

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 08/27/2025
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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: 055052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER California Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. Imperial Hwy 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of four sampled residents (Residents 1 and 2) were treated with dignity and respect when the facility: 1. Did not assist Resident 1 to use the bedside commode (a portable toilet for individuals with limited mobility to use at their bedside) in a timely manner. 2. Did not ask permission prior to taking Resident 2's bag of belongings from the resident's room. This failure resulted in Resident 1 urinating on the floor and damaging Resident 2's belonging of sentimental value (an item used as a reminder of important memories, loved ones, or experiences). This failure also had the potential to negatively affect Resident 1 and Resident 2's psychosocial well-being. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including unilateral (affecting one side) primary osteoarthritis (a progress disorder of the joints, caused by gradual loss of cartilage) of the right knee and history of falls. During a review of Resident 1's History and Physical (H&P) dated 7/1/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 7/3/2025, the MDS indicated Resident 1 was cognitively intact (no issues with the ability to think and reason). The MDS indicated Resident 1 required substantial/maximum assistance (helper does more than half the effort) to perform Activities of Daily Living (ADLs) such as lower body dressing (the ability to dress and undress below the waist) and required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) to perform movements such as sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) and toilet transfers (the ability to get on and off a toilet or commode). The MDS indicated Resident 1 was always continent of bowel and bladder (having the ability to control the release of urine and stool). During an interview on 8/27/2025 at 10:16 a.m., with Resident 1 in Resident 1's room, Resident 1 stated she was continent and required assistance from staff when transferring from the bed to use the bedside commode. Resident 1 stated staff did not respond when she pressed her call light and was not assisted in using the commode (date and time unknown), which resulted in the resident urinating on the floor. Resident 1 stated, after the incident, staff (unnamed) apologized to the resident and notified her that the reason staff could not respond to her right away was because the facility was short staffed. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 2's diagnoses included Type 2 Diabetes Mellitus ([DM], a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (high blood pressure) and adjustment disorder with depressed mood (mental condition characterized by persistent feelings of sadness and hopelessness that develop in response to a significant stressor). During a review of Resident 2's H&P dated 11/24/2024, the H&P indicated Resident 2 had the capacity to understand and make decisions. During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 required substantial/maximum assistance to perform ADLs such as showering/bathing self and required supervision or touching assistance when transferring from bed to chair. The MDS daily preferences while in the facility indicated it was very important for the Resident that his personal belongings or things are taken care of. During an interview on 8/26/2025 at 12:44 p.m., with Resident 2 in Resident 2's room, Resident 2 stated, he left his room while housekeeping was deep cleaning (date unknown) and when he returned (to his room), Resident 2 noticed his bag of belongings were missing. Resident 2 stated, later laundry staff (unnamed) informed him the bag of his belongings were in the laundry department and would return them after the clothes were cleaned. Resident 2 stated he was upset because he did not ask staff to take his belongings and did not like sending his clothes to the laundry. Resident 2 stated a glass jar and paper item with sentimental value was in a coat pocket that was laundered and was damaged. During an interview on 8/27/2025 at 12:34 p.m., with Laundry Staff (LS) 1, LS 1 stated to have observed broken glass in the dryer after washing Resident 2's clothes when Resident 2's room was deep cleaned. During interviews on 8/27/2025 at 1:32 p.m. and 8/28/2025 at 2:29 p.m., with the Maintenance Supervisor (MS), the MS stated he took Resident 2's bag of belongings from the resident's room (while Resident 2 was not in the room) to the laundry department while the resident's room was being deep cleaned. The MS stated he observed the bag of clothing on the floor and believed that Resident 2 wanted to have his clothes washed because Resident 2</p>		

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 08/27/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</p>

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 08/27/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide sufficient nursing staff to meet residents' needs and requests for Activities of Daily Living (ADL) assistance in a timely manner, for three of four sampled residents (Residents 1, 2 and 4). This failure resulted in Resident 1 urinating on the floor and Resident 4 feeling upset. This failure also had the potential to cause accidents with injuries from falls and could negatively affect Resident 1, 2 and 4's psychosocial well-being. Findings:During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including unilateral (affecting one side) primary osteoarthritis (a progress disorder of the joints, caused by gradual loss of cartilage) of the right knee and history of falls. During a review of Resident 1's History and Physical (H&P) dated 7/1/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 7/3/2025, the MDS indicated Resident 1 was cognitively intact (no issues with the ability to think and reason). The MDS indicated Resident 1 required substantial/maximum assistance (helper does more than half the effort) to perform ADLs such as lower body dressing (the ability to dress and undress below the waist) and required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) to perform movements such as sit to stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) and toilet transfers (the ability to get on and off a toilet or commode).The MDS indicated Resident 1 was always continent of bowel and bladder (having the ability to control the release of urine and stool). During an interview on 8/27/2025 at 10:16 a.m., with Resident 1 in Resident 1's room, Resident 1 stated she was continent and required assistance from staff when transferring from the bed to use the bedside commode. Resident 1 stated staff did not respond when she pressed her call light and was not assisted in using the commode (date and time unknown), which resulted in the resident urinating on the floor. Resident 1 stated, after the incident, staff (unnamed) apologized and notified her that the reason staff could not respond to her right away was because the facility was short staffed. Resident 1 stated, there were instances when she had to use her bedside table to guide herself to the commode because staff could not get to her on time due to short staffing and she did not want to urinate on herself. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 2's diagnoses included Type 2 Diabetes Mellitus ([DM], a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (high blood pressure) and adjustment disorder with depressed mood (mental condition characterized by persistent feelings of sadness and hopelessness that develop in response to a significant stressor). During a review of Resident 2's H&P dated 11/24/2024, the H&P indicated Resident 2 had the capacity to understand and make decisions.During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 was cognitively intact. The MDS indicated Resident 2 required substantial/maximum assistance to perform ADLs such as showering/bathing self and required supervision or touching assistance when transferring from bed to chair. The MDS indicated Resident 3 was always continent of bowel and bladder. During interviews on 8/26/2025 at 12:36 p.m., with Resident 2 in Resident 2's room, Resident 2 stated, he needed assistance to empty his urinal and bedpan. Resident 2 stated, during the afternoon shifts (after 3 p.m.) it could take hours before he was assisted. Resident 2 stated, staff would notify him they were short staffed. During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE]. The admission Record indicated Resident 4's diagnoses included muscle weakness, urinary tract infection ([UTI] an infection in the bladder/urinary tract) and history of falls. During a review of Resident 4's H&P dated 3/12/2025, the H&P indicated Resident 4 had the capacity to understand and make decisions.During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 was totally dependent on staff (helper does all the effort. Resident does none of the effort to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity) to perform ADLs such as toileting and personal hygiene, lower body dressing, bed mobility (rolling left and right) and lying to sitting on side of the bed. The MDS indicated Resident 4 was frequently incontinent of bowel and bladder . During an interview on 8/27/2025 at 9:58 a.m., with Resident 4 in Resident 4's room, Resident 4 stated staff would take up to 30 minutes to help the resident. Resident 4 stated, it made him feel bad. During an interview on</p>		