

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055072	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER ROSECRANS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1140 WEST ROSECRANS AVENUE , GARDENA, California, 90247	
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F0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint: 2790773 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the complaint: 2790773 (refer to Tag F609).	F0000	Facility ID: 055072 Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies will be corrected as specified and they will be monitored to prevent recurrence.. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of the Health and Safety Code 1280 and 42 C.R.F. 405.1907.	
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective	F0609	How corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice; On March 3, 2026 Registered Nurse (RN) supervisor and Charge nurse conducted a comprehensive physical assessment of Resident 1 to rule out further injury and ensure their safety. No other injury was noted and safety precautions in place. Staff receive re-education on the facility's policy and procedure on March 5, 2026, regarding reporting of unwitnessed injury with emphasis on reporting with the 24-hour time frame given by the Director of Nursing (DON). How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; To identify if any residents could have been affected, on February 3, 2026 the DON and Medical Record staff conducted a facility-wide audit of all incident reports and clinical records from the past 30 days to ensure every unwitnessed injury or injury with unknown origin was reported to CDPH within the 24-hour regulatory window, none was noted. On March 5, 2026 and on March 10, 2026 the Director of Nursing provided in-service to the staff regarding the facility's Unusual Occurrence Policy and Procedure, emphasizing on the importance of reporting to CDPH within 24 hours for unwitnessed injury.	3/3/26 3/5/26 3/5/26 3/10/26

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 reverse for further 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 Administrator	(X6) DATE 3/18/26
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F0609 SS = D	<p>Continued from page 1 action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1. Ensure one out of three sampled residents (Resident 1) unwitnessed injury to the left eye was reported to California Department of Public Health (CDPH).</p> <p>This deficient practice of not reporting to CDPH within 24 hours of an unwitnessed injury resulted in discoloration (a localized area of altered skin color that indicates underlying tissue damage) to the left eye.</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was initially admitted to the facility on 9/14/2024 and readmitted on 12/19/2025, with diagnoses metabolic encephalopathy (an acute or chronic alteration in brain function), epilepsy (a chronic neurological disorder characterized by recurrent, unprovoked seizures), dementia (a progressive state of decline in mental abilities), and muscle weakness (a reduction in the ability to generate normal force in muscles, often presenting as impaired physical mobility, fatigue, or decreased functional capacity).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 12/20/2025, the H&P indicated Resident 1 had a fluctuated capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Sheet ([MDS]- a resident assessment tool), dated 1/21/2026 the MDS indicated Resident 1 cognition (ability to learn, reason, remember, understand, and make decisions) was severely impaired. The MDS indicated Resident 1 required partial/moderate assistance (helper does more than half the effort. Helper lifts or hold trunks or limbs and provides more than half the effort) from staff for toileting hygiene, showers, and dressing.</p> <p>During a review of Resident 1's, "Change of Condition (COC)," dated 2/25/2026, the COC indicated Resident 1 had discoloration, dark purplish color, and swelling under her left eye.</p>	F0609	<p>What measures will be put into place or what systemic changes will the facility make to ensure that deficient practice does not recur;</p> <p>The Director of Nursing (DON) on March 3, 2026 updated the Incident Monitoring Log to track whether incidents were witnessed or unwitnessed. The log now also includes resident cognition levels to ensure more accurate reporting to the CDPH.</p> <p>Director of Nursing (DON) conduct weekly audits of incident reports for six weeks, followed by monthly audits ongoing, to verify that every unwitnessed injury is investigated and reported within CDPHN 24-hour regulatory window.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action is evaluated for its effectiveness. The POC is integrated into the quality assurance system;</p> <p>To ensure ongoing compliance, the Director of Nursing (DON) and Administrator will perform a weekly audit of the Incident Monitoring Log, verifying that every unwitnessed incident with injury has been reported to the California Department of Public Health (CDPH) within acceptable time frame.</p> <p>Monitoring results will be integrated into the facility's Quality Assurance and Performance Improvement (QAPI) system monthly for three months, where the committee will review the data to evaluate the effectiveness of the corrective actions and make necessary changes.</p>	3/3/26

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F0609 SS = D	<p>Continued from page 2</p> <p>During an observation on 2/27/2026 at 3:36 p.m., in Resident 1's room, Resident had a large dark bruise (an injury of discolored skin on the body) partially around the left eye.</p> <p>During an interview on 2/27/2026 at 3:36 p.m., Resident 1 could not explain how she had sustained an injury to her left eye.</p> <p>During a concurrent interview and record review on 2/27/2026 at 3:44 p.m., with Director of Nursing (DON), the facility's policy and procedure (P&P) titled, "Unusual Occurrence Reporting," dated 3/2024, the P&P indicated the facility was to notify the Department of Health Services of all unusual occurrences, within twenty-four hours. The P&P indicated any facility related injury of any resident which requires medical treatment. The P&P indicated occurrences that constitute an interference with facility operations that affect the welfare, safety or health of residents. The P&P indicated other injuries that affect the health and safety as identified by the facility and Department of Health Services (DHS) as required reporting. The DON stated Resident 1 had a large bruise on the left eye. The DON stated Resident 1 was impulsive (a patient's tendency to act quickly on a whim, emotion, and immediate desire without thinking about the potential negative consequences) and needed to be monitored. The DON stated the incident was not witnessed by staff and therefore the injury would be considered injury of an unknown source. The DON stated the process was to report within two hours for the federal process and 24 hours to the state. The DON stated that not reporting would impose on the departments final investigation and keeping the residents safe.</p> <p>During a review of Resident 1's progress notes, dated 2/27/26 at 10: 30 p.m., indicated Resident 1's physician was made aware of Resident 1's swelling and discoloration due to hitting her face on her bedside.</p> <p>During an interview on 3/3/2026 at 8:48 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 had discoloration to the left eye. LVN 1 stated she had reported the unwitnessed incident to the DON. LVN 1 stated the discoloration to the left eye was considered an injury of unknown source due to Resident 1's poor cognition. LVN 1 stated reports of unknown injury should be reported within two hours to the</p>	F0609		

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F0609 SS = D	<p>Continued from page 3 federal and 24 hours to the state. LVN 1 stated the injury should be investigated to maintain the wellness of Resident 1.</p> <p>During a review of the facility's P&P titled, "Investigating Resident Injuries," dated 4/2021, the P&P indicated injury of unknown source is define as an injury that met the following conditions such as the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident.</p> <p>During a review of the facility's P&P titled, "Unusual Occurrence Reporting," dated 3/2024, the P&P indicated the facility was to notify the Department of Health Services of all unusual occurrences, within twenty-four hours. The P&P indicated any facility related injury of any resident which requires medical treatment. The P&P indicated occurrences that constitute an interference with facility operations that affect the welfare, safety or health of residents. The P&P indicated other injuries that affect health and safety as identified by the facility and DHS as required reporting.</p>	F0609		