STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a care plan (a document that outlined a resident's health needs and the care they required) for two out of six residents (Resident 1 and 6) by failing to: 1. Ensure the facility developed a resident centered care plan for Resident 1's behavior of wandering into other residents ' rooms. 2. Ensure the facility developed a resident centered care plan for Resident 6's behavior of calling 911 without notifying staff. This deficient practice had the potential to delay and negatively affect the delivery of care for Resident 1 and 6's behavioral management. Findings: 1. During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities) and seizure (a sudden, uncontrolled electrical disturbance in the brain which could cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool), dated 4/11/2025, the MDS indicated Resident 1 had severely impaired cognitive skills for daily decision making (ability to think, remember and reason). The MDS indicated Resident 1 required setup assistance with chair/bed-to-chair transferring; supervision with eating and walking; maximal assistance (helper did more than half the effort) with oral hygiene; and was dependent (helper did all the effort) with toileting hygiene, personal hygiene, and showering/ bathing self. During a review of Resident 1 ' s History and Physical (H&P), dated 10/4/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1 ' s Order Summary Report, as of 5/13/2025, the report indicated an order for wander guard (a wander management system, a security system designed to prevent residents from wandering outside of designated areas, particularly in nursing homes.) (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1 ' s Elopement Risk Assessment (ERA), dated 3/7/2025, the ERA indicated Resident 1 was at moderate risk of elopement. The ERA indicated Resident 1 had behavior of wandering aimlessly. The ERA indicated Resident 1 ' s wandering behavior was not new. During an interview on 5/13/2025 at 10:27 a.m. with the Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 had behavior of wandering into other residents ' rooms every other day. During a concurrent record review and interview on 5/13/2025 at 11:33 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s care plans, as of 5/13/2025, were reviewed. There were no care plans to address Resident 1 ' s behavior of wandering into other residents ' rooms. LVN 1 stated Resident 1 sometimes walked into other residents ' rooms. LVN 1 stated facility should have a care plan addressing Resident 1 ' s behavior of wandering into other residents ' rooms. LVN 1 stated the risks were that some residents might not like Resident 1 wandering into their rooms, and that could lead to retaliation (acting back in response to an injury or offense) and physical altercation (physical confrontation, often involving pushing, shoving, hitting, or other acts of physical aggression). LVN 1 stated incidents and resident-to-resident altercation could happen. LVN 1 stated licensed nurses were responsible for developing care plans. LVN 1 stated the purposes of the care plans were to monitor behavior, prevent incidents, and develop goals and interventions to address residents ' behaviors. LVN 1 stated it was for both residents and facility ' s safety. 2. During a review of Resident 6 ' s admission Record, the admission Record indicated Resident 6 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 6 ' s diagnoses included depression (a common mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities that were once pleasurable) and chronic kidney disease (CKD, a condition where the kidneys were damaged and could not filter blood as well as they should). During a review of Resident 6 ' s MDS, dated [DATE], the MDS indicated Resident 6 had intact cognitive skills for daily decision making. The MDS indicated Resident 6 required supervision with eating; moderate assistance (helper did less than half the effort) with oral hygiene; maximal assistance with showering/ bathing self and personal hygiene; and was dependent with toileting hygiene and chair/ bed-to-chair transferring. The MDS indicated Resident 6 used wheelchair for mobility device. During a review of Resident 6 ' s H&P, dated 9/17/2024, the H&P indicated Resident 6 had the capacity to understand and make decisions. During a review of Resident 6 ' s Nursing Progress Notes, dated 3/18/2025, the notes indicated Resident 6 called 911 using personal phone for shortness of breath (SOB), and Resident 6 was transferred to a general acute care hospital (GACH). During a review of Resident 6 ' s Nursing Progress Notes, dated 5/2/2025, the notes indicated Resident 6 called 911 complaining of rectal bleeding, bedsore, and pain without notifying the staff. The notes indicated Resident 6 was transferred to a GACH. During a review of Resident 6 ' s Nursing Progress Notes, dated 5/7/2025, the notes indicated Resident 6 called 911 without notifying the charge nurse about having pain in rectum. The notes indicated Resident 6 was transferred to a GACH. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent record review and interview on 5/13/2025 at 12:25 p.m. with Registered Nurse (RN) 1, Resident 6 ' s care plans, as of 5/13/2025, were reviewed. There were no care plans to address Resident 6 ' s behavior of calling 911 without notifying staff. RN 1 stated the facility should have a care plan addressing Resident 6 ' s behavior of calling 911 without talking to staff. RN 1 stated the purposes of the care plans were to address residents ' issues and provide intervention. RN 1 stated the licensed nurse who was aware of the behavior was responsible for developing the care plan. RN 1 stated the risk was possibly delayed necessary care for Resident 6. During a concurrent record review and interview on 5/13/2025 at 1:59 p.m. with the Quality Assurance Nurse (QAN), Resident 6 ' s care plans, as of 5/13/2025, were reviewed. There were no care plans to address Resident 6 ' s behavior of calling 911 without notifying staff. The QAN stated facility needed to have a care plan addressing Resident 6 ' s behavior. The QAN stated the intervention to Resident 6 ' s change of condition would be more specific, if there was a care plan to address Resident 6 ' s behavior. The QAN stated facility needed to ensure there was a care plan for residents ' changes. The QAN stated there were more chances for Resident 6 not receiving the help he needed at that moment. The QAN stated she was the one ensuring the care plans were completed. During a review of the facility ' s Policy and Procedure (P&P), titled Change of Condition, dated 8/2017, the P&P indicated Care plan for change of condition will be developed. During a review of the facility ' s P&P, titled, Care Planning - Interdisciplinary Team, dated 1/2018, the P&P indicated A comprehensive care plan for each resident is developed within seven days of completion of the resident assessment (MDS). The care plan is based on the resident's comprehensive assessment and is developed by a care planning/interdisciplinary team.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the clinical records for four of six residents (Residents 1, 3, 4, and 6) were complete and accurate. This deficient practice had the potential to result in a lack of communication between the staff involved in the residents ' care and had the potential to delay and interrupt the provision of care when needed to maintain the residents ' highest practicable, physical, mental and psychosocial well-being. Findings: 1. During a review of Resident 1 ' s admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities) and seizure (a sudden, uncontrolled electrical disturbance in the brain which could cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment tool), dated 4/11/2025, the MDS indicated Resident 1 had severe cognitive impairment. The MDS indicated Resident 1 required setup assistance with chair/bed-to-chair transferring; supervision with eating and walking; maximal assistance (helper did more than half the effort) with oral hygiene; and was dependent (helper did all the effort) with toileting hygiene, personal hygiene, and showering/ bathing self. During a review of Resident 1 ' s History and Physical (H&P), dated 10/4/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there was a change of condition among the residents), dated 4/27/2025, the SBAR indicated Resident 1 had a physical altercation with Resident 2 on 4/27/2025 at 9:50 a.m. During a concurrent interview and record review on 5/13/2025 at 11:33 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s Nursing progress notes, dated 4/27/2025 - 4/30/2025, were reviewed. LVN 1 stated Resident 1 was started on 72-hour monitoring on 4/27/2025 after the physical altercation with Resident 2. LVN 1 stated the purpose of 72-hour monitoring was to ensure Resident 1 ' s neurological or behavioral changes were monitored. LVN 1 stated the progress notes did not indicate documentation that Resident 1 was monitored on 4/29/2025 (morning and evening shifts). LVN 1 stated the staff would not know any changes the resident might have if there were no notes documented in the resident ' s clinical record on 4/29/2025 (morning and evening shifts). LVN 1 stated it was important for the staff to monitor Resident 1 and document in the progress notes so that any changes (discomfort or distress) Resident 1 may have could be addressed timely and not delay the necessary care for Resident 1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/13/2025 at 12:25 p.m. with Registered Nurse (RN) 1, RN 1 stated the licensed nurses conducted Resident 1 ' s 72-hour monitoring every shift and were responsible to ensure monitoring were documented in the resident ' s progress notes. 2). During a review of Resident 3 ' s admission Record, the admission Record indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 ' s diagnoses included hypertension (HTN-high blood pressure), anemia (a condition where the body did not have enough healthy red blood cells), chronic kidney disease (CKD, a condition where the kidneys were damaged and could not filter blood as well as they should), and dementia (a progressive state of decline in mental abilities). During a review of Resident 3 ' s MDS, dated [DATE], the MDS indicated Resident 3 had mild cognitiveimpairment. The MDS indicated Resident 3 required setup assistance with eating, oral hygiene, and personal hygiene: supervision with toileting hygiene, showering/ bathing self, and chair/ bed-to-chair transferring. The MDS indicated Resident 3 had lower extremities impairment and used wheelchair for mobility device. During a review of Resident 3 ' s H&P, dated 6/7/2024, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a concurrent interview and record review on 5/13/2025 at 12:25 p.m. with RN 1, Resident 3 ' s 4/2025 MAR were reviewed. RN 1 stated Resident 3 ' s 4/6/2025 MAR for the evening shift were blank, indicatingthe medications were not given to Resident 3. RN 1 stated the licensed nurses were responsible for ensuring the residents ' MAR were completed. 3). During a review of Resident 4 ' s admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE]. Resident 4 ' s diagnoses included dementia and Chronic Kidney Disease ([CKD] kidney failure). During a review of Resident 4 ' s MDS, dated [DATE], the MDS indicated Resident 4 had severe cognitiveimpairment. The MDS indicated Resident 4 required supervision with eating; moderate assistance (helper did less than half the effort) with oral hygiene; maximal assistance with personal hygiene; and was dependent on toileting hygiene, showering/ bathing self, and chair/ bed-to-chair transferring. The MDS indicated Resident 6 used wheelchair for mobility device. During a review of Resident 4 ' s H&P, dated 12/19/2024, the H&P indicated Resident 4 had fluctuating capacity (might have capacity at one point in time and lack it at another) to understand and make decisions. During a review of Resident 4 ' s SBAR, dated 4/26/2025, the SBAR indicated Resident 4 had a physical altercation with Resident 3 on 4/26/2025 at 3:15 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 5/13/2025 at 11:33 a.m. with LVN 1, Resident 4 ' s Nursing progress notes, dated 4/26/2025 - 4/30/2025, were reviewed. LVN 1 stated Resident 4 was started on the 72-hour monitoring on 4/26/2025, evening shift and should end on 4/29/2025, evening shift. LVN 1 stated the progress notes did not indicate documentation Resident 4 was monitored on 4/29/2025 evening shift. LVN 1 stated it was important for the staff to monitor Resident 4 and document in the progress notes so that any changes (discomfort or distress) Resident 4 may have could be addressed timely and not delay the necessary care Resident 4 may need. 4). During a review of Resident 6 ' s admission Record, the admission Record indicated Resident 6 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 6 ' s diagnoses included depression (a common mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities that were once pleasurable), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), dependence on renal dialysis, and CKD. During a review of Resident 6 ' s MDS, dated [DATE], the MDS indicated Resident 6 had no cognitive impairment. The MDS indicated Resident 6 required supervision with eating; moderate assistance with oral hygiene; maximal assistance with showering/ bathing self and personal hygiene; and was dependent on toileting hygiene and chair/ bed-to-chair transferring. The MDS indicated Resident 6 used wheelchair for mobility device. During a review of Resident 6 ' s H&P, dated 9/17/2024, the H&P indicated Resident 6 had the capacity to understand and make decisions. During a concurrent interview and record review on 5/13/2025 at 12:25 p.m. with RN 1, Resident 6 ' s 4/2025 MAR was reviewed. RN 1 stated Resident 6 ' s MAR on 4/17/2025 morning shift were blank indicating Resident 6 ' s medications were not given. RN 1 stated Resident 6 was on hemodialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidneys had failed) and dependence on his medication. RN 1 stated Resident 6 ' s blood pressure might go up without his medications. During a concurrent interview and record review on 5/13/2025 at 15:25 a.m. with RN 1, Resident 6 ' s nursing progress notes, dated 5/2/2025, were reviewed. RN 1 stated, the progress notes did not indicate documentation when Resident 6 returned from the dialysis center on 5/2/2025. RN 1 stated the licensed nurse must document in Resident 6 ' s progress notes when residents return from their dialysis. RN 1 stated the purpose of documentation was for the staff to know any changes in the resident ' s status after the dialysis. RN 1 stated, without the documentation, the risk of possible delay in the necessary care if Resident 6 had changes in condition after the dialysis. During a review of the facility ' s policy and procedure (P&P) titled, Hemodialysis, Care of Residents, dated 6/2023, the P&P indicated the facility should document pre and post dialysis, including method of transportation, medications given, vital signs, and weight. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055052	A. Building B. Wing	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Post-Acute Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility ' s P&P titled Documentation guidelines, dated 11/2021, the P&P indicated, documentation is required for resident's condition, changes in the resident's condition. The facility should promptly record as the events or observations occur; complete, concise, descriptive, factual, and accurately describe services provided to/for the resident. The P&P further indicated, when administration of medications/treatments or other care is not recorded as required by law, it will be presumed that the medication, treatment or care were not provided.