

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  01/19/2026
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 1), wheelchair and ice chest was returned to him in a timely manner after his room was fumigated (a method of using a lethal gas to exterminate pest within an enclosed space) on 1/15/2026. This failure resulted in Resident 1 having feelings of harassment, retaliation and had the potential in Resident 1 feeling powerless without his wheelchair. Findings: During a review of Resident 1's admission Record (Face Sheet-front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs), benign prostatic hyperplasia (a condition in which the prostate gland grows larger than normal), neuromuscular dysfunction of the bladder (lack of bladder control due to brain, spinal cord or nerve problems) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 1's History and Physical (H&amp;P), dated 1/21/2025, the H&amp;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 10/3/2025, the MDS indicated Resident 1 was dependent (helper does all the effort) on nursing staff for toileting, lower body dressing, sitting, lying, and transferring. The MDS indicated Resident 1 needed substantial to maximal assistance from nursing staff with showering upper body dressing, personal hygiene, and rolling from left to right. During an interview on 1/17/2026 at 11:43 a.m. with Resident 1, Resident 1 stated he felt harassed because his wheelchair and ice chest were removed from his room and placed in storage. Resident 1 stated he does not trust the facility with his personal belongings. Resident 1 stated personal items come up missing or broken. Resident 1 stated the facility used the need for fumigation as a tactic to remove his wheelchair and ice chest. Resident 1 stated he felt bullied and controlled like being in jail. Resident 1 stated his room was fumigated on 1/15/2026. Resident 1 stated on 1/16/2026 he asked the Administrator (ADM) to have his wheelchair and ice cooler back. Resident 1 stated the ADM told him he would look into getting his wheelchair ice cooler back. Resident 1 stated the Social Worker (SW) had something to do with removing his wheelchair and ice cooler. During an interview on 1/17/2026 at 2:17 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 was paralyzed (loss of muscle function in part or all of the body) from the waist down and asked about his wheelchair today. CNA 1 stated Resident 1 said the SW took his wheelchair and ice cooler and did not bring them back. During an interview on 1/17/2026 at 2:32 p.m. with CNA 2, CNA 2 stated Resident 1's wheelchair, ice chest and personal property was removed from his bedside to fumigate the room. During an interview on 1/17/2026 at 3:01 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 1/15/2026 CNAs helped to clear Resident 1's room out. LVN 1 stated he does not know where Resident 1's property is. LVN 1 stated Resident 1 does not like people to touch his property. During</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
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>an interview on 1/17/2026 at 3:48 p.m. with the Director of Nursing (DON), the DON stated on 1/15/2026 at 10 a.m. to 12 p.m. Resident 1's room was fumigated. The DON stated the SW was responsible for returning the residents' property. During an interview on 1/19/2025 at 2:19 p.m. with the ADM, the ADM stated we wanted to store the wheelchair and ice chest until after the room was fumigated. The ADM stated he instructed the staff to return Resident 1's property. The ADM stated he instructed the SW to give Resident 1's wheelchair back after the room was cleaned. The ADM stated if they told Resident 1 to place his property in storage, Resident 1 would get upset. During a review of the Facility's Policy and Procedure (P&amp;P), titled Resident's Homelike Environment, dated 12/2027, the P&amp;P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>		