

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER California Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. Imperial Hiwy Lynwood, CA 90262	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47679</p> <p>Based on interview and record review, the facility failed to initiate one of two sampled residents ' (Resident 9) 72-Hour Neurological Check (series of tests over a 72-hour period to assess for changes in neurological function) immediately after being struck in the head by Resident 10.</p> <p>This deficient practice resulted in Resident 9 ' s Neurological Check delayed seven hours and had the potential for Resident 9 to suffer undetected neurological deficits.</p> <p>Findings:</p> <p>a. During a review of Resident 10 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 10 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities), hypertension (elevated blood pressure), and anemia (condition where the body does not have enough healthy red blood cells).</p> <p>During a review of Resident 10 ' s Minimum Data Set ([MDS], a resident assessment tool), dated 1/10/2025, the MDS indicated Resident 10 ' s cognition (process of thinking) was severely impaired. The MDS indicated Resident 10 was dependent on staff ' s assistance with oral hygiene, bathing, lower body dressing, and personal hygiene.</p> <p>During a review of Resident 10 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 3/30/2025, the SBAR indicated Resident 10 swung his fist and hit Resident 9 on the back of Resident 9 ' s head.</p> <p>b. During a review of Resident 9 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 9 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included schizophrenia, major depressive disorder, and hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) affecting the left non-dominant side following a cerebral infarct (also known as stroke, a loss of blood flow to a part of the brain).</p> <p>During a review of Resident 9 ' s MDS, dated [DATE], the MDS indicated Resident 9 ' s cognition was intact. The MDS indicated Resident 9 required moderate assistance (helper does less than half the effort) with toileting, bathing, dressing, and personal hygiene.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2025
NAME OF PROVIDER OR SUPPLIER California Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. Imperial Hiwy Lynwood, CA 90262	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 9 ' s History and Physical (H&P), dated 2/13/2025, the H&P indicated Resident 9 had the capacity to understand and make decisions.</p> <p>During a review of Resident 9 ' s SBAR, dated 3/30/2025, the SBAR indicated a Certified Nursing Assistant (CNA) 3 witnessed Resident 10 hit the back of Resident 9 ' s head.</p> <p>During a review of Resident 9 ' s Care Plan, dated 3/31/2025, the Care Plan indicated Resident 9 was involved in a resident-to-resident altercation and resulted in Resident 9 being hit on the back of the head. The Care Plan indicated Resident 9 was at risk for late effect symptoms from being hit on the back of the head. The Care Plan indicated staff interventions to conduct the neurological checks for 72 hours and to communicate with Resident 9 ' s physician of any possible neurological changes.</p> <p>During an interview on 4/3/2025 at 12:54 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, on 3/30/2025, she was assigned to Resident 9 ' s care. LVN 1 stated she could not recall when Resident 9 ' s Neurological Checks were initiated, however, the Neurological Checks were not initiated immediately after the incident. LVN 1 stated the Director of Nursing (DON) gave the order to the licensed nurses to initiate Resident 9 ' s Neurological Checks. LVN 1 stated on 3/30/2025, Resident 9 ' s Neurological Checks should have been initiated immediately after the altercation due to CNA 3 witnessing Resident 10 hitting Resident 9 on the back of the head.</p> <p>During an interview on 4/2/2025 at 2:09 p.m., with the Director of Nursing (DON), the DON stated the licensed nurses could initiate Neurological Checks on any resident that had an unwitnessed fall or any kind of head trauma. The DON stated on 3/31/2025, she became aware that CNA 3 witnessed Resident 10 hitting Resident 9, and she gave the order to initiate neurological checks.</p> <p>During a concurrent interview and record review on 4/2/2025 at 2:13 p.m., with the DON, Resident 9 ' s Neurological Check, dated 3/31/2025, was reviewed. The DON stated Resident 9 ' s Neurological Checks were not initiated until 1:15 a.m., which was approximately seven hours after the altercation between Resident 9 and Resident 10. The DON stated Resident 9 ' s Neurological Checks should have been initiated immediately after the altercation. The DON stated being hit on the head was a type of head trauma that required monitoring to observe for any neurological changes. The DON stated due to the delay in initiating Resident 9 ' s Neurological Checks, Resident 9 was at risk of experiencing a delayed effect of the incident and would have a delay in necessary medical treatment.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Neurological Assessment, dated 1/2018, the P&P indicated, neurological assessments were indicated following an accident involving head trauma.</p>		