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8/25/2025
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PRINTED: 08/13/2025

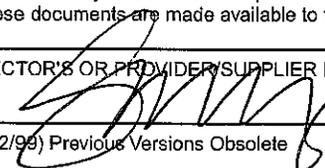
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055297	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER THE SPRINGS POST-ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 10625 LEFFINGWELL ROAD , NORWALK, California, 90650	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one facility reported incident and one complaint. Facility Reported Incident Number: 2580292. Complaint Number: 2581772 The inspection was limited to the specific facility reported incident and complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for facility-reported incident number 2580292 and Complaint number 2581772 at F550.	F0000	F000 This plan of correction constitutes the facility's written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts on the statement of Deficiencies. This Plan of Correction is prepared and /or executed solely because it is required by the provision of 42 C.F.R. 405. 1907 and state regulations.	08/22/2025
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of	F0550	F550 Resident Rights/Exercise of Rights 1. How corrective actions will be accomplished for those residents found to have been affected by the deficient practice. • Resident 1 remains in the facility and has no complaints/issues about his CNA. • CNA 1 will no longer be assigned to resident '1's roommate and cannot enter room since 08/02/2025. • Resident's 1 care plans were reviewed and updated according to his needs. • The DON provided in-service education regarding Resident Rights Policy and Procedures to nursing, rehab, activity, respiratory, and department heads' staff on 08/14/2025, 08/15/2025, 08/18/2025, 08/19/2025, and 08/20/2025. 2. How the facility will identify other resident having the potential to be affected by the deficient practice and what corrective action will be taken.	

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 Director of Nursing	(X6) DATE 08/22/2025
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F0550 SS = D	Continued from page 1 payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to protect one of three residents' (Resident 1) right to be treated with respect, kindness, and dignity when Certified Nurse Assistant (CNA) entered Resident 1's room, even after being banned from providing care to Resident 1. The deficient practice violated residents' rights and had the potential to result in negative psychological outcomes. Findings: During a review of Resident 1's Admission Record, the admission record indicated the facility originally admitted the resident on 4/3/2024 with a diagnosis including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis condition characterized by weakness on one side of the body, affecting the arm, leg, hand, and/or face), acute respiratory failure (occurs when the air sacs of the lungs cannot release enough oxygen into the blood), diabetes mellitus(DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), asthma (chronic lung disease), and Post traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a traumatic event).	F0550	<ul style="list-style-type: none"> The Administrator, DON, and Social Services Director (SSD) randomly interviewed alert and oriented residents to address any concerns/issues regarding their CNA, ensuring they are treated with respect, kindness, and dignity, and participate in decision-making regarding their care; no concerns/issues were brought up. There were no other residents affected by this deficient practice. The DON provided in-service education regarding Resident Rights Policy and Procedures to nursing, rehab, activity, respiratory, and department heads' staff on 08/14/2025, 08/15/2025, 08/18/2025, 08/19/2025, and 08/20/2025. <p>3. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not occur.</p> <p>Systemic changes will be achieved through in-service education and corrective action monitoring utilizing the facility quality assurance process.</p> <ul style="list-style-type: none"> The DON provided in-service education regarding Resident Rights Policy and Procedures to nursing, rehab, activity, respiratory, and department heads' staff on 08/14/2025, 08/15/2025, 08/18/2025, 08/19/2025, and 08/20/2025. The RN supervisor and charge nurse will review the assignment sheet every shift to ensure that staff who have issues with the resident will not be assigned to the resident's roommate and cannot enter the room. Any findings will be corrected immediately and reported to the DSD and DON for follow-up and corrections for future pre-assigned assignment sheets. The RN supervisor will randomly observe staff daily when providing care to the residents to ensure residents are treated with respect, kindness, and dignity, and that staff comply with resident care plans. Any findings will be corrected immediately and reported to the DON for follow-up and corrective actions. 	08/22/2025

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F0550 SS = D	<p>Continued from page 2</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 6/12/2025, the MDS indicated Resident 1's cognitive skills were moderately impaired. The MDS indicated Resident 1 was dependent (helper complete activities for residents) on staff with all Activities of Daily Living ([ADLs] activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a telephone interview on 8/5/2025 at 11:31 a.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated there was an incident months ago where the family member (FM) 1 complained about care rendered to Resident 1. CNA 1 stated, as a solution to the issue, CNA 1 was not to be assigned to provide care to Resident 1. CNA 1 stated on 8/2/2025 around 5 a.m. she did go into Resident 1's room and she did tell him she was closing the bed curtain for privacy for the roommate, Resident 2, since she was going to provide personal care to Resident 2.</p> <p>During a concurrent interview and record review on 8/5/2025 at 11 a.m., with the Director of Nursing (DON), Staffing sheets for 8/1/2025 for 11:00 p.m. to 7 a.m. shift were reviewed. The DON stated the staffing sheets indicated CNA 1 was assigned to Resident 2, Resident 1's roommate in Resident 1's room.</p> <p>During an interview on 8/5/2025 at 1:25 p.m., with the DON, the DON stated, with known conflict and complaints from Resident 1 about CNA 1, CNA 1 should not have been assigned to Resident 1's room at all.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Resident Rights", revised 2/2021, the P&P indicated residents have the right to be treated with respect, kindness, and dignity and the resident has the right to participate in decision-making regarding his care.</p>	F0550	<ul style="list-style-type: none"> • Department Heads will conduct daily room rounds and interview the residents regarding any concerns/issues regarding their CNA, ensuring they are treated with respect, kindness, and dignity, and participate in decision-making regarding their care. Immediate correction will be carried out upon notice of issues/concerns. Any findings during their room rounds will be discussed in the stand-up meeting for corrective actions and follow-up. • The DSD or designee will continue to provide in-service education regarding Resident Rights. <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Administrator and/or DON shall implement, monitor, and evaluate this Plan of Correction. The SSD or designee will recapitulate findings related to Resident Rights issues at the monthly QAA meeting for further evaluation, recommendation, and/or appropriate improvement actions. If it is determined that we have accomplished the objectives in the Plan of Corrections above and the results are successful, then the facility will consider the matter resolved. The QAA Committee will continue to review until the deficiency has been proven resolved for two consecutive months and/or advised by the QAA Committee.</p>	08/22/2025