

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2026
NAME OF PROVIDER OR SUPPLIER Imperial Crest Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one of 2 sampled residents (Resident 2) was received shower as scheduled. This failure resulted in a poor quality care as evidenced by very poor grooming state, oily hair and presence of dandruff on the resident's hair, and the potential to affect the resident's quality of life. Findings: During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included dependence on respirator (ventilator, machine that breathes/assist with breathing) status metabolic encephalopathy (disease or brain not working properly). During a review of Resident 2's Care Plan titled Activities of Daily Life (ADL) function, dated 7/9/2024, the interventions indicated to assist with ADLs as needed. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 11/26/2025, the MDS indicated Resident 2 was not able to understand and be understood by others. The MDS indicated Resident 2 was dependent (Helper does all of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) on staff for ADL such oral hygiene, toileting hygiene, shower/bathe self, lower body dressing, and tub/shower transfer. During a review of Resident 2's Daily Body Check Report form, for the month of June to July 2026, the Daily Body Check Report form did not indicate Resident 1 received a shower, except for 6/29/2026. During a review of Resident 2's Documentation Survey Report (a document containing records of shower bath), for the month of 6/2026, the documentation did not indicate Resident 2 received a shower for the month except on 6/18/2026. During a concurrent observation and interview on 7/8/2026 at 12:18 p.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 2's hair was oily and dandruff were all over Resident 2's head. LVN 1 stated it looked like Resident 2 had not had a shower in a while. During a concurrent observation, interview and record review on 7/8/2026 at 12:43 p.m., with Certified Nurse Assistant (CNA 1), the Daily Shower Report from 6/1/2026 to 7/6/2026 was reviewed. CNA 1 stated the Reports from 6/1/2026 to 7/6/2026 indicated that Resident 1 was only showered on 6/29/2026. CNA 1 stated there were no documented showers for Resident 1 on her scheduled shower days on 6/1/2026, 6/4/2026, 6/8/2026, 6/11/2026, 6/15/2026, 6/22/2026, 6/25/2026, and 7/6/2026. CNA 1 stated Resident 1 had not been showered all those days. CNA stated she had not washed Resident 1's hair (date unspecified). CNA 1 stated Resident 1's hair was oily and had dandruff. CNA 1 checked Resident 1's drawers for hair products and CNA 1 stated there was no shampoo, conditioner or any other hair products for the resident to use. CNA 1 stated the family did not bring any hair products for Resident 1. CNA 1 stated all residents were supposed to get a shower twice a week even if they were bedridden or had a tracheostomy (small opening in the neck directly into windpipe that assist with breathing). CNA 1 stated Resident 1 was bedridden, and the staff could use a Hoyer lift (device to transfer individuals with limited (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555719	Facility ID: 555719
		If continuation sheet Page 1 of 2

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	mobility) to take her to the shower with the assistance of a Respiratory Therapist (specialist that cares for patients with lung/breathing disorders). CNA 1 stated providing residents showers on scheduled days were important to thoroughly clean their body with soap and water. During an interview on 7/8/2026 at 3:13 p.m., with Family Member 1 (FM 1), FM 1 stated every time she went to the facility, she would ask staff to shower Resident 1, but staff (unidentified staff) would tell FM 1 that Resident 1 received shower twice a week. FM 1 stated Resident 1 always looked as if she had not been showered for months and Resident 1's hair was oily and had dandruff. During a concurrent record review and interview on 7/8/2026 at 4:15 p.m., with Director of Nursing (DON), Resident 1's Documentation Survey Report for the month of June 2026 was reviewed. The DON stated the documentation indicated Resident 1 had showered once for the month of June 2026. The DON stated all residents were supposed to have a shower unless they were stable. During a review of the facility's Policy & Procedure (P&P) titled, Activities of Daily Living, dated 3/2018, the P&P indicated the facility should ensure that residents who were unable to carry out activities of daily living independently, will receive the services necessary to maintain good grooming and personal hygiene.		