

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Kennedy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 619 N. Fairfax Ave Los Angeles, CA 90036	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview, and record review, the facility failed to implement its policy and procedures (P&P) titled Resident Rights, reviewed on 4/17/2024. By failing to inform one of four sampled residents (Resident 1 ' s) legal representatives of a change in the condition or status of the resident on 8/6/2024.</p> <p>This deficient practice violated the resident and legal representative right to be notified and participate in changes to the plan of care.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnosis including urinary tract infection (UTI- an infection in the bladder/urinary tract) and unspecified dementia (a progressive state of decline in mental abilities).</p> <p>A review of Resident 1 ' s History and Physical dated 7/21/2024 indicated, Resident 1 had fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/26/2024, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were mildly impaired. The MDS indicated Resident 1 required maximal assistance and was dependent on facility staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>A review of Resident 1 ' s Durable Power of Attorney (DPOA - authorizes someone else to handle certain matters, such as finances or health care, on someone ' s behalf. If a power of attorney is durable, it remains in effect if the person become incapacitated for any reason, including illness and accidents) for healthcare signed and dated on 4/8/2024, indicated Resident 1 ' s family member 1 (FM 1) was Resident ' s 1 appointed DPOA.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition [COC] among the residents) dated 8/6/2024, the SBAR indicated, Resident 1 ' s had a COC of weight gain of three pounds (lbs. - unit of measurement) in a week. The SBAR indicated Resident 1 was self-responsible and there was no notification sent to Resident 1 ' s legal representative.</p> <p>During a concurrent interview with Registered Nurse 1 (RN 1) and record review on 11/6/2024 at 12:50 p.m., RN 1 stated, Resident 1 had a COC on 8/6/2024 and confirmed that there was no family notification done on and after 8/6/2024 for the COC. RN 1 stated facility staff had to notify family member and/or residents ' legal representative of any COC as it is part of their rights.</p> <p>A review of facility ' s P&P titled Resident Rights, reviewed on 4/17/2024, the P&P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to . be notified of his or her medical condition and of any changes in his or her condition; be informed of, and participate in, his or her care planning and treatment.</p> <p>A review of facility ' s P&P titled, Care Planning - Interdisciplinary Team, reviewed on 4/17/2024, the P&P indicated, The resident, the resident ' s family and/or the resident ' s legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident ' s care plan.</p>		

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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review the facility failed to ensure medical records were readily available and producible upon request for one of four sampled residents (Resident 1) as per facility policy procedures (P&P) titled Access to Personal and Medical Records, reviewed on 4/17/2024. By failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1's medical records were kept up to date with the most recent Durable Power of Attorney (POA - authorizes someone else to handle certain matters, such as finances or health care, on someone ' s behalf. If a power of attorney is durable, it remains in effect if the person become incapacitated for any reason, including illness and accidents) for healthcare documentation. 2. Provide Resident 1's DPOA with a medical record release form when requested. <p>This deficient resulted in Resident 1 ' s DPOA for healthcare not having access to medical records and important medical history and treatment records.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnosis including urinary tract infection (UTI- an infection in the bladder/urinary tract), and unspecified dementia (a progressive state of decline in mental abilities).</p> <p>A review of Resident 1 ' s History and Physical dated 7/21/2024 indicated, Resident 1 had fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 7/26/2024, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was mildly impaired. The MDS indicated Resident 1 required maximal assistance and was dependent on facility staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>A review of Resident 1 ' s DPOA for healthcare signed and dated on 4/8/2024, indicated Resident 1 ' s family member 1 (FM 1) was Resident ' s 1 appointed DPOA.</p> <p>During an interview with Family Member 1 (FM 1) on 11/6/2024 at 10:51 a.m., FM 1 stated, he requested Resident 1 ' s medical record to review them, but never received the request form from the facility. FM 1 stated, he had talked with the Medical Record Director (MRD), but he never got a follow-up call back from the facility staff.</p> <p>A review of Resident 1 ' s Progress Notes on 9/1/2024 at 1:49 p.m., indicated, Resident (1) FM1 requested access to chart and would like to review Resident 1 ' s medical chart with Registered Nurse 1 (RN 1). RN 1 notified FM 1 of process how to request access from the MRD for further assistance.</p> <p>(continued on next page)</p>		

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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RN 1 on 11/6/2024 at 1:21 p.m., RN 1 stated and confirmed, FM 1 requested to review Resident 1 ' s medical record with her, but there ' s a process how to request to release resident ' s medical record. RN 1 stated, she notified MRD so that MRD would follow-up with FM 1 and provide FM 1 with the medical record request release form.</p> <p>During an interview with MRD on 11/6/2024 at 1:08 p.m., MRD stated, she was notified that FM 1 wanted to obtain a copy of Resident 1 ' s medical record and confirmed never sending FM 1 the medical record release form. MRD stated, she should have followed up with FM 1 and sent FM 1 the release form via email.</p> <p>A review of facility ' s P&P titled, Resident Rights, reviewed on 4/17/2024, the P&P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to . access personal and medical records pertaining to his or herself.</p> <p>A review of facility ' s P&P titled, Access to Personal and Medical Records, reviewed on 4/17/2024, the P&P indicated, Each resident has the right to access and/or obtain copies of his or her personal and medical records upon request The resident, or his/her legal representative, may grant others the right to access the resident ' s records if such request is made in writing and identifies the information that is of released and to whom the information is to be released.</p>