

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  02/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</b></p> <p>Based on observation, interview, and record review, the facility failed to provide preventive care consistent with professional standards of practice to one of four sampled residents (Resident 1) who was at risk for development of pressure injuries, by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure the appropriate setting of the low air loss mattress (LAL-a mattress designed to prevent and treat pressure wounds) was properly set up according to physician ' s (MD) order.</li> <li>2. Ensure Resident 1 ' s weight was monitored and recorded according to facility ' s policy and procedure (P&amp;P).</li> </ol> <p>These deficient practices placed Resident 1 at risk of poor wound healing of the current pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) and possibly development of a new pressure injury.</p> <p>Findings:</p> <p>During record review, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including venous insufficiency (a condition where the veins in the legs do not function properly, allowing blood to pool and flow backward instead of upwards to the heart), type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and muscle weakness (weakening, shrinking, and loss of muscle).</p> <p>During record review, the Minimum Data Set (MDS - resident assessment tool) dated 1/10/2025, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 1 required maximal 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).</p> <p>During record review, Resident 1 ' s order summary report (OSR), dated 6/12/2024, OSR indicated, Pressure reducing mattress.</p> <p>During record review, Resident 1 ' s Care Plan (CP) indicated:</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>i. Nutritional risk: Resident (1) has the potential for altered nutrition and/or potential for altered nutrition and/or hydration related to resident ' s diagnosis (dx), with interventions that included, to weight weekly times (x) four weeks upon admission and then monthly if stable, initiated on 4/5/2024</p> <p>ii. Resident 1 has potential for pressure ulcer development, with interventions that included, follow facility ' s policies/protocols for the prevention/treatment of skin breakdown, initiated on 4/5/2024.</p> <p>During record review, Resident 1 ' s medical record as of 2/20/2025, there are weight record done by the facility since admission.</p> <p>During record review, General Acute Care Hospital (GACH) 1 ' s medical record, Resident 1 ' s weight was 215 pounds (lbs. unit of measurement) on 1/29/2025.</p> <p>During a concurrent observation and interview with Resident 1 on 2/20/2025 at 1:32 p.m., Resident 1's LAL mattress knob setting was at 400 lbs. Resident 1 stated his mattress is not comfortable at all.</p> <p>During an interview with Registered Nurse (RN) 1 on 2/20/2025 at 3:09 p.m., RN 1 stated, Resident 1 ' s does not weigh 400 lbs. RN 1 further stated, there should be weight recorded to Resident 1 and the setting of the LAL mattress are accordingly to LAL mattress manufacturer.</p> <p>During record review, the facility P&amp;P titled, Support Surface Guidelines, reviewed on 4/17/2024, the P&amp;P indicated, Redistributing support surfaces are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction.</p> <p>During record review, the facility P&amp;P titled, Weight Assessment and Intervention, reviewed on 4/17/2024, the P&amp;P indicated, Resident weights are monitored for undesirable or unintended weight loss or gain . Weights are recorded in each unit ' s weight record chart and in the individual ' s medical record.</p>