

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2026
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	

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)
<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure dental services were scheduled so that one of three sampled residents (Residents 1), was seen by a dentist (a health care professional who specializes in teeth, gums, and mouth). This deficient practice had the potential to result in the worsening condition of the resident's teeth, leading to tooth infection, to suffer toothache, affecting the resident's inability to eat. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included type 2 diabetes mellitus (chronic condition where the body resists insulin or fails to produce enough, causing high blood sugar levels) and end-stage renal disease (ESRD, kidney failure). During a review of Resident 1's History and Physical (H&amp;P) dated 12/17/2025, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 3/20/2026, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required maximal assistance (Helper does more than half the effort. Helper lifts or holds trunks or limbs and provides more than half the effort) for eating and dependent (Helper does all 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 activity) for oral hygiene, toileting hygiene, shower/bathing self, upper/lower body dressing putting on/taking off footwear and personal hygiene. The MDS indicated Resident 1 was dependent with rolling from left to right, from sitting to lying position, lying to sitting on side of the bed, sitting to stand, chair/bed to chair transfer, tub/shower transfer, and car transfer. During an interview on 4/15/2026 at 2:58 p.m., Resident 1 stated he had not seen a dentist since he was admitted to the facility (12/16/2025), and his teeth were in bad condition (unspecified). During a concurrent observation and interview on 4/15/2026 at 3:48 p.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated Resident 1 had come to the facility with decomposed (deteriorated or broken) teeth, bad breath and did not know if Resident 1 was seen by a dentist since he was admitted. During a phone interview on 4/16/2026 at 8:57 a.m., with Renal Registered Dietitian (RD 2), RD 2 stated when Resident 1 was at the hemodialysis (HD, a medical treatment that filters waste, toxins, and excess water from the blood when kidneys cannot function effectively) center, she (RD 2) observed Resident 1 with rotten lower teeth and foul breath. RD 2 stated Resident 1 informed her that he had not seen a dentist since he was admitted to the facility. During a phone interview on 4/27/2026 at 4:06 p.m., with the Social Services Director (SSD), the SSD stated the dentist could not see Resident 1 whenever the dentist comes to the facility because Resident 1 was out for HD. The SSD stated she should have scheduled the dentist's visit on a day Resident 1 did not have HD to ensure he was seen. The SSD stated Resident 1's tooth decays could worsen and infected, affecting the resident's inability to eat and the resident could suffer tooth pain. During a review of the facility's P&amp;P titled, Dental Services, dated 12/1/2025, the P&amp;P indicated the facility will ensure every resident at the facility, receives or refuses, with full informed choice, the dental services necessary to maintain or improve oral health, including routine, preventive, restorative, and emergency dental care. The P&amp;P indicated the facility will assist residents in obtaining routine dental care from a licensed dentist.</p>

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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview and record review, the facility failed to ensure the right measuring device and the right ingredients were used in preparing the Consistent Carbohydrate Diet (CCHO, meal plan designed to manage blood sugar, especially for diabetes) and the low sodium (salt) food. This deficient practice had the potential to affect all the residents receiving CCHO and low sodium diets. This had the potential to result in elevated blood sugar levels for diabetic residents and fluid overload (clinical condition where excess fluid builds up in the body), edema (swelling), heart failure (chronic condition where heart muscle becomes weak or stiff to pump blood efficiently to meet the body's needs for oxygen), for residents with kidney diseases. Findings: During a concurrent observation on 4/15/2026 at 11:50 a.m., with the Dietary Supervisor (DS), the DS observed and verified the kitchen staff used scooper #8 (kitchen utensil used to provide 4 ounces [oz, unit of measurement] or half [1/2] cup portions) to serve mashed potatoes. During a concurrent record review and interview on 4/15/2026 at 1:35 p.m. with the Dietary Supervisor (DS), the Cooks Spreadsheet titled Spring 2026 Menus, dated week three, 4/15/2026, was reviewed. The DS stated the menu indicated to use #16 scoop (kitchen utensil used to provide 2 oz. or 1/4 [quarter] cup portions) when serving CCHO diet with small and regular servings of mashed potatoes. The DS stated using #8 scoop for serving mashed potatoes resulted in doubled portion of carbohydrates which could lead to an increase in blood sugar levels in residents receiving CCHO diets. During a concurrent observation, interview and record review on 4/16/2026 at 12:00 p.m., with the Cook, DS and Lead Assistant, the menu titled, The Good for You Health, dated 4/16/2026, indicating Szechuan pork and fried rice will be served for lunch, was reviewed. The Recipe Healthcare Menus Direct, LLC. 2026-week 3 Thursday, indicated to use low sodium chicken broth, soy sauce and hoisin sauce (a type of sauce) for the Szechuan pork sauce and to use low sodium soy sauce for the fried rice. The kitchen was observed and had no low sodium soy sauce, chicken broth and hoisin sauce. During a food test tray on 4/16/2026 at 12:26 p.m., the pork sauce and fried rice tasted were salty. During an interview on 4/16/2026 at 12:34 p.m., with the Cook, the [NAME] stated that she always followed the recipe but if the right ingredients were not available, she would use whatever was available. On the morning of 4/16/2026 (no time indicated), she checked the ingredients to be used for Szechuan pork and fried rice and there was no low salt soy sauce, hoisin sauce and chicken broth. The [NAME] stated she used the regular (salted) ingredients. The cook stated the regular chicken bouillon contained 620 milligrams (mg, a unit of measurement) salt per (l) three-fourth (3/4) of a teaspoon. The regular Chicken broth contained 700 mg of salt/cup, and the low salt chicken broth contained 140 mg/cup. The regular hoisin sauce contained 200 mg of salt/ tablespoon. The regular soy sauce had 900 mg/tablespoon, and the low soy sauce had 540 mg/tablespoon of salt. The cook stated the difference of salt was so much. During a phone interview on 4/21/2026 at 4:11 p.m., with the Registered Dietitian (RD), the RD stated, for example in renal diets, the amount of sodium ordered should be followed. RD stated that high sodium diets could lead to hypertension, fluid overload and edema. RD stated having too many carbohydrates could lead to elevated blood sugar levels. During a review of the facility's P&amp;P titled, Diet / Special Diets I Therapeutic Diets, dated 12/8/2025, the P&amp;P indicated the facility should provide resident's assessed needs, physician/practitioner orders. The P&amp;P indicated diets should be served as ordered.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure the food was palatable (tasty) for one of three sampled residents (Residents 1). This deficient practice had the potential for resident's poor meal intake and weight loss. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included type 2 diabetes mellitus (chronic condition where the body resists insulin or fails to produce enough, causing high blood sugar levels) and end-stage renal disease (ESRD, kidney failure). During a review of Resident 1's History and Physical (H&amp;P) dated 12/17/2025, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 3/20/2026, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required maximal assistance (Helper does more than half the effort. Helper lifts or holds trunks or limbs and provides more than half the effort) for eating and dependent (Helper does all 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 activity) for oral hygiene, toileting hygiene, shower/bathing self, upper/lower body dressing putting on/taking off footwear and personal hygiene. The MDS indicated Resident 1 was dependent with rolling from left to right, from sitting to lying position, lying to sitting on side of the bed, sitting to stand, chair/bed to chair transfer, tub/shower transfer, and car transfer. During an interview on 4/15/2026 at 2:58 p.m., with Resident 1, Resident 1 stated the food was very salty and sometimes it was difficult for him to eat. During a concurrent observation, interview and record review on 4/16/2026 at 12:00 p.m., with the Cook, DS and Lead Assistant, the menu titled, The Good for You Health, dated 4/16/2026, indicating Szechuan pork and fried rice will be served for lunch, was reviewed. The Recipe Healthcare Menus Direct, LLC. 2026-week 3 Thursday, indicated to use low sodium chicken broth, soy sauce and hoisin sauce (a type of sauce) for the Szechuan pork sauce and to use low sodium soy sauce for the fried rice. The kitchen was observed and had no low sodium soy sauce, chicken broth and hoisin sauce. During a food test tray on 4/16/2026 at 12:26 p.m., the pork sauce and fried rice tasted were salty. During an interview on 4/16/2026 at 12:34 p.m., with the Cook, the [NAME] stated that she always followed the recipe but if the right ingredients were not available, she would use whatever was available. On the morning of 4/16/2026 (no time indicated), she checked for the ingredients to be used and there was no low salt soy sauce, hoisin sauce and chicken broth. The [NAME] stated she used the regularly salted ingredients. The cook stated the regular chicken bouillon contained 620 milligrams (mg, a unit of measurement) salt per (l) three-fourth (3/4) of a teaspoon. The regular Chicken broth contained 700 mg of salt/cup- the low salt chicken broth contained 140 mg/cup. The regular hoisin sauce contained 200 mg of salt/ tablespoon. The regular soy sauce had 900 mg/tablespoon, and the low soy sauce had 540 mg/tablespoon of salt. The cook stated the difference of salt was so much. The [NAME] stated if food served were too salty, the residents won't enjoy it and might lose weight. During a review of the facility's policy and procedure (P&amp;P) titled, Menu Planning &amp; Implementation, dated 12/8/2025, the P&amp;P indicated the facility would provide nutritionally adequate, palatable, and well-balanced meals that meet the daily nutritional and special dietary needs of each resident in accordance with physician orders, resident preferences, and current standards of practice.</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide a therapeutic diet (meal plan prescribed by a healthcare professional [physician or dietitian] that modifies a regular diet to manage a specific medical condition, treat an illness, or improve overall health) as ordered by the physician for one of three sample residents (Resident 1). This deficient practice resulted in high blood sugar readings for Resident 1 and had the potential to cause complications such as diabetic coma (life-threatening, state of unconsciousness caused by extreme blood sugar levels). 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 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and end-stage renal disease (ESRD-irreversible kidney failure). During a review of Resident 1's History and Physical (H&amp;P) dated 12/17/2025, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Care Plan titled, Risk for unstable blood glucose due to diagnosis of DM type II dated 12/30/2025, the Care plan interventions indicated to administer diet as ordered: Consistent Carbohydrate Diet (CCHO-meal plan designed to manage blood sugar, especially for DM, by eating roughly the same amount of carbohydrates at the same time each day), soft and bite sized texture, regular/thin liquid consistency During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 3/20/2026, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort. Helper lifts or holds trunks or limbs and provides more than half the effort) for eating and was dependent (helper does all 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 activity) for bed mobility (the ability to roll from lying on back to left and right side, and return to lying on back on the bed), transfers, oral hygiene, toileting hygiene, showering/bathing self and dressing. During a review of Resident 1's Order Summary dated 1/16/2026, the Order Summary indicated to provide Resident 1 with a renal diet (kidney-friendly eating plan designed to reduce waste in the blood and protect kidney function), soft and bite sized texture, regular/thin liquid consistency, CCHO, and no salt placed on tray (NSPOT). The Order did not indicate to provide double portions (twice the standard amount of food for specific items on a resident's meal tray) to Resident 1. During a concurrent observation and interview on 4/15/2026 at 11:50 a.m., with the Dietary Supervisor (DS), the DS stated Resident 1 was served double portions of garden-fresh meat loaf, double portion of rice and a single portion of green beans. During meal service, the kitchen staff used #8 scoop, which provided 4 ounces (oz- measuring unit) or (1/2 cup) of rice, 3 oz. (3/8 cup) ladle for garden-fresh meat loaf, and 4 oz. ladle for green beans. During an observation on 4/15/2026 at 12:38 p.m., in Resident 1's room, Resident 1's lunch meal ticket indicated Resident 1 received a CCHO, NSPOT renal diet, soft and bite size double portions. Resident 1 had double portions of rice and meat, a single portion of green beans, and one 4 oz. carton of apple juice. During a subsequent, concurrent interview and record review on 4/15/2026 at 1:35 p.m., with the DS, Resident 1's meal ticket provided on 4/15/2026 and Physician's order dated 1/16/2026 were reviewed. The DS stated Resident 1 did not have an order for double portions of food. The DS stated Resident 1 had requested double portions and that was the reason the kitchen gave two 3 oz ladles of meatloaf to two #8 scoops of rice. The DS stated giving double portions of rice to Resident 1 could lead to high blood sugars. During a concurrent interview and record review on 4/16/2026 at 2:38 p.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 1 was being monitored for blood sugars and his blood sugars ranged from 177 milligram/deciliter (mg/dL- unit of measure) to 343 mg/dL for the month of 4/2026 before dinner. LVN 2 stated normal ranges for blood sugars were 70 to 99 mg/dL. LVN 2 stated he did not know (continued on next page)</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1 was getting double portions. Double portions could lead to elevated blood sugar levels and if not managed properly could cause diabetic coma. During a review of the facility's P&amp;P titled, Diet / Special Diets / Therapeutic Diets dated 12/8/2025, the P&amp;P indicated the facility will provide diets consistent with each resident's assessed needs and physician/practitioner orders. The P&amp;P indicated diets should be served as ordered and monitored for tolerance, adequacy, acceptance and effectiveness.</p>		