STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555719	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imperial Crest Health Care Center	11834 Inglewood Avenue Hawthorne, CA 90250

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow its Policy and Procedure (P/P) titled, Sharps Disposal which indicated to remove and replace Sharps Disposible containers when 75% to 80% full, in 1 of 2 shower rooms (shower room [ROOM NUMBER]). This failure had the potential to cause injuries, accidents and infections to residents in the facility. Findings:During a concurrent observation and interview on 06/10/2026 at 12:17 p.m., with Certified Nursing Assistant (CNA) 1, in shower room [ROOM NUMBER], one Sharps Disposal container was observed to be full, with two blue razors sticking out of the lid opening. CNA 1 stated the housekeeper normally replaced the Sharps Disposal when full. Having an overflowing Sharps container had the potential to cause accidents or injuries, and increased risk of infections for residents. During an interview on 06/17/2026 at 2:40 p.m., with the Central Supplies staff (CS), the CS stated he and nursing staff were responsible for changing the Sharp Disposable containers. The CS stated he would wait until the Sharp Disposable container was full (greater than 80%) before replacing it. The practice of changing the sharps disposal when full had the potential to cause accidents and injury to residents. During a review of the facility's P/P titled, Sharps Disposal dated 2012, the P&P indicated the facility shall discard contaminated sharps into designated containers. Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full.

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

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide care in accordance with professional standards of practice for one of three sampled residents (Resident 1) by failing to: Implement Resident 1's care plan titled, Incontinence which indicated interventions of assisting with toileting needs and/or provide incontinence (inability to control the flow of urine from the bladder or the escape of stool from the rectum) care after incontinent episodes. Follow the physician orders to monitor and document Resident 1's output (all liquids that leave the resident's body to monitor for issues such as kidney complications) in milliliters (mls- measurement of volume) every shift for 30 days. These failures had the potential to result in unidentified urinary retention (bladder doesn't empty properly), worsening pressure ulcers/wounds and urinary tract infection (UTI-an infection in any part of the urinary system) for Resident 1. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute pyelonephritis (a bacterial infection causing inflammation of the kidneys), overactive bladder (a condition in which the bladder squeezes urine out at the wrong time), and anxiety disorder (excessive fear or worry that interfere with daily activities).During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 5/19/2026, the MDS indicated Resident 1 had clear speech, the ability to express ideas and wants, and was able to understand others. The MDS indicated Resident 1 was always incontinent with urine and bowel and required substantial (helper does more than half the effort) assistance with oral hygiene, toileting hygiene and upper body dressing.During a review of Resident 1's Bowel and Bladder Program Screener, dated 05/16/2026, the Bowel and Bladder Program Screener indicated Resident 1 was immobile, forgetful, followed commands and was never aware of the need to toilet. The Bowel and Bladder Program Screener indicated Resident 1 had a decubitus (pressure ulcer- localized damage to the skin and/or underlying tissue usually over a bony prominence) stage 3 (full-thickness loss of skin. Dead and black tissue may be visible), stage 4 (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage or bone). During a review of Resident 1's Documentation Survey Report for the months of 5/2026 and 6/2026, the Documentation Survey Report indicated on 5/17/2026, 5/21/2026, 5/22/2026, 5/25/2026 and 5/26/2026 during the day shifts (7:00 a.m.- 3:30 p.m.), on 5/23/2026 during the night shift (11:00 p.m. - 7:00 a.m.), on 6/1/2026 during the evening (shift (3:00 p.m. -11:00 p.m.) and 6/3/2026 during the evening (3:00 p.m.- 11:00 p.m.) shifts, Resident 1's bowel and bladder elimination intervention/task were blank. During a review of Resident 1's Physician's Order dated 5/15/2026, the Physician's order indicated to monitor the resident's output every shift for 30 days and document output in mls.During a record review of Resident 1's Medication Administration Record (MAR), for the months of 5/2026 and 6/2026, the MAR indicated on 5/16/2026-5/31/2026 during the day and night shifts and on 6/1/2026 through 6/5/2026 during the evening shifts, Resident 1 had two episodes of urinating. The MAR did not indicate Resident 1's (urine) output was measured in mls. During a review of Resident 1's care plan titled, Incontinence dated 6/3/2026, the care plan indicated Resident 1's incontinence was not a new onset with diagnoses of cerebral vascular accident (CVA-stroke, loss of blood flow to a part of the brain), morbid obesity (a severe form of obesity characterized by a body mass index of 40 or higher, or a body mass index of 35 or higher with obesity-related health complications and over active bladder). The care plan goals indicated Resident 1 will be able to have bladder/bowel adequately emptied without complications through appropriate interventions and will be kept clean, dry and odor free. The care plan nursing interventions included assisting Resident 1 with toileting needs and/or provide incontinence care, monitor bladder incontinent episodes, assess for signs/symptoms of UTI and notify the Physician if the resident had a change in condition (COC). During an interview on 6/10/2026 at 1:18 p.m., with the Director of Staff development (DSD), the DSD stated (Resident 1's) urine incontinence were documented in the number (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of episodes, not in mls. The DSD stated failure to provide incontinence care could cause skin damage and infections. During a review of the facility's P/P titled, Urinary Continence and Incontinence-Assessment and Management, dated 8/2022, the P/P indicated staff and practitioner will appropriately screen for, and manage, individuals with urinary incontinence. Management of incontinence will follow relevant clinical guidelines. The physician and staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible.During a review of the P/P titled Fluid Intake & Output the P/P purpose indicated the facility will monitor intake and output as ordered. The P/P indicated daily intake and output shall be recorded for a minimum of 30 days as ordered by physician.