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	06/30/2025

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. Based on interview and record review, the facility failed to develop a person-centered care plan for one of five sampled residents (Resident 1) who was diagnosed with Alzheimer's disease (a disease characterized by a progressive decline in mental abilities) and anxiety (a mental health condition where feelings of fear, worry, and unease are intense). This deficient practice had the potential to negatively affect Resident 1's physical, mental, and psychosocial well-being and had the potential to delay the delivery of necessary care and services. Findings: During a review of Resident 1's admission Record (Face Sheet), the admission Record indicated the facility admitted Resident 1 on 5/13/2025 with diagnoses including anxiety disorder, Alzheimer's disease, and muscle weakness (loss of muscle strength). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 6/6/2025, the MDS indicated Resident 1's cognition (process of thinking) was intact. The MDS indicated Resident 1 required moderate (helper does less than half the effort) assistance from staff for activities of daily living (ADLS) routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves. During a concurrent interview and record review on 7/1/2025 at 3:24 p.m., with Registered Nurse (RN) 1, Resident 1's care plans dated 6/2024 to 7/2025, were reviewed. RN 1 stated there were no care plans initiated to indicate Resident 1's Alzheimer's and anxiety diagnoses. RN 1 stated care plans serve as a communication tool among facility staff who provided care for residents of the facility. RN 1 stated without the care plan in place staff would not be able to provide quality of care to residents. During a review of the facility's policy and procedure (P&P) titled Comprehensive Plan of Care, dated 12/2016, the P&P indicated the facility would provide each resident with a comprehensive plan of care developed that includes goals, measurable objectives and timetables to meet their medical, nursing, mental, psychosocial needs identified during comprehensive assessment .the comprehensive care plan must describe services that are provided to the resident to attain or maintain the residents highest practicable physical, mental and psychosocial well-being.

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