STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555668	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Skilled Nursing & Wellness Centre, LLC	11510 Imperial Highway 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Notice of Transfer/Discharge (a written notification to the resident or responsible party which includes the reason for transfer or discharge, where the resident will be transferred to, how to contact the Long-Term Care (LTC) Ombudsman (patient advocate), and how to appeal the transfer or discharge if necessary) was sent to the LTC Ombudsman upon transfer to a General Acute Care Hospital (GACH) for two of three sampled residents (Residents 1 and 2).This failure had the potential to result in an unsafe discharge and/or deny Resident 1 the right to appeal the discharge.Findings:a. 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 Resident 1 was admitted to the facility on [DATE]. Resident 1 had diagnosis including acute kidney failure (sudden and rapid decline in kidney function).During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact and was dependent (helper does all the effort) on facility staff to complete her activities of daily living ([ADL] activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Transfer Form dated 3/1/2026, the Transfer Form indicated Resident 1 was transferred to the GACH for new or worsening edema (swelling).During a review of Resident 1's Notice of Transfer/discharge date d 3/1/2026, the Notice of Transfer/Discharge did not indicate a copy was sent to the State LTC Ombudsman office.b. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE]. Resident 2 had diagnosis including unstageable pressure ulcer (a severe wound with full thickness skin and tissue loss, where the true depth and severity cannot be determined) of the sacral region (triangular section at the base of the spine, sitting just below the lower back and directly above the tailbone).During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognition was severely impaired and was dependent on facility staff to complete her ADLs.During a review of Resident 2's Physician Order dated 5/10/2026, the Physician Order indicated Resident 2 was to be transferred to the GACH due to shortness of breath and low blood pressure.During a review of Resident 2's Notice of Transfer/discharge date d 5/10/2026, the Notice of Transfer/Discharge did not indicate a copy was sent to the State LTC Ombudsman.During an interview on 5/21/2026 at 12:34 p.m., the Social Services Director (SSD) stated Residents 1 and 2 were transferred to the GACH on the weekend. The SSD stated she does not work on weekends and was not aware of who is responsible for sending the Notice of Transfer/Discharge to the Ombudsman office when she is off.During an interview on 5/21/2026 at 1:11 p.m., the Director of Nursing (DON) stated the nursing staff is responsible for sending a copy of the Notice of Transfer/discharge on the weekends because the social services department does not work on the weekends. The DON stated the Ombudsman needs the proper information to follow up on the residents so they can advocate for residents if needed.During a review of the facility's policy and procedure (P&P) titled Discharge and Transfer of Residents, dated 3/21/2025, the P&P indicated a copy of the Notice of Proposed Transfer and Discharge will be faxed to the ombudsman.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Director of Nursing (DON) documented the reason for transfer/discharge and the residents (Resident 1) refusal to sign the Notice of Transfer/Discharge (a written notification to the resident or responsible party which includes the reason for transfer or discharge, where the resident will be transferred to, how to contact the Long-Term Care (LTC) Ombudsman (patient advocate), and how to appeal the transfer or discharge if necessary)upon transfer to the General Acute Care Hospital (GACH) for one of three sampled residents (Resident 1). These failures had the potential to prevent Resident 1 from being properly informed of the basis for the transfer/discharge, which could impede her ability to understand and exercise her right to appeal the discharge.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 Resident 1 was admitted to the facility on [DATE]. Resident 1 had diagnosis including acute kidney failure (sudden and rapid decline in kidney function).During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact and was dependent (helper does all the effort) on facility staff to complete her activities of daily living ([ADL] activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Transfer Form dated 3/1/2026, the Transfer Form indicated Resident 1 was transferred to the GACH for new or worsening edema (swelling).During a review of Resident 1's Notice of Transfer/discharge date d 3/1/2026, there was no documentation indicating a reason for the transfer/discharge, and the section designated for the resident's signature was left blank. During an interview on 5/22/2026 at 1:11 p.m., the DON stated Resident 1's Notice of Transfer/Discharge was incomplete and should have indicated a reason for transfer. The DON stated she should have documented that Resident 1 refused to sign the Notice of Transfer/Discharge and had two nurses witness and sign the document. The DON stated on 3/1/2026, the facility was busy and it was a crazy day which is why the document was incomplete.During a review of the facility's policy and procedure (P&P) titled Completion & Correction, dated 3/25/2026, the P&P indicated the facility works to complete and correct medical records in a standardized manner to provide the highest quality and accuracy in documentation.