Resident 35's Documentation Survey Report for 4/8/2026 to 5/6/2026 was reviewed and LVN 5 stated Resident 35 showered 5/5/2026 and the last time Resident 35 showered before that was on 4/21/2026, approximately 2 weeks before. LVN 5 stated staff needed to respect residents' preferences to shower for hygiene reasons. During an interview with Registered Nurse Supervisor (RNS) 3, on 5/7/2026 at 12:18 p.m., RNS 3 stated on days where nurses call off absent and no replacement staff were found, the CNAs share the assignment. RNS 3 stated they were understaffed. RNS 3 stated the staff try to help each other but most of the time she's busy taking care of her own assignments. RNS 3 stated Short staffing on the weekends from 3 p.m. to 11 p.m. shift was especially hard on the residents and staff because usually admissions happen during the 3 p.m. to 11 p.m. shift. During an interview on 5/7/2026 at 1:22 p.m., with the Director of Nursing (DON), the DON stated call lights need to be answered immediately so staff can attend to the residents' needs. The DON stated it was important to respect residents' preferences for showers if the resident preferred showers because it was their right. The DON stated staffing the unit should be based on acuity (severity of residents' condition and intensity of nursing care that residents require) and not just census (number of residents in the facility). During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADL) care, revised 11/2021, the P&P indicated residents unable to carry out activities of daily living will receive assistance as needed.During a review of the facility's P&P titled, Call Light/Bell, revised 5/2023, the P&P indicated call lights will be answered within a reasonable time. During a review of the facility's Facility Assessment, 2026, the assessment indicated staffing decisions were made at the facility level to ensure there were enough staff to meet residents' needs. Cross Reference: F558

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	05/07/2026

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 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 store food in a sanitary manner to prevent growth of microorganisms (an organism that can be seen only through a microscope) that could cause food borne illness (food poisoning: any illness resulting from the food spoilage of contaminated food, pathogenic bacteria, viruses, or parasites that contaminate food, as well as toxins) for 104 out of 112 total residents in the facility by not:A. Ensuring Foods were dated, labeled, and discarded before the used by date (expiration dates).B. Ensuring the proper level of the concentration of the Quaternary Ammonium (a type of chemical that is used to kill bacteria, viruses, and mold) in sanitization bucket was monitored and maintained.Findings:A. During a concurrent observation and interview on 5/4/2026, at 8:29 a.m., with the Dietary Supervisor (DS), in dry storage #1, there were food items that were not dated and sealed properly as follows:a. Opened and used dry pasta in a plastic container with no Receiving Date (RD- the day of delivery), no Open Date (OD), and no Used By (UB).b. Opened, used, and unsealed Lasagna dry pasta in a box with RD of 4/23/2026, no OD, and no UB.c. Opened and used marshmallows in a plastic bag with RD or 2/5/2026, no OD, and UB of 5/15/2026.The Dietary Supervisor (DS) stated, all food items should have been labeled with receiving date when the facility got delivery from vendors and used by date (expiration date). The DS stated, it was all the dietary staff's responsibility to check all food items for labels, dates, properly stored and sealed. The DS stated these practices were important to make sure all food items were in good condition because the residents consumed these food items. The DS stated that all opened food items should be closed tightly to prevent contamination. The DS stated, once the food items were opened, there should be different shelf life (the length of time for which an item remains usable, fit for consumption). The DS stated that all staff should refer to Dry Goods Storage Guidelines for shelf life after opening and labeled UB date on food items. The DS stated, opened dry pasta had one year shelf life after opening and the staff should have placed UB date. The DS stated, opened marshmallows had one month shelf life and he would not know when it was opened because there was no OD.During a review of the facility's Policy and Procedure (P&P) titled, Dry Goods Storage Guidelines, dated 2023, the P&P indicated, dry pasta had shelf life of one year after opening and marshmallows had shelf life of one month after opening.During a concurrent observation and interview on 5/4/2025, at 8:59 a.m., with the DS, in walk-in Refrigerator #1, there were food items that were not labeled, dated, and sealed properly as follows:a. Opened, used, unsealed, and unlabeled cream cheese in zip lock bag with no RD, no OD, and UB of 6/26/2026.b. Opened and used sour cream in a plastic container with RD 4/17/2026, no OD, and UB of 5/26/2026.The DS stated, all food items should be dated, and dietary staff should follow the Refrigerator Storage Guide to ensure safety of perishable items that required refrigeration. The DS stated that all opened items should be sealed properly to prevent contamination. The DS stated, opened cream cheese did not have any labels and UB date should be seven days after opening. The DS stated, opened sour cream should be discarded seven days after opening and UB date was incorrect.During a review of the facility's Policy and Procedure (P&P) titled, Refrigerator Storage Guide, dated 2023, the P&P indicated, discard according to follow expiration date or seven days after opening whichever comes first for opened cream cheese and sour cream.During a concurrent observation and interview on 5/4/2025, at 9:09 a.m., with the DS, in walk-in Freezer #1, there were food items that were not sealed properly as follows:a. Opened, used, and unsealed dinner rolls in an opened plastic bag inside of box with RD of 4/23/2026, no OD, and UB of 5/21/2026.b. Opened, used, and unsealed California mixed vegetables in an opened plastic bag inside of box with RD of 3/3/2026, no OD, and UB of 6/2/2026.The DS stated, all food items should be sealed tightly, and dietary staff should follow Freezer Storage guideline to ensure safety of perishable items.During a review of the facility's Policy and Procedure (P&P) titled, Freezer Storage Guidelines, dated 2023, the P&P indicated, frozen vegetable in freezer had shelf life of six months and bread had shelf life of three (continued on next page)

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	05/07/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	months.During an interview on 5/5/2026, at 3:47 p.m., with the Regional Registered Dietitian Nutritionist (RRDN), the RRDN stated, all food items should be dated, labeled, and sealed to prevent contamination and food borne illness. The RRDN stated, sanitizing bucket should contain proper level of concentration of chemical to be effective to kill microorganism.During a review of the facility's Policy and Procedure(P&P) titled, Labeling and Dating of Foods, dated 2023, the P&P indicated, Policy: All food items in the storeroom, refrigerator, and freezer need to be labeled and dated based on established procedures for either food safety or product rotation .Procedure: Food delivered to facility needs to be marked with a delivery or received date .The individual opening or preparing a food shall be responsible for date marking at the time of processing and/or storage .When dating, the day of opening or production are counted as Day 1.During a review of the facility's Policy and Procedure(P&P) titled, Storage of Food and Supplies, dated 2023, the P&P indicated, Policy: Food and supplies will be store properly and in a safe manner. Procedures for dry storage: 7. Remove food from the packing boxes upon delivery. 8. Labels should be visible. All food will be dated. All food products will be used per the time specified in the Dry Food Storage Guidelines. 9. Dry food items which have been opened will be tightly closed, labeled and dated. During a review of the facility's Policy and Procedure(P&P) titled, Procedure for Refrigerated Storage, dated 2023, the P&P indicated, 5. Food should be covered .9. All refrigerated foods are to be kept the amount of time per the Refrigerated Storage Guidelines.During a review of the facility's Policy and Procedure(P&P) titled, Procedure for Freezer Storage, dated 2023, the P&P indicated, Procedure: 5. Store frozen foods in an airtight moisture-resistant wrapper such as a plastic bag or freezer paper to prevent freezer burn .9. Refer to Freezer Storage Guidelines for recommended storage time of foods to ensure product rotation.B. During a concurrent observation and interview on 5/4/2026, at 9:22 a.m., with the DS, the DS tested the concentration of the ammonium in the quaternary sanitizer in red sanitizing bucket near the dishwasher sink. The test strip indicated between 150 parts per million (ppm). The DS stated, the test strip should be indicated 200 ppm to kill bacteria and other microorganisms effectively.During a review of the facility's Policy and Procedure (P&P) titled, Quaternary Ammonium Log Policy, dated 2023, the P&P indicated, Policy: The concentration of the ammonium in the quaternary sanitizer will be tested to ensure the effectiveness of the solution. Procedure: The quaternary solution, used for sanitizing clean work surfaces in the kitchen.The concentration will be tested at least every shift or when the solution is cloudy. The solution will be replaced when the reading is below 200 ppm. The replacement solution will be tested prior to usage.

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	05/07/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff followed infection control practices for four of thirty sampled residents (Resident 5, 89, 154, and 157) when:Certified Nurse Assistant (CNA) 2 failed to wear proper PPE prior to performing Foley catheter care for Resident 5.Laundry staff (LS) 1 failed to perform hand hygiene before and after distributing linens to Resident 89, 154 and 157.This failure has the potential to result in cross contamination, transmission of infectious organisms, healthcare-associated infections, and overall compromise of resident safety and sanitary conditions to residents. Findings:a. During a review of Resident 5's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 5 on 6/22/2021 and readmitted on [DATE] with diagnoses including diastolic (congestive) heart failure (weakness of the heart that leads to buildup of fluid in the lungs and other parts of the body), type 2 diabetes mellitus (condition in which the body does not metabolize blood sugar correctly) and obstructive uropathy (when something blocks or makes it hard for urine to flow through this pipe).During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 2/3/2026, the MDS indicated Resident 5's cognitive (functions your brain uses to think, pay attention, process information, and remember things) was moderately impaired. The MDS also indicated Resident 5 was dependent (helper does all of the effort) on staff with toileting hygiene, required maximal assistance (helper does more than half the effort to complete task) with showering, supervision assistance (helper provides verbal cues and/ or touching/ steadying and/or contact guard assistance as resident completes activity) their personal hygiene.During a review of Resident 5's Order Summary Report, orders as of 5/6/2026, the Order Summary Report indicated starting 3/23/2026, the resident had an indwelling catheter to closed drainage system.During a review of Resident 5's care plan for The resident is on enhanced barrier precautions (EBP- extra safety steps healthcare workers take to protect people in nursing homes from certain hard-to-kill germs called multidrug-resistant organisms), revised 11/7/2025, the care plan's intervention included to direct care staff to utilizes gowns and gloves for all personal care.During a concurrent observation and interview on 5/6/2026 at 10:29 a.m. in Resident 5's room with the Certified Nurse Assistant (CNA) 2, CNA 2 was observed providing indwelling catheter care including emptying the drainage bag without wearing the gown for a resident on EBP precautions. CNA 2 acknowledged not wearing the required gown while providing care.During an interview on 5/7/2026 at 11:40 p.m. with Director or Nursing (DON), the DON stated residents with indwelling catheters are at high risk for infection and required EBP and staff should wear appropriate PPE, including a gown, while providing indwelling catheter care as part of infection control.b. During a review of Resident 89's Face Sheet, the Face Sheet indicated the facility admitted Resident 89 on 3/24/2026 with diagnoses including unilateral inguinal hernia (there is a hole or weak spot in one side of the groin area), Intestinal obstruction (a blockage in the intestine that prevents food, liquid, and gas from passing though normally), and congestive heart failure(when the heart is too weak to pump blood properly, causing fluid to build up in the body)During a review of Resident 89's History and Physical (H&P), dated 3/25/2026, the H&P indicated the resident did not have the ability to understand and make decisions.During a review of Resident 89's Minimum Data Set (MDS- a resident assessment tool), dated 3/31/2026, the MDS indicated the resident's cognitive was severely impaired. The MDS indicated Resident 89 required maximal assistance (helper does more than half the effort to complete task) with eating, oral hygiene, personal hygiene, dependent (helper does all the effort) with toileting hygiene and showering.During a review of Resident 154's Face Sheet, the Face Sheet indicated the facility admitted Resident 154 on 5/4/2026 with diagnoses including intracerebral hemorrhage (bleeding inside the skull that puts dangerous pressure on the brain), left clavicle (the long bone that connects your shoulder to your chest) fracture, and difficulty in walking.During a review of Resident (continued on next page)

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	05/07/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	157's Face Sheet, the Face Sheet indicated the facility admitted Resident 157 on 5/4/2026 with diagnoses including Wedge compression fracture of third lumbar vertebra (when the third bone in your lower back gets crushed and collapses into a wedge shape), History of transient ischemic attack (TIA, a temporary blockage of blood flow to the brain that causes brief stroke-like symptoms) and cerebral infarction (when part of the brain dies due to a blocked blood vessel, commonly known a stroke).During a concurrent observation and interview on 5/05/2026 at 8:55 a.m. in front of Resident 89's room, Laundry staff (LS) 1 was observed handling and distributing clean linen between resident rooms without performing hand hygiene. LS 1 removed clean linen from the linen cart, placed the linen inside Resident 89's wardrobe cabinet, touched the wardrobe doors and linen cart multiple times, then proceeded to the shared room of Resident 154 and Resident157 and handed clean linen to Laundry and House Keeping Staff (LHK) 1 inside without washing or sanitizing hands in between. LS 1 acknowledged the lack of required hand hygiene before and after touching unclean surfaces during the clean linen to prevent cross-contamination and maintain infection control.During an interview on 5/7/2026 at 11:40 p.m. with Director or Nursing (DON), the DON stated handwashing is the number one standard precaution regardless of any situation. The DON stated staff should perform hand hygiene before and after handling and distributing clean linen and before moving between resident rooms to maintain infection control.During a review of the facility's policy and procedure (P&P) titled Infection Prevention and Control Program (IPCP) Standard and Transmission-Based Precautions, revised 3/2024, the P&P indicated Standard Precautions are infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status and include: Hand hygiene. The P&P also indicated Enhanced Barrier Protection (EBP): used in conjunction with standard precautions and expand the use of PPE using gown and gloves during high-contact resident care activities.During a review of the facility's P&P titled Infection Control, dated 4/2025, the P&P indicated performing hand hygiene is one of the most effective measures to prevent the spread of infection, based on accepted standards for healthcare workers.During a review of the facility's P&P, titled Infection Prevention-Linen Management, revised 5/2023, the P&P indicated clean linens are to be kept covered and protected from dust and other contaminants prior to use, clean linens are not to come in contact with staff clothing.During the review of the Facility's Assessment titled Staff training/education and competencies, dated, the Facility's Assessment indicated staff confidences included infection control practices such as hand hygiene, standard/ universal precautions, use of personal protective equipment (PPE), Multidrug resistant organisms (MDROs) precautions, and environmental cleaning.

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	05/07/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect resident's privacy and dignity for one of one sample resident (Resident 1) while Resident 1 was urinating.This failure has the potential to result in compromised the resident's dignity and privacy, embarrassment and unwanted expose to others while urinating.Findings:During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 1 on 7/8/2020 and readmitted on [DATE] with diagnoses including pneumonitis (inflammation of the lungs when the tiny air sacs inside them become swollen and irritated), type 2 diabetes mellitus (condition in which the body does not metabolize blood sugar correctly) and major depressive disorder (mood disorder that causes persistent feeling of sadness and loss of interest).During a review of Resident 1's History and Physical (H&P), dated 12/30/2025, the H&P indicated Resident 1 had the ability to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 2/12/2026, the MDS indicated Resident 1's cognitive (functions your brain uses to think, pay attention, process information, and remember things) was mildly impaired. The MDS indicated Resident 1 required supervision assistance (helper provides verbal cues and/ or touching/ steadying and/or contact guard assistance as resident completes activity) with [NAME], moderate assistance (helper does less than half the effort to complete the task) with personal hygiene, and maximal assistance (helper does more than half the effort to complete task) with toileting hygiene.During an observation on 5/4/2026 at 12:50 p.m. in front of Resident 1's room, the resident was observed sitting in bed using the urinal between his legs. The resident pulled the urinal out, resulting in exposure to the private area while holding the urinal. Certified Nurse Assistant (CNA) 3 entered the room at the time. Resident 1 stated others could not see because there was a table positioned in front of the resident. Resident 1 stated a preference for the room door to remain closed except while eating.During a concurrent interview and record review on 5/6/2026 at 11:12 a.m. with Registered Nurse (RNS, unit manager) 3, Resident 1's Care Plan for activities of daily living (ADL, basic activities such as eating, dressing, toileting) self-care performance deficit, revised 7/14/2025 was reviewed. RNS 3 stated the facility included an intervention on 5/4/2026 which Resident prefers to have privacy curtain open and door while using urinal. RNS 3 stated the care plan was not acceptable, even if a resident prefers to exposure, the facility was still responsible for implementing reasonable interventions to protect the resident's privacy and dignity, as well as the privacy of others, while honoring the resident's preferences.During an interview on 5/6/2026 at 11:31 a.m. with Licensed Vocational Nurse (LVN)3, LVN 3 stated CNA 3 informed her that Resident 1's private area was exposed while urinating on 5/4/26. There is no documentation indicating that alternative interventions were attempted to protect Resident 1's dignity while honoring the resident's preferences.During an interview on 5/6/2026 at 2:56 p.m. with Certified Nurse Assistant (CNA) 3, CNA 3 confirmed Resident 1 did not want others to see his private area, and any reasonable person would likely respond the same way.During an interview on 5/7/2026 at 11 a.m. with the Director or Nursing (DON), the DON stated the facility should provide privacy and dignity while Resident 1 was exposing his private part for urination on the bed. The facility needs to protect residents' privacy and dignity while respecting or honoring their preferences as part of their rights. During a review of the facility's Policy and Procedure (P&P) titled Resident Right, dated 11/2021, the P&P indicated the facility should treat all residents with kindness, dignity and respect. The P&P indicated privacy of a resident's body shall be maintained during toileting, bathing and other activities of personal hygiene, except when staff assistance is needed for the resident's safety.

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	05/07/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure two of six sampled residents' (Resident 7 and 60) informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for a psychotropic drug (drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) was obtained prior to administration.These deficient practices violated Resident 7 and 60's rights to receive advanced information of risks and benefits of proposed care, treatment, treatment alterative, and choose the alterative of choice which includes information for administration of psychotropic drugs.Findings: a) During a review of Resident 7's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated, Resident 7 was initially admitted to the facility on [DATE] and last readmission was on 12/30/2025 with diagnoses including dementia (a progressive state of decline in mental abilities), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (constantly feeling worried and nervous), and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality). During a review of Resident 7's History and Physical (H&P), dated 1/1/2026, the H&P indicated, Resident 7 had fluctuating capacity (ability) to understand and make decisions. During a review of Resident 7's Minimum Data Set (MDS-resident assessment tool), dated 2/2/2026, the MDS indicated Resident 7 required maximal assistance (helper does more than half the effort) from one staff for bed mobility, transfer, dressing, toilet hygiene, shower, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for oral hygiene, personal hygiene, and setup or clean-up assistance (Helper sets up or cleans up) from one staff for eating. During a concurrent interview and record review on 5/6/2026, at 3:44 p.m., with Registered Nurse Supervisor (RNS) 3, Resident 7's Psychotherapeutic Drug (prescription substances that affect the mind, emotions, and behavior by altering chemical levels in the brain) Informed Consent Form, dated 12/20/2025 was reviewed. The Psychotherapeutic Drug Informed Consent Form indicated, Depakote (a prescription medication used to treat bipolar disorder) 250 milligrams (mg) by mouth twice a day for mood disorder manifested by sudden angry outburst was ordered. The Psychotherapeutic Drug Informed Consent Form indicated that the section for either consent to treatment or decline the treatment was not documented and there was no information regarding signature of the person gave consent, relationship to the resident, date of the consent given were missing. The Psychotherapeutic Drug Informed Consent Form indicated, there was signature of licensed nurse who obtained telephone consent, but there was no name of the licensed nurse documented. RNS 3 stated that the informed consent for Depakote was not completed because of missing information. RNS 3 stated, the check box for consent or decline the treatment was left blank and she did not know if the resident or RP gave the consent to take Depakote. RNS 3 stated that the consent form should be completed prior to the start of administrating medication. During a concurrent interview and record review on 5/6/2026, at 4:25 p.m., with the Director of Nursing (DON), Resident 7's Psychotherapeutic Drug Informed Consent Form, dated 2/20/2026 was reviewed. The Psychotherapeutic Drug Informed Consent Form indicated, Quetiapine Fumarate (continued on next page)

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	05/07/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Seroquel- a prescription medication used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar] 50 mg at bedtime by mouth for psychosis manifested by sudden angry outburst was ordered. The Psychotherapeutic Drug Informed Consent Form indicated, phone consent was obtained from RP, but the check box for consent to treatment or decline the treatment, and the date of telephone consent was not documented. The DON stated, there was old consent for Quetiapine Fumarate on 12/30/2025, but she tried to get new consent due to changes in monitoring target behavior. The DON stated, the consent form was not completed because of missing information, and this would increase the risk that Resident 7 or RP may not be able to exercise the right to opt out of treatment with psychoactive medications. The DON stated this could cause Resident 7 to experience side effects related to psychoactive use which could possibly lead to a decline in Resident 7's quality of life. During a review of Resident 7's Order Summary Report (OSR), dated 5/7/2026, the OSR indicated, give one tablet Quetiapine Fumarate 50 mg by mouth at bedtime for psychosis manifested by sudden angry outburst was ordered on 12/30/2025. The OSR indicated, give 250 mg Depakote tablet by mouth twice a day for mood disorder manifested by sudden angry outburst was ordered on 12/30/2025 and modified on 5/6/2026. During a review of the facility's Policy and Procedure(P&P) titled, Care Treatment: Informed Consent, revised 5/2019, the P&P indicated, POLICY: It is the policy of this facility that resident rights are not violated and a copy of these rights and pertinent policies are made available to the resident and to any representative of the resident . 2. Physician's orders related to the use of psychotherapeutic drug and physical restraints should not be initiated until an informed consent is obtained. During a review of the facility's Policy and Procedure(P&P) titled, Psychotropic Medications, revised 2/2024, the P&P indicated, Procedure: 7. The facility's Interdisciplinary Team (IDT) will review to ensure: Informed consent was obtained prior to medication use and every 6 months thereafter. 8. Upon change of condition or initiation of a new order for psychoactive medications, the facility will obtain consent prior to the initiation of the new medication. b) A review of Resident 60's Face Sheet, the Face Sheet indicated Resident 60 was admitted to the facility on [DATE], with diagnoses including aftercare (support, care, and treatment) following a joint replacement surgery (procedure replaces damaged joint), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (mental health disorder characterized by pervasive feeling of worry affecting daily life), and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) not due to a substance or known physiological condition. During a review of Resident 60's Minimum Data Set([MDS] resident assessment tool), dated 3/13/2026, the MDS indicated Resident 60's cognition was moderately impaired, and she had the ability to understand others and make herself understood. The MDS indicated Resident 60 needed set-up assistance with eating, oral hygiene, personal hygiene, needed substantial assistance (helper does more than half the effort to complete the task) with toileting hygiene, and was dependent (helper does all the effort to perform the task) on staff with showering. During a review of Resident 60's Order Summary Report, (active orders as of 5/7/2026), the order indicated that starting on 3/6/2026: 1. Duloxetine HCl Capsule Delayed Release Particles (medication used to treat depression, anxiety, (continued on next page)

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	05/07/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and pain) 60 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), one capsule by mouth two times a day. 2. Gabapentin Oral Tablet (medication to treat neuropathy [disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet]) 800 mg, one tablet by mouth every 6 hours. During a concurrent interview and record review with the Director of Nursing (DON) on 5/7/2026 at 4:11 p.m., Resident 60's medical records were reviewed. The DON stated Resident 60 did not have an informed consent for Gabapentin and Duloxetine and indicated that the informed consent should be obtained prior to the administration of psychotropic medications. During a review of the facility's policy and procedure (P/P) titled, Psychotropic Medications, revised 2/2024, the P&P indicated psychotropics were any drugs that affect brain activities associated with mental process and behavior. The P/P indicated a consent will be obtained prior to the initiation of new medication. During a review of the facility's P/P titled, Informed Consent CA, revised 5/2019, the P/P indicated it was the residents right to receive in advance all information that is material to a decision to accept or refuse treatment. The P/P indicated the use of psychotropics should not be initiated until an informed consent was obtained.

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	05/07/2026

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to meet the needs for four of eight sample residents (Residents 35, 60, 63, and 123). Resident 35 had not been showered for two weeks, and the call lights (device that allows residents to request assistance from nursing staff) for Residents 60, 63, and 123, were not answered in a timely manner.These deficient practices resulted in delays of care and services, which could negatively impact resident outcomes.Findings:A. During a review of Resident 35's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 35 was admitted to the facility on [DATE] with diagnoses including spondylosis with radiculopathy lumbar region (age- related degenerative changes of the lower back can compress or irritate the nerves), difficulty walking, abnormal posture, blindness of the right eye, generalized muscle weakness, and paraplegia (inability to voluntarily move the lower parts of the body).During a review of Resident 35's Minimum data Set ([MDS] a resident assessment tool), dated 3/31/2026, the MDS indicated Resident 35's cognition was intact. The MDS indicated Resident 35 needed substantial assist (helper does more than half the effort) with showering. The MDS indicated Resident 35 stated that while in the facility choosing between a tub bath, shower, bed bath, or sponge bath was very important.During a concurrent interview and record review on 5/7/2026 at 9:47 a.m. with Licensed Vocational Nurse (LVN) 5, Resident 35's MDS for 3/31/2026 was reviewed. LVN 5 stated Resident 35 needed substantial assistance with showering. The MDS indicated Resident 35 stated that while in the facility choosing between a tub bath, shower, bed bath, or sponge bath was very important.During a concurrent interview and record review on 5/7/2026, at 9:47 a.m. with LVN 5, Resident 35's Documentation Survey Report for 4/8/2026 to 5/6/2026 was reviewed and LVN 5 stated Resident 35 showered 5/5/2026 and the last time Resident 35 showered before that was on 4/21/2026, approximately 2 weeks before. LVN 5 stated staff needed to respect residents' preferences to shower for hygiene reasons. B. During a review of Resident 60's Face Sheet, indicated Resident 60 was admitted to the facility on [DATE] with diagnoses including aftercare (support, care, and treatment) following joint replacement surgery (procedure replaces damaged joint), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of right knee, difficulty walking, and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 60's MDS, dated [DATE], the MDS indicated Resident 60's cognition was moderately impaired, and she had the ability to understand others and make herself understood. The MDS indicated Resident 60 needed set-up assistance with eating, oral hygiene, personal hygiene, needed substantial assistance with toileting hygiene, and dependent (helper does all the effort to perform the task) on staff with showering.During an interview on 5/4/2026 at 9:18 a.m. Resident 60 stated call light staff response time was a problem and sometimes she had to wait for 30 minutes.During a concurrent interview and record review on 5/6/2026 at 7:55 a.m. with the Activities Director (AD), the facility's Resident Council Meeting Minutes, 3/4/2026, were reviewed and the AD stated the minutes indicated Resident 60 complained that call lights were not answered in a timely manner.C. During a review of Resident 63's Face Sheet, indicated Resident 63 was admitted to the facility on [DATE] with diagnoses including gastrointestinal stromal tumor (cancer in the stomach or small intestine), difficulty walking, and abnormal posture.During a review of Resident 63s MDS, dated [DATE], the MDS indicated Resident 63's cognition was moderately impaired, and he had the ability to understand others and make himself understood. The MDS indicated Resident 63 needed supervision (helper does verbal cues) with eating, partial assistance (helper does less than half the effort to complete the task) with oral hygiene, personal hygiene, needed substantial assistance with toileting hygiene, and was dependent on staff with showering.D. During a review of Resident 123's Face Sheet indicated Resident 123 was admitted to the facility on [DATE] with diagnoses including metabolic (continued on next page)

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	05/07/2026

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	encephalopathy (brain problem), muscle weakness, difficulty walking, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and abnormal posture.During a review of Resident 123s MDS, dated [DATE], the MDS indicated Resident 123's cognition was intact. The MDS indicated Resident 123 was independent with eating, oral hygiene, personal hygiene, and needed supervision with toileting hygiene, and showering.During Resident council meeting on 5/5/2026 at 1:26 p.m. Resident 63 and 123 stated call light response time was a problem, and it was slower than before. Resident 63 and 123 stated the wait times can be as long as 10 minutes and depending on what residents need that 10 minutes can be long.During an interview on 5/7/2026 at 1:22 p.m. with the Director of Nursing (DON), the DON stated call lights need to be answered immediately so staff can attend to the residents' needs. The DON stated it was important to respect residents' preferences and shower a resident if they preferred showers because it was their right.During a review of the facility's policy and procedure (P&P) titled, ADL care, revised 11/2021, the P&P indicated residents unable to carry out activities of daily living will receive assistance as needed.During a review of the facility's P&P titled, Call Light/Bell, revised 5/2023, the P&P indicated call lights will be answered within a reasonable time.

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	05/07/2026

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 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 observation, interview and record review:a) The facility failed to discuss and provide written information on the formulation of advanced directives (a legal document indicating a resident preference about end-of-life treatment decisions) for one of one residents (Resident 125) reviewed.b) The facility failed to ensure that advanced directives for two of three residents (Resident 101 and 132) sampled were included in their respective electronic and physical medical records.These deficient practices infringed on residents' right to be fully informed of their options regarding advanced directives and created a potential for care that conflicts with their expressed wishes.a. During a review of Resident 125's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the facility admitted the resident on 8/1/2022 and was re-admitted on [DATE] indicated diagnoses including morbid obesity (having severe excess of body fat), diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertensive heart disease (heart damage caused by long-term, unmanaged high blood pressure). During a review of Resident 125's History & Physical (H&P), dated 4/7/2026, the H&P indicated, Resident 125 had the capacity to understand and make decisions. During a review of Resident 125's Minimum Data Set (MDS - a resident assessment tool), dated 4/13/2026, the MDS indicated, Resident 125 was cognitively intact (an individual who has fully preserved mental functions). During a review of Resident 125's Physician Orders for Life-Sustaining Treatment (POLST - a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life), signed on 10/8/2024, the POLST indicated Resident 125 did not have an AD. During a concurrent interview and record review on 5/6/2026 at 11:40 a.m. with the Social Services Director (SSD), Resident 125 did not have a Social Services Assessment/Evaluation completed within the years from 2025 to 2026. The SSD stated, she provides verbal AD education to residents and written education only upon request. The SSD stated that she does not provide a written acknowledgement form to residents to verify when they receive AD education. The SSD stated, if residents are not provided with AD education, their medical decisions may not be honored in the event of an emergency. During a concurrent interview and record review on 5/7/2026 at 3:37 p.m. with the Director of Nursing (DON), the DON stated, the SSD provides only verbal AD education to residents. The DON stated, if the resident is not provided with AD education, the resident's rights may be violated, and the resident's end-of-life wishes may not be honored if the resident were to become unable to make medical decisions and a representative cannot be identified. During a review of the facility's policy and procedure (P&P) titled Advance Directives and Associated Documentation, revised 4/2025, the Advance Directives and Associated Documentation indicated, .it is the policy of this facility to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (continued on next page)

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	05/07/2026

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. During a review of Resident 132's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 132 was admitted to the facility on [DATE] with diagnoses including age-related osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), difficulty walking, and hypertensive heart disease (heart damage). During a review of Resident 132's Advanced Skilled Evaluation, 4/30/2026 at 7:44 p.m., the evaluation indicated Resident 132 was alert and oriented to person place and time. During a concurrent interview and record review with the Social Services Director (SSD) on 5/6/2026 at 12:08 p.m., Resident 132's medical records were reviewed. The SSD stated Resident 132's Social Services Assessment/Evaluation, 4/29/2026 at 4:17 p.m., indicated Resident 132 had an advanced directive. A review of Resident 132's electronic records indicated no advanced directives were uploaded. During a concurrent observation and interview on 5/6/2026 at 12:08 p.m., with the SSD, in Nursing station 1, Resident 132's physical chart was reviewed and Resident 132's medical records did not have copies of the advanced directives. The SSD stated the advanced directive copies needed to be in the medical records, so staff know their wishes. During a review of Resident 101's Face Sheet, the face sheet indicated Resident 101 was admitted to the facility on [DATE] with diagnoses including iliac crest spur on the left hip (bony growth, often caused by chronic inflammation or repetitive stress, resulting in sharp hip pain or a dull ache), type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing), and hypertensive heart disease. During a review of Resident 101's Minimum data Set ([MDS] resident assessment tool), dated 4/1/2026, the MDS indicated Resident 101's cognition was intact. The MDS indicated Resident 101 needed supervision (helper does verbal cues or touching assistance) with personal hygiene and toileting hygiene. During a concurrent interview and record review with the Case Manager (CM) on 5/7/2026 at 9:14 a.m., Resident 101's medical records were reviewed. The CM stated Resident 101's Social Services Assessment/Evaluation, 3/24/2026, indicated Resident 101 had advanced directives. A review of Resident 101's electronic records indicated no advanced directives were uploaded. During a concurrent observation and interview on 5/7/2026 at 9:14 a.m., with the CM, in Nursing station 1, Resident 101's physical chart was reviewed and Resident 101's medical records did not have copies of the advanced directives. The CM stated the advanced directive copies needed to be in the medical records, so staff know their wishes in case of an emergency. During an interview on 5/7/2026 at 1:10 p.m., the Director of Nursing (DON) stated advance directives need to be in the chart, so we know the residents' wishes. During a review of the facility's policy and procedure (P/P) titled, Advance Directives and Associated Documentation, revised 4/2025, the P/P indicated if an advance directive was completed a copy will be obtained and the documents will be placed in the resident health records.

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	05/07/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility the facility failed to:a. To define and monitor resident specific, measurable target behaviors related to use of Depakote for one of five residents sampled for unnecessary medications (Resident 7).b. To ensure there were regular Interdisciplinary Team Conferences to assess for continued need/justification and possible gradual dose reduction (stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued) of psychotropic medications (medications can alter brain chemistry, impact body functions, and modify a person's thoughts, moods, feelings, awareness, and perceptions) for two out of two residents (Resident 60 and 101) as indicated in facility policy.These failures had the potential to result in unnecessary medications which can cause untoward effects to residents. a. During a review of Resident 7's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted the resident on 11/2/2025 with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (mental health condition characterized by excessive, persistent, and uncontrollable fear, dread, or worry that interferes with daily life), psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), and dementia (a progressive state of decline in mental abilities). During a review of Resident 7's History & Physical (H&P), dated 1/1/2026, the H&P indicated Resident 7 had fluctuating capacity to understand and make decisions. During a review of Resident 7's Minimum Data Set (MDS - a resident assessment tool), dated 2/2/2026, the MDS indicated Resident 7 had severe cognitive impairment (an individual who has significant cognitive dysfunction in areas of memory, orientation, and attention). During a concurrent interview and record review on 5/6/2026 at 3:36 p.m. with Registered Nurse Supervisor (RNS) 3, Resident 3's Medication Administration Record (MAR), dated 4/2026, was reviewed. The MAR indicated a physician's order for Depakote (divalproex sodium) oral tablet delayed release 250 milligram (mg – unit of weight), give 250 mg by mouth two times a day for mood disorder manifested (m/b) by mood swings. RNS 3 stated, the indication of mood swings was vague and do not provide a measurable resident-specific indicator for monitoring behavior. RNS 3 stated episodes of mood swings were not monitored in the MAR. RNS 3 stated, inadequate monitoring of episodes (observable behaviors that a medication is intended to treat or manage) for Depakote can result in inaccurate data used to guide gradual dose reduction, potentially leading to continued use of a medication that may no longer be necessary. During an interview on 5/7/2026 at 3:47 p.m. with the Director of Nursing (DON), the DON stated mood swings as the indication for Depakote was vague and does not provide a clear, resident specific parameter for monitoring. The DON stated, without adequate indication and monitoring for Depakote, the medication may be administered to the resident inappropriately, potentially affecting the resident's mental status and resulting in physical restraint. During a review of the facility's policy and procedure (P&P) titled Psychotropic Medications, revised 2/2024, the Psychotropic Medications indicated, The facility's Interdisciplinary [NAME] (IDT) will (continued on next page)

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	05/07/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	review to ensure. Monitoring for adverse consequences and effectiveness of medications are in place. b. During a review of Resident 60's Face Sheet, the Face Sheet indicated Resident 60 was admitted to the facility on [DATE] with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (mental health disorder characterized by pervasive feeling of worry affecting daily life), and unspecified psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) not due to a substance or known physiological condition. During a review of Resident 60's Minimum Data Set([MDS] resident assessment tool), dated 3/13/2026, the MDS indicated Resident 60's cognition was moderately impaired. During a review of Resident 60's Order Summary Report, active orders as of 5/7/2026, the orders indicated: 1. Duloxetine HCl Capsule Delayed Release Particles (medication used to treat depression, anxiety, and pain) 60 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount), one capsule by mouth two times a day. 2. Gabapentin Oral Tablet (medication to treat neuropathy [disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet]) 800 mg, one tablet by mouth every 6 hours. 3. Buspirone HCl Oral Tablet 10 MG (medication to treat anxiety), 2 tablets by mouth one time a day. 4. Trazadone (medication to treat depression) 50 milligrams, one tablet by mouth at bedtime. 5. Monitor episodes of depression as evidenced by verbalization of being depressed every shift. 6. Monitor episodes of anxiety as evidenced by verbalization of being anxious. During a review of Resident 101's admission Record, the admission Record indicated Resident 101 was admitted to the facility on [DATE] with diagnoses including major depressive disorder. During a review of Resident 101's MDS, dated [DATE], the MDS indicated Resident 101's cognition was intact. During a review of Resident 101's Order Summary Report, active orders as of 5/7/2026, the orders indicated: 1. Mirtazapine (medication for depression) Oral Tablet 7.5 mg, one tablet by mouth at bedtime. 2. Nortriptyline (medication for depression) 10 mg, four capsules by mouth at bed 3. Monitor for episodes of depression every evening and night shift. During a concurrent interview and record review on 5/6/2026 at 3:19 p.m. with Registered Nurse Supervisor (RNS) 1, Resident 60 and 101's medical records were reviewed. RNS 1 stated we monitored and documented psychiatric behaviors daily. RNS 1 stated no one tally the behaviors at the (continued on next page)

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	05/07/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	end of the month. RNS 1 stated the IDT team does not meet to discuss residents' behaviors. RNS 1 stated the IDT should meet to discuss the residents' daily behaviors monthly, so we know how often the behaviors are being observed. During a concurrent interview and record review with the Director of Nursing (DON) on 5/6/2026 at 4:11 p.m. Resident 101 and 60's medical records were reviewed. The DON stated that the IDT does not meet to discuss the psychiatric behaviors resident manifest to see if treatment needs to be changed or medications need to be altered. During a review of the facility's policy and procedure (P&P) titled, Psychotropic Medications, revised 2/2024, the P&P indicated quarterly thereafter, or with significant change of condition, the residents will be calendared by Social Services Director for IDT review to assess for continued need/justification and possible gradual dose reduction.

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	05/07/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow through and accurately assess with the Preadmission Screening and Resident Review (PASARR- a comprehensive evaluation that ensures people who have been diagnosed with serious mental illness, intellectual, and/or developmental disabilities are able to live in the most independent settings while receiving the recommended care and interventions to improve their quality of life) level I and level II evaluation for one of five sampled residents (Resident 2) to determine the facility's ability to provide the special needs of the residents.This failure had the potential to result in Resident 2 being at risk of not receiving the necessary care and services Resident 2 needs.Findings:During a review of Resident 2's Face Sheet (front page of the chart that contains a summary of basic information about the resident) , the Face Sheet indicated, Resident 2 was initially admitted to the facility on [DATE] and last readmission was on [DATE] with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), acute respiratory failure (any condition that affects breathing function and result in lungs not functioning properly) and peripheral vascular disease (PVD- a slow, progressive circulation disorder involving damage to, or narrowing, blockage, or spasms of blood vessels outside the heart and brain).During a review of Resident 2's History and Physical (H&P), dated [DATE], the H&P indicated, Resident 2 did not have the capacity (ability) to understand and make decisions.During a review of Resident 2's Minimum Data Set (MDS-resident assessment tool), dated [DATE], the MDS indicated Resident 2 required dependent assistance (Helper does all of the effort) from two or more staff for transfer, bed mobility, maximal assistance (Helper does more than half the effort) from one staff for personal hygiene, shower, dressing, and supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for eating.During a concurrent interview and record review on [DATE], at 12:40 p.m., with the Director of Nursing (DON), Resident 2's Preadmission Screening and Resident Review (PASARR) level I, dated [DATE] was reviewed. The PASARR level I indicated, Resident 2 had serious mental illness and level II evaluation was required. The PASARR level I indicated, Resident had serious mental disorder and was on Duloxetine (a prescription medication used to treat depression, anxiety) and Geodon [a prescription atypical antipsychotic medication (a class of prescription medications primarily used to manage psychosis symptoms like hallucinations, delusions, and severe confusion) used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)]. The DON stated, Resident 2 should have Level II done based on Level I assessment.During a concurrent interview and record review on [DATE], at 12:45 p.m., with the DON, Resident 2's Notice of Attempted Evaluation, dated [DATE] was reviewed. The Notice of Attempted Evaluation indicated, unable to completed level II evaluation for serious mental illness because Resident 2 had no serious mental illness. The DON stated, this was conflicting information and she should have reassessed the resident. The DON stated, if the PASARR assessment was incorrectly done, the facility should submit the new one or corrected one. The DON stated, she should have followed through it, but she missed it. The DON stated accurate PASARR assessment was important because resident's care and treatment would be changed or delayed according to PASARR assessment which was very crucial for residents with mental illness.During a review of Resident 2's Care Plan Report (CPR) titled, Resident 2 was positive for PASARR Level II and admitted with diagnosis of depression, revised [DATE], the CPR goal indicated, the resident will be encouraged to be involved in socialization, recreation, or any leisure activities while in the facility by [DATE]. The CPR interventions indicated, educate staff on PASARR Level II status and care approaches tailored to (continued on next page)

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	05/07/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's diagnosis and support needs.During a review of Resident 2's Order Summary Report (OSR), dated [DATE], the OSR indicated, psychiatry consult (a comprehensive evaluation conducted by a psychiatrist to assess a patient's mental, emotional, and behavioral health) was ordered on [DATE]. The OSR indicated, give Duloxetine HCL one capsule 30 milligram (mg) delayed release by mouth once a day for depression manifested by verbalization of being depressed was ordered on [DATE].During a review of the facility's Policy and Procedure (P&P) titled, Resident Assessment: PASARR, dated 12/2021, the P&P indicated, POLICY: It is the policy of this facility to ensure that each resident is properly screened using the PASARR specified by the State. PROCEDURES: 1. A PASARR shall be completed on every resident upon admission. 2. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized services to residents with ID/RC (Intellectual Disability or Related Condition) or SMI (Serious Mental Illness). 3. Social Services shall contact the appropriate State Agency for referral of specialized care and services the resident may require.

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	05/07/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a person-centered care plan was implemented for two of four sampled residents (Resident 13 and Resident 111) when:Resident 13 needed additional time for dental services and refused to comply with dental personnel during the dental visits.Resident 111 received wound treatment on the left knee incision after surgery.These deficient practices had the potential to negatively affect the quality of life and wellbeing for Resident 13 and Resident 111 and personalized goals and interventions for continued care and treatment.Findings:a. During a review of Resident 13's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 13 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including cerebral palsy, failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and benign prostatic hyperplasia ([BPH], age-associated prostate gland enlargement that can cause urination difficulty).During a review of Resident 13's history and physical (H&P), dated 4/26/2025, the H&P indicated Resident 13 was a poor historian and required monitoring of mental status and neurological checks (a rapid assessment of the brain and nervous system function).During a review of Resident 13's Minimum Data Set ([MDS], a resident assessment tool) dated 1/27/2026, the MDS indicated Resident 13 was moderately impaired in cognitive (thought process) functioning for daily decision making. The MDS indicated Resident 13 was dependent (helper does all the effort to complete the task) with self-care abilities such as eating, hygiene and dressing. The MDS indicated Resident 13 was maximal assistance to (helper does more than half the effort) to dependent with mobility such as rolling, sitting, standing and transfers.During a review of Resident 13's Order Summary Report dated 9/8/2025, the Order Summary Report indicated a dental consultation and treatment as indicated.During a review of Resident 13's dental consult note dated 2/17/2025, the dental consult notes indicated additional time required due to cerebral palsy and that resident had poor cooperation and mouth was unable to stay open for short periods of time for treatment, kept closing and spitting.During a review of Resident 13's dental consult note dated 3/20/2026, the dental consult notes indicated additional time required due to the resident condition that resident was confused and moved his head a lot during the cleaning. Resident closed his mouth constantly and could not open wide for extended time.During a review of Resident 13's comprehensive care plan, undated, the comprehensive care plan did not have a focus of resident needing additional time for dental services due to cerebral palsy with no goals and interventions in place to make sure Resident 13's dental visits go smoothly and no issues with treatments being rendered.During a concurrent interview and record review on 05/07/2026 at 11:27 a.m. with Registered Nurse Supervisor (RNS) 3, the dental consult notes dated 2/17/2025 and 3/20/2026 were reviewed. RNS 3 stated Resident 13 had cerebral palsy and that at times, he may not cooperate with dental personnel when treatments are being rendered. RNS 3 stated there should have been a care plan for dental services if Resident 13 was having an issue during the dental visits. RNS 3 stated a care plan was plan of care for residents on how to monitor and treat the residents. The care plan would see if residents were improving and stable and if not, the care plan would need to be revised to meet the care of residents' needs. RNS 3 stated there should have been a care plan in place for the dental consult visit because Resident 13 was being uncooperative and wouldn't open his mouth during the dental visit. RNS 3 stated there should have been a focus with goal and interventions in place focusing on dental consult visits.b. During a review of Resident 111's Face Sheet, the Face Sheet indicated Resident 111 was admitted to the facility on [DATE] with diagnoses including diagnosis of diabetes mellitus ([DM], a chronic disease that affects how the body processes sugar), chronic kidney disease (gradual loss of kidney function to filter (continued on next page)

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	05/07/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	waste and excess fluid from the blood), and depressive disorder (a mental health condition marked by a prolonged low mood and a loss of interest or pleasure in everyday activities).During a review of Resident 111's H&P, dated 4/13/2026, the H&P indicated Resident 111 had the capacity to understand and make decisions.During a review of Resident 111's MDS dated [DATE], the MDS indicated Resident 111 had intact cognitive (thought process) functioning for daily decision making. The MDS indicated Resident 111 required supervision (helper provides verbal cues while resident completes task) to moderate assistance (helper does less than half the effort) with self-care abilities such as eating, hygiene and dressing. The MDS indicated Resident 111 was moderate to maximal (helper does more than half the effort) assistance with mobility such as rolling, sitting, standing and transfers. The MDS indicated Resident 111 had a surgical wound for skin conditions.During a review of Resident 111's Order Summary Report dated 4/14/2026, the Order Summary Report indicated: left knee incision site every day shift for 14 days cleanse with normal saline, pat dry, apply xeroform (a sterile, non-adherent, petrolatum-based mesh gauze used as a primary layer for small draining, open wounds) and cover with dry dressing and completed on 4/28/2026.During a review of Resident 111's comprehensive care plan, undated, there was no care plan with the focus on wound treatment on the surgical incision site with goals and interventions to make sure the surgical site was clean, free from infections and daily dressing change.During a concurrent interview and record review on 5/7/2026 at 12:18 p.m. with Licensed Vocational Nurse (LVN) 6, the Order Summary Report dated 4/14/2026 and the comprehensive care plan undated was reviewed. LVN 3 stated Resident 111 had orders to cleanse with normal saline, pat dry, apply xeroform and cover with dry dressing to be done every day, once a day. LVN 6 stated there was no care plan for treatment orders. LVN 6 stated there should have been a care plan for treatments, so all staff are aware of any changes to the wound site, the staff can go back and update the care plan as needed if the previous treatments were not improving the wound site. LVN 6 stated a care plan was a resident record explaining the problems residents are having, their diagnosis and treatments being done for the residents.During an interview on 5/7/2026 at 3:10 p.m. with the Director of Nursing (DON), the DON stated a care plan is to identify the problems that the residents had, create a goal for the problems or diagnosis to be resolved and the interventions that should be for the problems or diagnosis. The DON stated for Resident 13, there should be a care plan in place for Resident 13 having issues with the dental personnel doing the dental services, interventions in place to help the resident and the dental personnel have safe and effective treatment done. The DON stated there should have been interventions in place for Resident 13 for additional time or if nursing staff needed to step in to help the dental personnel so that they can provide the dental treatment. The DON stated Resident 111 should have a care plan for wound treatment to make sure the interventions being done are effective and if it was not, the care plan would need to be revised as needed. The DON stated interventions in place to are to prevent infection, to provide treatment and care. During a review of the facility's policy and procedure (P&P) titled Comprehensive Resident Centered Care Plan, revised 01/2021, indicated development and implementation of a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.During a review of the facility's P&P titled Comprehensive Person-Centered Care Planning, revised 4/2025, indicated a development and implementation of a comprehensive person-centered, culturally competent, and trauma-informed care plan for each resident within seven days of completion of the MDS and will include resident's needs identified in the comprehensive assessment, any specialized services as a result of PASARR recommendation, and resident's goals and desired outcomes, preferences for future discharge and discharge plan. the resident's comprehensive plan of care will be reviewed and/or revised by the IDT after each assessment, including both the comprehensive and quarterly review assessments.

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	05/07/2026

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper urinary indwelling catheter care for one of one sampled resident, (Resident 80) by failing to:1.) Ensure the indwelling catheter (a soft, thin tube that goes into your bladder so urine can drain out and into a bag outside your body) drainage bag was off from the floor.2.) Ensure the indwelling catheter drainage bag was below the bladder level during the care.This failure had the potential to cause urine backflow into the resident's bladder, increasing the risk for urinary tract infections (UTI- an infection the bladder/urinary tract) and indwelling catheter-related complications.Findings:During a review of Resident 80's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 80 on 11/26/2025 and readmitted [DATE] with diagnoses including acute posthemorrhagic anemia (a type of anemia that happens when you lose a lot of blood quickly, and causes a problem in the pee system that stops urine from leaving the body and can cause it to go backward into the kidneys).During a review of Resident 80's History and Physical (H&P), dated 4/1/2026, the H&P indicated the resident did not have the capacity to understand and make decisions.During a review of Resident 80's Minimum Data Set (MDS- a resident assessment tool), dated 4/5/2026, the MDS indicated Resident 80's capacity was severely impaired. The MDS also indicated Resident 80 was dependent (helper does all the effort) on staff with eating, oral hygiene, toileting hygiene, and showering.During a review of Resident 80's Order Summary Report, orders as of 5/4/2026, the Order Summary Report indicated starting 3/30/2026, placing an indwelling catheter to closed drainage system.During a review of Resident 80's Care Plan for Foley Catheter due to Obstructive Uropathy, revised 4/23/2026, the Care Plan indicated Resident 80 was at high risk for UTI and the Care Plan's interventions included to position the indwelling catheter drainage bag and tubing below the bladder level.During a concurrent observation interview on 5/4/2026 at 10:14 a.m. in Resident 80's room, with Certified Nurse Assistant (CNA) 1, Resident 80's urine drainage bag was observed touching the floor. CNA 1 confirmed and stated the urine drainage bag was on the floor; and it should be kept off the floor for infection control.During an observation on 5/6/2026 at 10:13 a.m. in Resident 80's room with Occupational Therapy Assistance (OTA) 1 and Physical Therapist (PT)1, OTA 1 was observed on his right side, holding the resident's urine drainage bag in the air above the resident's bladder level while PT 1 was repositioning the resident, then placed the urine bag between his legs while assisting him to sit up.During an interview on 5/6/2026 at 10:36 a.m. with PT 1 and OTA 1, PT 1 confirmed OTA 1 kept Resident 80's urine drainage back above bladder level when repositioning him.During an interview on 5/7/2026 at 11:40 a.m. with the Director or Nursing (DON), the DON stated staff were expected to always maintain the urine drainage bag off from the floor for infection control and below the bladder level to prevent urine backflow. The DON stated this practice could increase the risk of infection, including UTI.During a review of the facility's procedure and policy(P&P) titled Catheter Care, Indwelling, revised 7/2013, the P&P indicated this P&P is to promote hygiene and decrease risk of infection for catheterized residents. The P&P also indicated staff should keep tubing below level of bladder.

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	05/07/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to:a. Ensure one of four residents received the correct dose of their pain medication (Resident 53). b. Ensure an emergency kit ([E-kit] receptacle that includes medications that need to be administered when pharmacy services are not available) was replaced after being used for Resident 4.These failures have the potential to result in medication errors. a.) During a review of Resident 53's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility originally admitted the resident on 7/3/2016, and was readmitted on [DATE] with diagnosis including fibromyalgia (chronic disorder characterized by widespread musculoskeletal pain, fatigue, sleep disturbances, and cognitive difficulties), headaches with orthostatic component (headaches that develop within 30 seconds of standing or sitting upright and improve while lying down), age-related osteoporosis without current pathological fracture (a fracture caused by low-trauma, such as a fall from standing height, resulting from weakened bone density), arthropathy (any disease or abnormality affecting a joint, including arthritis, injuries, and degenerative conditions), Unspecified Symptoms of synovitis and tenosynovitis of the right upper arm (inflammation of a tendon and its sheath in the right upper arm, where the specific cause or underlying condition is not explicitly named During a review of Resident 53's Minimum Data Set (MDS), dated [DATE], indicated, Resident 53's cognitive skills for decision making were without impairment. During an observation on 5/7/2026 at 9:21 a.m, in Resident 53's room, Licensed Vocational Nurse (LVN) 2 administered 500 milligram (mg, unit of weight) of Acetaminophen to Resident 53. Resident 53 informed LVN 2 that she was experiencing 9/10 generalized pain and needed medication for pain relief. LVN 2 offered Resident 53 Norco (pain medication ordered for 9/10, moderate to severe pain) for her level of pain. Resident 53 refused and asked for one tablet of Acetaminophen (Tylenol). LVN 2 administered one tablet of Acetaminophen 500 milligrams (mg, unit of weight) per Resident 53's request. During an Interview on 5/7/2026 at 11:58 a.m., with LVN 2, LVN 2 stated she did not follow Resident 53's medication orders for pain. LVN 2 stated because she did not administer the correct dose, Resident 53 could continue to experience pain. During a concurrent interview and record review on 5/7/2026, at 11:58 a.m. with LVN 2, Resident 53's Order Summary Report dated 3/20/2026 was reviewed. Resident 53 had two active medication orders, as needed (PRN) for pain relief. The Order Summary Report indicated, Norco oral tablet 10-325 mg, give one tablet by mouth every 6 hours as needed for severe 8-10 pain, not to exceed 3 grams in 24 hours and Acetaminophen oral tablet give 1000 mg by mouth every 8 as needed for pain 1-3, not to exceed 3 grams in 24 hours from all sources. During a concurrent interview and record review on 5/7/2026, at 11:58 a.m., with LVN 2, Resident 53's Medication Administration Record (MAR) dated 5/7/2026, was reviewed. The MAR indicated LVN 2 administered Acetaminophen (Tylenol) to Resident 53 at 9:18am. LVN 2 stated she should have given Norco to the resident as ordered for a pain level of 8-10 and if the resident refused, she should have notified the physician before administering the incorrect dose to Resident 53. During an interview on 5/7/2026 at 1 p.m. the Director of Nursing (DON) stated following physician (continued on next page)

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	05/07/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	orders was important and nurses cannot adjust dosages without physician order. During a review of the facility's Policy and Procedure (P&P) titled, Medication Administration, dated 2010, indicated, Medications are administered as prescribed in accordance with good nursing principles and practices. b.) During a review Resident 4's Face Sheet, the Face Sheet indicated Resident 4 was admitted to the facility on [DATE] with a diagnosis including type 2 diabetes (disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 4's Minimum Data Sheet ([MDS] resident assessment tool), 4/4/2026, the MDS indicated the resident's cognition (thought process) was moderately impaired. The MDS indicated Resident 4 needed partial assistance (helper does less than half the effort to complete the task) with eating, oral hygiene, and personal hygiene. During a review of Resident 4's Order Listing Report, the order indicated insulin lispro (medication for diabetes) injection solution 100 units (unit of measurement) inject as per sliding scale (method of dosing insulin based on pre-meal blood glucose levels). During a concurrent observation and interview on 5/5/2026 at 9:03 a.m. with Registered Nurse supervisor (RNS) 2 in the first-floor medication room, an E-kit was observed opened. RNS 2 stated that the E-kit was used for Resident 4. During a concurrent interview and record review on 5/5/2026 at 9:03 a.m. with RNS 2, the E-kit Usage slip was reviewed, RNS 2 stated the E-kit was accessed on 4/28/2026 for Resident 4 and 8 units of insulin lispro removed. During an interview on 5/5/2026 at 9:10 a.m. with RNS 1, RNS 1 stated the E-kit was replaced on 5/4/2026. RNS 1 stated it should have been replaced sooner in case the medication was needed again. During a review of the facility's policy and procedure (P/P) titled, Emergency Pharmacy Service and Emergency Kits, 2012. The P/P indicated that when an E-kit is used the pharmacy needs to be notified and the kit replaced within 72 hours.

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	05/07/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to address the consultant pharmacist's recommendations to clarify the behavior manifestation for Seroquel [a prescription medication used to treat schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)] on 3/6/2026 and to consider a gradual dose reduction (GDR - a periodic attempt to manage a resident's behavioral issues with a lower dose of medication) for Depakote (a prescription medication used to treat bipolar disorder) on 4/19/2026 during the Medication Regimen Review (MRR - a monthly report from the consultant pharmacist identifying any medication irregularities in a resident's current medication regimen) for one of five resident (Resident 7).This failure had the potential to result in failing to ensure the physician evaluated and responded to medication irregularities (potential issues with a resident's medication regimen) identified by the consultant pharmacist during the MRR increased the risk that Resident 7 could have experienced adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) related to the medication therapy and inadequate monitoring of the behavior possibly leading to impairment or decline in their mental or physical condition or functional or psychosocial status.Findings:During a review of Resident 7's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated, Resident 7 was initially admitted to the facility on [DATE] and last readmission was on 12/30/2025 with diagnoses including dementia (a progressive state of decline in mental abilities), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (constantly feeling worried and nervous), and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality).During a review of Resident 7's History and Physical (H&P), dated 1/1/2026, the H&P indicated, Resident 7 had fluctuating capacity (ability) to understand and make decisions.During a review of Resident 7's Minimum Data Set (MDS-resident assessment tool), dated 2/2/2026, the MDS indicated Resident 7 required maximal assistance (helper does more than half the effort) from one staff for bed mobility, transfer, dressing, toilet hygiene, shower, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) from one staff for oral hygiene, personal hygiene, and setup or clean-up assistance (helper sets up or cleans up) from one staff for eating.During a concurrent interview and record review on 5/7/2026, at 11:16 a.m., with Registered Nurse Supervisor (RNS) 3, Resident 7's Consultant Pharmacist's Medication Regimen Review (MMR), dated 3/6/2026 was reviewed. The MMR indicated, monitoring behavior of sudden angry outburst for Seroquel may be seen as vague and subjective. The MRR indicated that it should be clarified and specific to Resident 7's condition. RNS 3 stated, she was not sure this recommendation was addressed by licensed staff. RNS 3 stated there was no documentation or evidence to prove that it was carried out. RNS 3 stated, the staff were monitoring sudden angry outburst as the target behavior for Seroquel use. RNS 3 stated that the licensed nurse who received the pharmacist recommendation should have acted upon it.During a concurrent interview and record review on 5/7/2026, at 3:17 p.m., with the Director of Nursing (DON), Resident 7's Consultant Pharmacist's Medication Regimen Review (MMR), dated 4/19/2026 was reviewed. The MRR indicated, Resident 7 was on Depakote 250 milligram (mg) twice a day from 12/30/2025 and GDR was required to be attempted. The MRR indicated that if the physician disagreed with the GDR, rational and clinical indication should be documented. The MRR indicated, the physician marked as disagreed and signed without documenting the rational or indication and date of review. The DON stated, the staff or she should have followed through the physician's response regarding consultant pharmacist's recommendation of GDR. The (continued on next page)

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	05/07/2026

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON stated that the facility did not do behavioral Interdisciplinary team meeting (IDT meeting- a structured, collaborative session where professionals from diverse fields such as medicine, nursing, therapy, and social work interdependently coordinate care, share expertise, and develop a single, integrated plan for residents). The DON stated, GDR and determination of target behaviors were up to psychiatric practitioners (a medical practitioner who specializes in psychiatry-the branch of medicine dedicated to the diagnosis, treatment, and prevention of mental disorders). The DON stated there is no record of a specific response to the pharmacist's request or any other record that addresses the dosage of Depakote specifically and the resident has been on the same dose since December of 2025. The DON stated the facility failed to decrease the dose or document a dosage reduction would be contraindicated for resident-specific reasons. The DON stated the failure to consider a GDR or respond to the pharmacist's request for GDR increased the risk that Resident 7 may have experienced adverse effects of Depakote, such as increased sedation, due to using a higher dose than necessary which could have negatively impacted her quality of life.During a review of Resident 7's Order Summary Report (OSR), dated 5/7/2026, the OSR indicated, give one tablet Quetiapine Fumarate 50 mg (Seroquel) by mouth at bedtime for psychosis manifested by sudden angry outburst was ordered on 12/30/2025. The OSR indicated, give 250 mg Depakote tablet by mouth twice a day for mood disorder manifested by sudden angry outburst was ordered on 12/30/2025 and modified on 5/6/2026.During a review of the facility's Policy and Procedure(P&P) titled, Medication (Drug) Regimen Review (MRR), revised 4/2025, the P&P indicated, Policy: It is the policy of this facility that the drug regimen of each resident will be reviewed at least once a month by a licensed pharmacist. A medication regimen review (MRR) includes a review of the resident's medical chart. Identified irregularities will be documented on a separate written report that includes the resident's name, the relevant drug, and the irregularity identified. The report will be sent to the attending physician, the facility's Medical Director and the Director of Nursing Services (DNS) to be acted upon . Procedure: 1. The pharmacist reviews each resident's medication regimen at least once a month to identify irregularities and to identify clinically significant risks and/or adverse consequences resulting from or associated with medications .3. The MRR includes identification of irregularities, medication-related errors, adverse consequences, and use of unnecessary drugs. 4. a. MRR recommendations to physicians: The report is provided by the Pharmacist or facility to the physician responsible, facility's Medical Director and the Director of Nursing Services within seven (7) working days of review. Communication and physician response will be documented in the clinical record, along with any new orders or changes to medication regimen. The attending physician will document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is no change in the medication, the attending physician will document his or her rationale in the resident medical record . b. Nursing Documentation Review: The report is provided by the Pharmacist within seven (7) working days of review. Nursing personnel will provide a written response to the review.

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	05/07/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure one of one resident's (Resident 84) Ativan (a class IV medication for anxiety [mental health condition characterized by pervasive worry and fear affecting daily life]) was properly stored. The medication was not in a locked container.The failure had potential to result in drug diversion (illegal transfer of prescription medications).Findings:During a review of Resident 84's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 84 was admitted to the facility on [DATE] with diagnosis including nonrheumatic aortic stenosis (age related heart problem).During a review of Resident 84's Minimum Data Set ([MDS] a resident assessment tool), dated 3/31/2026, the MDS indicated Resident 84's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) were severely impaired. The MDS indicated Resident 84 was dependent on staff for all activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a concurrent observation and interview on 5/5/2026 at 3:09 p.m. with Licensed Vocational Nurse (LVN) 1 in the first floor Medication Room, Resident 84's Ativan was found in the medication refrigerator that was without a lock.During a review of the facility's policy and procedure (P/P) titled, Controlled Medication Storage, 2010, the P/P indicated medications in Schedule IV (drugs or chemicals whose manufacture and possession are strictly regulated by the government due to potential of abuse) are stored under separately locked and permanently affixed compartments separate from other medications.

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	05/07/2026

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills such as :A. [NAME] (CK) 1 failed to follow the meal ticket for Resident 67 during the trayline (an assembly line system used in nursing homes and institutional food services to prepare and assemble patient or resident meal trays).B. [NAME] (CK) 2 and Dietary Supervisor (DS) failed to verbalize substitute fortified food items for cheese for Resident 67.These failures had potential to result in Resident 67 not receiving fortified diets as prescribed and Resident 67's food preference was not honored to prevent weight loss.Findings:A. During a review of Resident 67's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 67 was initially admitted to the facility on [DATE] and last readmission was on 10/24/2024 with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and chronic kidney disease (gradual loss of kidney function to filter waste and excess fluid from the blood).During a review of Resident 67's History and Physical (H&P), dated 4/12/2026, the H&P indicated, Resident 67 had the capacity (ability) to understand and make decisions.During a review of Resident 67's Minimum Data Set (MDS-a resident assessment tool), dated 2/17/2026, the MDS indicated Resident 67 required dependent assistance (Helper does all of the effort) from two or more staff for toilet hygiene, maximal assistance (Helper does more than half the effort) from one staff for shower, moderate assistance (Helper does less than half the effort) from one staff for dressing, personal hygiene, bed mobility, transfer, and independent for eating.During a concurrent observation and interview on 5/5/2026, at 11:51 a.m. during the trayline for lunch, CK 1 placed shredded cheese on Resident 67's plate and extra shredded cheese on small plate as a side dish in Resident 67's tray. The meal ticket indicated, Resident 67 disliked cheese. Resident 67's tray was placed in the lunch cart. CK 1 stated, she failed to check the meal ticket by adding cheese on plate and extra cheese on side plate. CK 1 stated, she should have reviewed and followed the meal ticket.During a review of Resident 67's Order Summary Report (OSR), dated 5/7/2026, the OSR indicated, provide regular texture diet with thin liquids consistency, fortified, Lactose-free (eliminates foods containing lactose, a sugar found in milk and dairy products, primarily to manage symptoms of lactose intolerance like bloating, gas, and diarrhea), extra gravy/sauce with meal was ordered on 4/11/2026.During a review of Resident 67's Care Plan Report (CPR) titled, Resident 67 was at risk for weight loss and dehydration, revised 4/21/2026, the CPR goal indicated, Resident 67 will maintain adequate nutritional status as evidenced by maintaining weight by 6/8/2026. The CPR Interventions indicated, provide and serve diet as ordered by the physician (REGULAR diet, REGULAR texture, THIN LIQUIDS consistency, Fortified).During a review of CK 1's Verification of Job Competency Demonstration, dated 1/28/2026, the Verification of Job Competency Demonstration indicated, CK 1 was able to demonstrate or verbalize use of the meal ticket. The Verification of Job Competency Demonstration checklist did not specifically indicate competencies for follow-through the meal ticket.B. During an interview on 5/5/2026, at 12:26 p.m., with CK 2 in the kitchen, CK 2 stated, today's menu was tacos with beans and cheese, which was the fortified item. CK 2 stated, she was not sure what substitute fortified items could be used if the residents were not able to eat cheese. CK 2 stated, she would use butter as fortified item if the residents were allergic to dairy products. CK 2 stated, she should have known what substitute food items could be used for fortified diet.During an interview on 5/5/2026, at 12:30 p.m., with the DS in the kitchen, the DS stated, he could not recall what substitutes food items for fortified diet could be used instead of cheese. The DS stated, if the residents were allergic to dairy products, he would take out the cheese, but he could not think of the substitutes for cheese. The DS (continued on next page)

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	05/07/2026

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated, fortified diet was to add extra calories preventing weight loss. The DS stated he should have known the substitutes for cheese because there were residents who could be Lactose intolerant or allergic to dairy products.During an interview on 5/5/2026, at 4:45 p.m., with Resident 67 in her room, Resident 67 stated, she did not like to eat cheese because it caused her stomach to hurt really bad. Resident 67 stated, she could eat some dairy products such as cottage cheese, but most of the dairy products caused her stomach to ache. Resident 67 stated, she received dairy products in tray several times in the past and did not eat the meal. Resident 67 stated, she could not understand why the kitchen staff did not follow the meal ticket which contained her likes and dislikes.During an interview on 5/7/2026, at 11:36 a.m., with the Registered Dietitian Nutritionist (RDN) assigned to the facility, the RDN stated, the meal ticket contained the resident's preference of food, allergies, diet order, and preferred dining location. The RDN stated, staff should have read the meal ticket and follow through to avoid giving food items that might cause adverse health effects or dishonoring resident's preference. The RDN stated it was important to provide fortified diets as ordered to prevent weight loss by adding extra calories. The RDN stated that the staff should have knowledge of substitutes for fortified items according to health conditions and allergies. The RDN stated the staff should have known where they could find information regarding fortified food items at least.During a review of CK 2's Verification of Job Competency Demonstration, dated 1/28/2026, the Verification of Job Competency Demonstration indicated, CK 2 was able to demonstrate or verbalize fortification of food per menu. The Verification of Job Competency Demonstration checklist did not specifically indicate competencies for the list of fortified food item substitutes. During a review of the facility's Policy and Procedure (P&P) titled, Fortification of Food: Increasing Calories and /or Protein in the Diet, dated 2023, the P&P indicated, Purpose: The goal is to increase the calorie and/or protein density of the foods commonly consumed by the resident to promote improvement in their nutrition status. Procedure: Calories and /or protein will be added to selected foods. The facility Registered Dietitian or FNS Director will select the fortification method from the list provided for foods. Adding Calories by extra margarine, extra gravy and sauce, half and half, extra mayonnaise, and high calorie cereal topping.During a review of the facility's Policy and Procedure (P&P) titled, Fortified Diet, dated 2023, the P&P indicated, Description: The fortified diet is designed for residents who cannot consume adequate amounts of calories and/or protein to maintain their weight or nutritional status . examples of adding calories include: extra margarine, butter, gravy, non-dairy creamer, half and half, mayonnaise, jelly, shipped topping, chocolate sauce, cheese.During a review of the facility's Policy and Procedure (P&P) titled, Job Description Dietitian, dated 12/27/2021, the P&P indicated, Essential Duties and Responsibilities: Review therapeutic and regular diet plans and menus to assure they are in compliance with the physician's orders.During a review of the facility's Policy and Procedure (P&P) titled, Job Description Dietary Supervisor, dated 12/27/2021, the P&P indicated, Essential Duties and Responsibilities: Review the dietary requirements of each resident admitted to the facility, as may be required, and assist the attending physician in planning for the resident's prescribed diet plan. Review diet plans and menus to assure they are in compliance with the physician's orders . Assures all Dietary staff complete required compliance training and processes.

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	05/07/2026

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation, interview, and record review, the facility failed to ensure food brought by visitors was properly monitored, stored, and supervised according to the physician's prescribed diet order for one of one two sampled residents (Resident 36).This failure has the potential to result in poor diabetic control, aspiration risk, exposure to unsanitary food conditions, and pest contamination, which could negatively affect resident's health and safety.Findings:During a review of Resident 36's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 1 on 6/7/2024 with diagnoses including Guillain-Barre syndrome (a rare condition where the body's immune system mistakenly attacks the nerves), type 2 diabetes mellitus (DM, condition in which the body does not metabolize blood sugar correctly) and Legal blindness (a level of vision loss that is so bad it makes it hard to do everyday things like reading, driving, or recognizing faces even with glasses or contacts).During a review of Resident 36's Minimum Data Set (MDS- a resident assessment tool), dated 3/18/2026, the MDS indicated the resident ?s cognitive (functions your brain uses to think, pay attention, process information, and remember things) was moderately impaired. The MDS indicated Resident 1 required setup assistance (helper sets up or cleans up) with eating, oral hygiene, toileting hygiene and personal hygiene.During a review of Resident 36's Order Summary Report, orders as of 5/4/2026, the Order Summary Report indicated since 1/1/2026, the resident was on a Consistent Carbohydrates (CCHO-a way of eating where you try to eat about the same amount of carbohydrates at each meal every day) diet with soft and bite sized-level 6 texture (tender, moist, and easy to chew, but it's cut into small pieces so it's safe to swallow) and thin liquids for safety due to aspiration risk.During a review of Resident 36's care plan for Needs therapeutic diet (a special meal plan that is custom-made for your body's health needs when you have a medical condition) due to type 2 DM, revised on 6/23/2025 the care plan's interventions included to provide and serve diet as ordered and monitor intake.During a concurrent observation and interview on 5/4/2026 at 10:28 a.m. in Resident 36's room, 1 bunch of bananas was noted on the bedside table, 1 bunch of bananas on the drawer, and 1 bag of tangerines; the bananas appeared well ripened. The resident stated the family had brought the items a couple of days prior.During a concurrent observation and interview on 5/5/2026 at 1:45 p.m. in Resident 36's room with Registered Nurse (RNS, unit manager) 3, RNS 3 was observed inspecting Resident 36's room. RNS 3 stated there was one container of cookies and 2 bananas on the bedside table, one bag of tangerines, and 6 bananas on the cabinet on the drawers. RNS 3 stated the bananas appeared old with brown discoloration. Resident 36 stated there were mosquitoes in the room.During an interview on 5/5/2026 at 1: 47 p.m. with RNS 3, RNS 3 stated the food items were not properly stored in the designated area. The RNS 3 stated the presence of mosquitos could contribute to unsanitary conditions and potential foodborne illness, the food items were not consistent with Resident 36's diet order due to their high sugar content, which could affect the resident's blood glucose levels. RNS 3 stated the resident had missing teeth and was at risk of choking, making the food items potentially dangerous.During an interview on 5/6/2026 at 11:35 am with RNS 3, RNS 3 stated monitoring, handling, storing and supervising outside food from visitors according to the resident's diet orders are nurse's responsibility. It's important for resident's health. During an interview on 5/7/2026 at 11:40 a.m. with the Director or Nursing (DON), the DON stated the facility must monitor, handle, store and supervise outside food brought by visitors to prevent potential harm to the resident, food borne illness and pest attraction.During a review of the facility's Policy and Procedure (P&P) titled Food and Nutrition Services, revised 2/16/2026, the P&P indicatedAll food brought into the facility by family members or visitors must be checked by a representative of the food and nutrition department or a nurse to assure that the food is not in conflict with the resident's prescribed diet plan as it relates to therapeutic and texture/fluid modifications as ordered.Should the resident request that he/she be allowed to eat foods that are not in his/her prescribed diet plan, the (continued on next page)

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	05/07/2026

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 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dietary Service Supervisor (DSS)/Registered Dietitian shall discuss with the Resident and/or Resident Representative risk and benefits and follow-up as deemed appropriate with the attending physician. This follow-up shall be documented in the Resident medical record and placed on the facility care plan.Resident food shall be stored in the facility in the resident refrigerator in each clean utility room. All foods shall be labeled with the resident name and date on-perishable foods are those that do not require time and temperature control refrigeration for food safety. These may be stored in the resident room. They will be labeled with the resident's name and date. During a review of the facility's Policy and Procedure (P&P) titled Food from Home-Tips for Family Members, undated, the P&P indicated storing:If food is not consumed within 1 hour of arrival, speak with nursing and store immediately.Foods should be stored in single serve containers.Label containers with patient name, date, and item name.Refrigerate within an hour of arrival.All food items not consumed within 72 hours must be thrown out.Refrigerator should be 40 degrees For below and Freezer at 0degree F and hard frozen

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	05/07/2026

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe environment for one of two sample resident (Resident 80) when the molding located at the head of Resident 80's bed was damaged.This failure has the potential to result in injury and compromised infection control to the residents.Findings:During a review of Resident 80's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated the facility admitted Resident 80 on 11/26/2025 and readmitted [DATE] with diagnoses including acute posthemorrhagic anemia (a type of anemia that happens when you lose a lot of blood quickly, second-degree burn of head, face, neck, unspecified site, and chronic respiratory failure (a long-term problem where your longs can get enough oxygen into your blood or can't get enough carbon dioxide out of your blood).During a review of Resident 80's History and Physical (H&P), dated 4/1/2026, the H&P indicated the resident did not have the capacity to understand and make decisionsDuring a review of Resident 80's Minimum Data Set (MDS- a resident assessment tool), dated 4/5/2026, the MDS indicated Resident 80's capacity was severely impaired. The MDS also indicated Resident 80 was dependent (helper does all the effort) on staff with eating, oral hygiene, toileting hygiene, and showering.During an observation on 5/4/2026 at 10:18 a.m. in Resident 80's room, with Certified Nurse Assistant (CNA) 1, the molding located at the head of Resident 80's bed was observed damaged. CNA 1 stated the damaged headwall molding exposed the inner materials, and particles could fall onto the resident.During a concurrent observation and interview on 5/6/2026 at 7:59 a.m. with Housekeeper (HK)1, and HK 2 in Resident 80's room. HK 1 and HK 2 confirmed the molding located at the head of Resident 80's bed was damaged and was unsure when the damage occurred. HK 1 stated housekeeping cannot disinfect damaged molding properly.During an interview on 5/6/2026 at 8:26 a.m. with the Infection Preventionist (IP), the IP stated damaged molding should be repaired through maintenance to prevent paint and chips from falling onto the resident and causing potential injury. The IP stated the damaged surface could not be properly disinfected until repaired.During a concurrent interview and record review on 5/6/2026 at 8:45 a.m. with the Director of Maintenance (DOM), the facility's Maintenance Logs, for April and May 2026 were reviewed. The DOM stated maintenance review the log twice daily and no repair request had been submitted for the damaged molding within the last four weeks.During an interview on 5/7/2026 at 11:40 a.m. with Director or Nursing (DON), the DON stated the facility must provide a safe environment for residents to prevent injuries and ensure a safe surrounding environment.During a review of the Facility Assessment titled Physical environment and building/plant needs, dated 2026, the Facility Assessment indicated:Physical environment, equipment, services, and other physical plant considerations are reviewed to assure we meet the care needs of our residents. The facility physical structure and equipment are evaluated during routine inspections and, depending on findings and necessity, repair or replacement needs are managed in the current or future budgets or capital expense needs.The facility maintenance team uses maintenance request books located at each nursing station as a method to communicate work or repair orders. All facility staff have access to communicate with the facility maintenance team via the maintenance request books systems for any identified work or repair needs. Facility staff conduct routine inspections and testing to ensure all systems are working properly.During a review of the facility's Policy and Procedure (P&P) titled Repair of non-functioning items), the P&P indicated when there is something that needs to be repaired facility employees inform the maintenance department using the maintenance logs-employees can write a brief description of the repair that need to be completed in the maintenance log books.

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	05/07/2026

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain a sanitary, pest-free environment for one of nine sampled residents (Resident 105) when Family Member 1 (FM 1) discovered rodent droppings in Resident 105's laundry hamper while sorting through Resident 105's laundry.This deficient practice resulted in a damaged shirt and had the potential to result in negative health outcomes.Findings:During a review of Resident 105's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 105 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), abnormalities of gait and mobility, cognitive communication deficit (problems with communication), difficulty walking, and abnormal posture.During a review of Resident 105's Minimum Data Set ([MDS] a resident assessment tool), dated 3/15/2026, the MDS indicated Resident 105's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. The MDS indicated Resident 105 needed set-up assistance when eating, supervision, with oral hygiene, personal hygiene, needs partial assistance (helper does less than half the effort to complete the task) with toileting hygiene, upper body dressing, and substantial assistance (helper does more than half the effort to complete the task) with lower body dressing, showering, and putting on footwear.During a review of an email correspondence from FM 1 addressed to California Department of Public Health (CDPH), 5/6/2026 at 11:44 a.m., the email indicated on 5/5/2026 around 7:00 p.m., FM 1visited the facility and collected Resident 105's laundry. Upon returning home, FM 1 discovered rat droppings inside Resident 105's laundry hamper and among her clothes. FM 1 stated one of Resident 105's shirts had been chewed through in the chest area. FM 1 stated Resident 105's tremors and uncontrollable movements due to Parkinson's Disease, causes spillage of food during meals. FM 1 stated the food remnants attracted rodents to her personal living space and Resident 105's clothing.During a phone interview on 5/6/2026 at 2:10 p.m., with FM 1, FM 1 stated last night, 5/5/2026, after FM 1 visited and collected Resident 105's laundry, FM 1 found rat droppings and a damaged shirt when sorting Resident 105's laundry. FM 1 stated that Resident 105 spills food on her shirt when she eats because she has Parkinson's.During an interview on 5/7/2026 at 1 p.m. with the Director of Nursing (DON), the DON stated that rodents are never acceptable in the facility it was unsanitary and can negatively affect residents' health and safety.During a review of the facility's policy and procedure (P&P) titled, Pest Control, revised 5/2023, the P&P indicated it is the policy of this facility to provide an environment free of pests. Monitoring of the environment will be done by the facility's staff.