| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454<br><br>Based on interview and record review, the facility failed to develop and/or implement a comprehensive care plan that met the care/services based on the resident's individual assessed needs for one of four sampled residents (Resident 1) by failing to:<br><br>a. Developed and implemented an individualized CP for Resident 1 ' s left lower foot wound when Resident 1 was readmitted on [DATE].<br><br>b. Developed an individualized CP for Resident 1 ' s complaint of pain and discomfort.<br><br>c. Developed an individualized CP for Resident 1 ' s refusal of turning and repositioning schedules to prevent skin breakdown.<br><br>d. Implementing a person-centered CP when Resident 1 had episodes of aggressiveness toward staff.<br><br>These deficient practices had the potential to result negative impact on residents ' health and safety, as well as the quality of care and services received.<br><br>Findings:<br><br>During a review of Resident 1 ' s Admission Record indicated Resident 1, a [AGE] year-old male resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and a past medical history of type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 2/1/2025, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required maximum assistance to total dependent 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).<br><br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 1 ' s Braden Scale (a tool used in healthcare to assess a patient's risk of developing pressure injuries by evaluating six key areas: sensory perception, moisture, activity, mobility, nutrition, and friction/shear) dated 1/19/2024 indicated, Resident 1 ' s score was 13 (a score of 13 indicates a moderate risk, meaning that the individual is at a higher risk of developing a pressure injury than someone with a higher score).<br><br>During a review of Resident 1 ' s Wound Physician Specialist (WPS) progress notes indicated, This patient (Resident 1) was readmitted with a left lower leg wound., dated 1/24/2024.<br><br>During a review of Resident 1 ' s Care Plan (CP), indicated the following:<br><br>i. At risk for skin breakdown related to Braden risk score 13, date initiated on 6/17/2024, the CP had a goal of, (Resident 1) will prevent or delay skin breakdown to the extent possible given risk factors; (Resident 1) will improve functional mobility to decrease risk for skin breakdown, and (Resident 1) will be compliant with treatments and intervention measures to prevent skin breakdown.<br><br>ii. At risk for skin breakdown related to open wound to left outer foot, initiated on 2/7/2025, the CP had a goal of, (Resident 1) will be compliant with treatments and intervention measures to prevent skin breakdown and will prevent or delay skin breakdown to the extent possible given risk factors.<br><br>iii. potential to be verbally aggressive (towards staff, outburst of yelling and profanity use) related to ineffective coping skills, initiated on 1/17/2025, the CP included an intervention to, Analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, and Assess and anticipate resident ' s needs: food, thirst, toileting needs, comfort level, body positioning, pain, etc.<br><br>During a concurrent interview with Registered Nurse 1 (RN 1) and record review of Resident 1 ' s CP on 3/20/2025 at 12:53 p.m., RN 1 stated, there was no CP developed and/or revised in regard to Resident 1 ' s left foot plantar open wound when Resident 1 was readmitted on [DATE], and when a blister on the left plantar foot was reopened on 7/17/2024 and when the blister was reclassified from a blister to arterial ulcer on 9/4/2024. There was also no individual CP developed regarding Resident 1 ' s refusal of turning and repositioning and complaint of pain. RN 1 stated, an individualized CP should be developed with interventions so that all staff are on the same page to manage residents ' care.<br><br>During an interview with Certified Nursing Assistant 1 (CNA 1) on 3/18/2025 at 1:48 p.m., CNA 1 stated, Resident 1 complained a lot and refused for his legs to be touched. CNA 1 stated, Resident 1 required at least two persons assist and even then, he does not want to be repositioned because of his legs.<br><br>During an interview with Certified Nursing Assistant 2 (CNA 2) on 3/18/2025 at 2:02 p.m., CNA 2 stated, Resident 1 would treat her badly, he yelled and screamed at them if they try to reposition and turn him to the sides and would tell them to leave. CNA 2 stated, if they leave him be and not move him, Resident 1 would be in a good mood and smiles but when they try to do ADLs and repositioned him, then he was verbally agressive.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Certified Nursing Assistant 3 (CNA 3) on 3/18/2025 at 2:13 p.m., CNA 3 stated, it was hard for them to repositioned and check Resident 1 ' s skin properly because he yelled and screamed when touched and Resident 1 would verbally say, don ' t touch my legs, it ' s painful. CNA 3 stated, they reported to the charge nurses every time he (Resident 1) refused to be turned and when he yelled and screamed.<br><br>During an interview with Licensed Vocational Nurse 3 (LVN 3) on 3/19/2025 at 3:47 p.m., LVN 3 stated, Resident 1 yelled and screamed if being touched and repositioned so she tried not to bother him. When asked what they do when Resident 1 showed behavior disturbances, LVN3 stated, they just let him be and they try not to bother him.<br><br>During an interview with Licensed Vocational Nurse 4 (LVN 4) on 3/19/2025 at 4:35 p.m., LVN 4 stated, Resident 1 was confused at times and has behavioral of yelling and screaming. LVN 4 stated, when Resident 1 yelled and screamed, they go in the room and asked what Resident 1 needed, and Resident 1 would verbally say, I need to get up, or I need to get ready for work.<br><br>During a review of Resident 1 ' s Medical Record as of 3/20/2025, there were no documentations of the behavioral monitoring and assessments of Resident 1 ' s ineffective coping skills.<br><br>During an interview with Registered Nurse 1 (RN 1) on 3/20/2025 at 1:06 p.m., RN 1 stated, Resident 1 has behavioral disturbances and had episodes of yelling and screaming at least twice in a shift. RN 1 stated, it is important to monitor and document resident ' s behavioral disturbances to manage and assess what was the reason of his behavior ' s symptoms. RN 1 stated, these behavioral disturbances may be a symptom of pain and discomfort.<br><br>During an interview with Director of Nursing (DON) on 3/20/2025 at 3:18 p.m., DON stated, for any behavioral disturbances, staff need to notify the physician, and maybe refer to psychiatric evaluation, monitor the behavior and the social services have to get involved and do visits for psychosocial assessment and support to ensure what was causing the behavior and control the behavior as possible. DON stated, signs and symptoms of pain includes facial grimacing, and behavioral issues such as yelling and screaming. DON stated, they need to do more comprehensive assessment when residents showed symptoms of pain. DON stated, if there were any changes on the skin, nurses need to document it on residents ' medical record. DON further stated, if a resident refuses treatment and are non-compliant with nursing care, they should have care plan with specific goals and interventions to manage the care.<br><br>During a review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 4/17/2024, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the<br><br>resident's physical, psychosocial and functional needs is developed and implemented for each resident . The comprehensive, person-centered care plan:<br><br>a. includes measurable objectives and timeframes;<br><br>b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of facility ' s P&P titled, Refusal of Treatment, dated 4/17/2024, the P&P indicated, If the resident's refusal brings about a significant change, a reassessment will be made, and such information will be incorporated into the resident's care plan. Should the resident refuse to accept treatment, detailed information relating to the refusal must be entered into the resident's medical record. Documentation pertaining to a resident's refusal of treatment shall include at least the following:<br><br>a. The date and time the staff tried to give a medication or treatment was attempted;<br><br>b. The medication or treatment refused;<br><br>c. The resident's response and reason(s) for refusal;<br><br>d. The name of the person attempting to administer the treatment;<br><br>e. That the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the consequences of not receiving the medication/or treatment;<br><br>f. The resident's condition and any adverse effects due to such refusal;<br><br>g. The date and time the physician was notified as well as the physician's response;<br><br>h. All other pertinent observations; and<br><br>i. The signature and title of the person recording the data. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate foot care.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454<br><br>Based on interview and record review, the facility failed to provide foot care consistent with professional standards to maintain skin integrity for one of four sampled residents (Resident 1) by failing to:<br><br>1.Ensure that the Magnetic Resonance Imaging (MRI - uses a strong magnetic field and radio waves to create detailed images of the inside of the body, aiding in the diagnosis and monitoring of various conditions) recommended by the Wound Physician Specialist (WPS) to rule out (R/O) osteomyelitis (a bone infection that can occur when bacteria spread to the bone, causing pain, swelling, and potentially leading to serious complications if left untreated) on 2/12/2025 after Resident 1's left plantar foot (located on the bottom of the foot) wound has reopened.<br><br>2.Implement the facility's policy and procedures (P&P) titled, Wound Care by completing the documentation of the services provided on 2/7/2025 through 2/11/2025, 2/13/2025, 2/14/2025, 2/15/2025, 2/16/2025, 2/18/2025, and 2/19/2025 and following a professional standard practice of an accurate and thorough patient-centered assessment in Resident 1's medical record.<br><br>3. Develop an individualized care plan (CP) for Resident 1's left lower foot wound when Resident 1 was readmitted on [DATE].<br><br>These deficient practices resulted in Resident 1 being transferred to the general acute care hospital 1 (GACH 1) on 2/19/2025 with admitting diagnosis of sepsis (a life-threatening blood infection) due to necrotizing soft tissue infection (a rare but life-threatening bacterial infection that rapidly destroys the skin, muscle, and fascia [connective tissue]) of left lower extremity (LLE) and a left ankle disarticulation (a type of limb amputation that is performed by separating the limb through a joint instead of cutting through a bone) was performed on 2/20/2025. Then on 2/27/2025, an incision and drainage (I&D - a medical procedure used to treat abscesses) and left below the knee amputation (BKA - a surgical procedure where the lower leg and foot are removed below the knee joint) was performed on 2/27/2025 on Resident 1.<br><br>Findings:<br><br>During a review of Resident 1's Admission Record indicated Resident 1, was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures, [a sudden, temporary disruption of the brain's normal electrical activity, potentially causing changes in behavior, movements, feelings, or awareness]), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and a past medical history of type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During a review of the Minimum Data Set (MDS - resident assessment tool) dated 2/1/2025, it indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required maximum assistance to totally dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).<br><br>During a review of Resident 1's Physician History and Physical (H&P), dated 1/28/2025, the H&P indicated, Resident 1 can make needs known but cannot make medical decisions.<br><br>During a review of Resident 1's Braden Scale (a tool used in healthcare to assess a patient's risk of developing pressure injurie Pressure injuries [areas of skin damage caused by prolonged pressure, often over bony areas, leading to reduced blood flow and tissue damage] by evaluating six key areas: sensory perception, moisture, activity, mobility, nutrition, and friction/shear) dated 1/19/2024, it indicated, Resident 1's score was 13 (a score of 13 indicates a moderate risk, meaning that the individual is at a higher risk of developing a pressure injury than someone with a higher score).<br><br>During a review of Resident 1's WPS progress notes, it indicated the following:<br><br>i.Dated 1/24/2024, This patient (Resident 1) was readmitted with a left lower leg wound.<br><br>ii.Dated 7/17/2024, This patient (Resident 1) was reconsulted for the evaluation and treatment for a blister (a small, fluid-filled pocket that forms on the upper layers of the skin) located on the left plantar foot.<br><br>iii.Dated 9/4/2024, The left foot wound is shrinking and is expected to heal within the next few weeks. The wound has been reclassified from a blister to arterial ulcer (open wounds that develop when there is inadequate blood flow to the affected area).<br><br>iv.Dated 2/12/2025, This patient (Resident 1) left plantar foot wound has reopened [according to the facility's SBAR dated 2/7/2025], and treatment is being resumed. Due to the depth extension of the side, it is warranted to have the patient undergo an MRI to rule out osteomyelitis.<br><br>v.Dated 2/19/2025, This patient (Resident 1) was evaluated today, and it was noted that he developed a boggy (abnormal texture of tissues characterized by sponginess, usually because of high fluid content) necrotic (dead or dying tissue in the body, often caused by a lack of blood supply or other injuries) area on the dorsal aspect of the foot (refers to the top or upper side of the foot, opposite the sole or bottom) which is suspected to be communicating with the lateral (to the side) metatarsal (long bones that form the main part of the foot) wound. There is suspicion for osteomyelitis and possible wet gangrene (a serious condition where tissue dies due to a bacterial infection). Current measurements: 4.5-centimeter (cm, unit of measurement) (length) by (x) 3.5 cm (width) x UTD (undetermined [depth]).<br><br>During a review of Resident 1's CP, the CP indicated the following Resident 1 was:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | i.At risk for hyperglycemia (high blood sugar, occurs when there's too much glucose [sugar] in the bloodstream) / hypoglycemia (low blood sugar) due to diagnosis of DM initiated on 9/29/2022, the CP had a goal of, will be free from signs and symptoms (s/s) of hypo/hyperglycemia daily, with interventions including, monitor skin for redness and circulatory problems, report to medical doctor any abnormal findings.<br><br>ii.At risk for skin breakdown related to Braden risk score: 13, date initiated 6/17/2024, the CP had a goal of, (Resident 1) will prevent or delay skin breakdown to the extent possible given risk factors; and (Resident 1) will be compliant with treatments and intervention measures to prevent skin breakdown.<br><br>iii.At risk for skin breakdown related to open wound to left outer foot, initiated on 2/7/2025, the CP had a goal of, (Resident 1) will be compliant with treatments and intervention measures to prevent skin breakdown and will prevent or delay skin breakdown to the extent possible given risk factors.<br><br>During a concurrent interview with Registered Nurse 1 (RN 1) and record review of Resident 1's CP on 3/20/2025 at 12:53 p.m., RN stated, there was no CP developed in regard to Resident 1's left foot wound when Resident 1 was readmitted on [DATE]. RN 1 further stated, there was also no CP developed on Resident 1's a blister on the left plantar foot was reopened on 7/17/2024 and when the blister was reclassified from a blister to arterial ulcer on 9/4/2024. RN 1 stated, an individualized CP should be developed with interventions so that all staff are on the same page to manage residents' care.<br><br>During a review of Resident 1's Physician Order Summary Report (POSR), the POSR indicated:<br><br>i.Dated 2/7/2025, Treatment - left foot open wound - cleanse with normal saline (NS - a mixture of salt and water that can be applied directly to the wound site) pat dry, apply Medi-honey (a brand of medical-grade honey-based dressings used for wound and burn management, promoting a moist environment for healing and debridement), dress with cushion dressing (Cushion dressing [a type of wound dressing, like a soft, padded bandage, designed to protect and cushion a wound, often made of foam or similar materials, and can absorb fluid.]) every shift. (order was discontinued on 2/10/2025)<br><br>ii.Dated 2/10/2025, Treatment- left foot open wound- Cleanse with NS, Pat Dry, Apply Santyl (used to remove dead tissue from wound) and Mupirocin (a medication that treats skin infections caused by bacteria) two percent (% - unit of measurement) ointment, dress with cushion dressing every shift. (order was discontinued on 2/12/2025)<br><br>iii.Dated 2/12/2025, Treatment- left foot open wound- Cleanse with NS, Pat Dry, Apply Santyl and Mupirocin (Mupirocin (used to treat secondarily infected skin lesions [any abnormal changes or growths on the skin] due to specific bacteria) used to treat secondarily infected traumatic skin lesions due to specific bacteria) 2% ointment, Dress with Gentell super absorbent dressing (offers excellent absorbent capacity for the treatment of moderate or heavy exuding [discharge] wound) every shift.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During a review of Resident 1's situation, background, assessment, recommendation (SBAR - a communication tool used by healthcare workers when there is a change of condition among the residents), dated 2/7/2025, the SBAR indicated, Resident (1) is noted with Moisture-Associated Skin Damage (MASD - a type of skin inflammation and erosion caused by prolonged exposure to moisture) to sacrum (the large, triangle-shaped bone in the lower spine that forms part of the pelvis) and left outer foot open wound. Left foot open wound appears approximately 1 centimeter (cm - unit of measurement) in size, skin open, area reddened.<br><br>During a review of Resident 1's Interdisciplinary Team (IDT - a group of dedicated healthcare professionals who work to bring knowledge together to help residents receive the care they need) Wound Note on 2/13/2025, the IDT wound note indicated, Resident (1) was seen and assessed by WPS and noted with left plantar foot ulcer 2.0 cm (length) x 1.5 cm (width) x 0.9 cm (depth).<br><br>During a review of Resident 1's medical record in GACH 1, it indicated:<br><br>i.Admission diagnosis of sepsis due to necrotizing soft tissue infection of LLE<br><br>ii.Date of Admission: 2/20/2025 at 12:21 a.m.: emergency room physical exam upon admission indicated, Musculoskeletal (the system comprising muscles, bones, joints, and connective tissues like tendons and ligaments that work together to enable movement and provide structure to the body): Bilateral (both) Lower Extremity (BLE): swelling and tenderness present, BLE edema (a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body), thrombotic thrombocytopenic purpura (TTP - a rare, life-threatening blood disorder) to left foot, ankle to calf, copious purulent drainage (a large or excessive amount of fluid or discharge) noted coming from the left dorsum of foot (the upper surface or top of the foot) Sacral decubitus ulcer (a localized area of skin damage that develops over a bony prominence) noted. Skin: wound to lateral plantar surface of left foot. Active purulent and watery gaseous, foul-smelling discharge.<br><br>iii.Operative report dated 2/20/2025 indicated, Procedure performed: ankle disarticulation, left side. The necrotic area was large over the dorsum of the foot (the upper surface or top of the foot). The leg was edematous, and it was difficult to tell if the infection spread proximally. Surgical pathology (the study of tissues and fluids removed during surgery to help diagnose diseases and guide treatment decisions, using both visual inspection and microscopic examination) report dated 2/21/2025 indicated, gangrenous ulcer (acute necrotizing inflammation) a sudden, severe inflammation that causes tissue death, often due to bacterial infection, and requires immediate medical attention) of the left ankle (a severe infection where dead tissue (necrosis) forms in an open wound or ulcer) with underlying abscess (a localized collection of pus that forms in the body's tissues due to a bacterial infection) formation with acute necrotizing inflammation, fat necrosis (a condition where fat cells die and break down), and fibrosis (the scarring or thickening of tissue, often occurring as a body's response to injury or chronic inflammation, leading to stiffening and potentially affecting organ function);<br><br>iv.Operative report date 2/27/2025 indicated, Procedure performed: below knee amputation, through tibia and fibula (the two long bones in the lower leg), left side.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | v.Surgical pathology report dated 2/27/2025 indicated, skin with ulceration (a break in the skin that does not heal properly), underlying focal (localized) purulent fasciitis (also known as flesh-eating disease is a bacterial infection where bacteria invade the body, often through a cut or wound, and spread rapidly, causing the death of soft tissue) and devitalized bone (bone tissue that has lost its vitality or is no longer living).<br><br>During a concurrent interview and record review with Licensed Vocational Nurse 1 (LVN 1), on 3/18/2025 at 1:28 p.m., LVN 1 stated, she documented the change of condition on 2/7/2025 when Resident 1's left foot wound was observed to be reopened. LVN 1 stated, Resident 1's WPS changed the skin treatment order when he (WPS) came in the facility on 2/12/2025 and she does not know about WPS's order for MRI to rule out osteomyelitis. LVN 1 reviewed WPS's progress notes on 2/12/2025. LVN 1 appeared to be surprised when she reviewed the notes and stated, LVN 1 appeared to be surprised when she reviewed the notes and stated, I didn't know about the MRI recommendation. I didn't know about that [MRI]. When asked to describe Resident 1's left plantar foot during her skin treatment of Resident 1.<br><br>During a review of Resident 1's Treatment Administration Record (TAR) for left foot open wound, the TAR indicated, LVN 1 changed Resident 1's wound dressing during the morning (AM: 7 am - 3:30 p.m.) shift on 2/15/2025, 2/16/2025 and 2/17/2025.<br><br>During an interview with Certified Nursing Assistant 1 (CNA 1) on 3/18/2025 at 1:48 p.m., CNA 1 stated, Resident 1 complained a lot and refuses for his legs to be touched. CNA 1 stated, Resident 1 required at least two persons assist and even then, he does not want to be repositioned because of his legs.<br><br>During an interview with LVN 2, on 3/18/2025 at 3:17 p.m., LVN 2 stated, she was a permanent licensed nurse during evening (PM: 3:30 p.m. - 11 p.m.) shift. LVN 2 stated, Resident 1 was non-compliant during nursing care and would verbally say, do not touch me, or don't move me. LVN 2 stated, she was unsure of what kind of skin treatment was being done for Resident 1's left foot wound and was unable to describe the status of Resident 1's skin. LVN 2 reviewed Resident 1's TAR record which indicated, she documented the treatment dressing changes for the left open wound on 2/19/2025 during evening shift. LVN 2 stated, the WPS changed Resident 1's left foot wound dressing in the morning of 2/19/2025 and was ordered to be transferred to GACH 1 but she (LVN 2) was unable to explain how she did the dressing changes and describe Resident 1's left foot prior during the evening shift and prior to Resident 1 transferring to GACH 1.<br><br>During a review of Resident 1's TAR for left foot open wound on 2/16/2025, 2/17/2025, 2/18/2025 and 2/19/2025, the TAR indicated, LVN 2 changed Resident 1's wound dressing during the PM shift.<br><br>During an interview with Treatment Nurse (TXN 1) on 3/19/2025 at 3:02 p.m., TXN 1 stated, Resident 1 has an arterial wound on his foot and the dressing change are done on a daily basis with the help of other staff. TXN1 stated, Resident 1 would yell and scream if he was being repositioned or when his foot and legs are being touched. TXN 1 stated, when the WPS came in the morning of 2/19/2025, they did the dressing changed together and there was purulent pus drainage coming out from the wound with odor. TXN 1 further stated, when he (TXN 1) does daily dressing changes, they do not document the complete assessment data in residents' medical record.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During a review of Resident 1's TAR on 2/13/2025, 2/14/2025, 2/17/2025, 2/18/2025, and 2/19/2025. for left foot open wound, the TAR indicated, TXN 1 changed Resident 1's wound dressing during the morning shift.<br><br>During an interview with LVN 3, on 3/19/2025 at 3:47 p.m., LVN 3 stated, she was a permanent licensed nurse during evening shift. LVN 3 stated, Resident 1 has a dark-pigmented skin and does not like to be repositioned or moved.<br><br>During a review of Resident 1's TAR on 2/15/2025, 2/16/2025, and 2/17/2025 for left foot open wound, the TAR indicated, LVN 3 changed Resident 1's wound dressing during the PM shift.<br><br>During an interview with LVN 4, on 3/20/2025 at 9:27 a.m., LVN 4 stated, she was a permanent licensed nurse during the night (11:30 p.m. - 7 a.m.) shift. LVN 4 stated, Resident 1 required at least two staff with repositioning and nursing care. LVN 4 stated, Resident 1 has a wound on his foot, and she does the skin treatment during her shift. LVN 4 stated, she was unable to recall and describe Resident 1's left foot. LVN 4 stated, they (facility LVNs) do not document any skin assessment data after doing skin treatment, they only sign the TAR.<br><br>During a review of Resident 1's TAR on 2/12/2025, 2/13/2025, 2/14/2025 and 2/18/2025. for left foot open wound, the TAR indicated LVN 4 changed Resident 1's wound dressing during the night shift.<br><br>During a follow-up interview with Registered Nurse 1 (RN 1) on 3/20/2025 at 1:06 p.m., RN 1 stated, if there was an order of MRI by a specialist, they need to get an order from the primary physician and transfer resident to a hospital to conduct the MRI test. RN 1 further stated, it is very important to have proper lighting when doing a skin treatment especially at night so they can assess thoroughly and monitor the skin while doing the treatment.<br><br>During an interview with the Medical Director (MDD), on 3/20/2025 at 12:19 pm, MDD stated, it is very important to follow up on a doctor's order and recommendation such as an MRI because it is used to rule out osteomyelitis. MDD stated that residents with DM have a delayed wound healing, and they need to monitor their blood sugar level. MDD stated, if a resident has osteomyelitis, the treatment may include amputation or a long-term antibiotic treatment. MDD stated, not all residents with osteomyelitis wound end up being amputated.<br><br>During an interview with WPS, on 3/20/2025 at 1:22 p.m., WPS stated, he recommended to do an MRI on Resident 1's left foot on 2/12/2025 because of how deep the wound was and he was not sure if it was extending to the bone, so he wanted to rule out osteomyelitis. WPS stated, he was also concerned for ischemia (a condition where there is a reduced blood flow to a specific part of the body) and possible gangrene. WPS stated, on 2/19/2025, a week after, he was shocked when he observed a wound on Resident 1's left dorsal foot which looked like a wet gangrene. WPS stated it was very atypical (not typical) to have a wound on dorsal foot and he was not sure if the nurses who do the routine dressing changes noticed but it was very noticeable when he first removed the old dressing. WPS stated, Resident 1 was very sensitive, and he needed to be very delicate with him which required assistance with another nurse when he does his skin treatment. WPS stated, he uses a flashlight and an overhead light when he does Resident 1's skin treatment because of his dark-pigmented skin. WPS stated, it is very important to use proper lighting when doing any skin treatment and dressing changes on residents especially with a person who has a dark-skinned because a wound may be more severe than it would look it.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During an interview with Director of Nursing (DON), on 3/20/2025 at 3:18 p.m., DON stated, during skin treatment, it is important to have proper lighting so they can do a full visual and fully assessed wounds especially with residents with dark-pigmented skin. DON stated, if there were any changes on the skin, nurses need to document it on residents' medical records. DON stated, if a resident refuses treatment and is non-compliant with nursing care, they should have a care plan with specific goals and interventions to manage the care.<br><br>During a review of the facility's P&P titled, Wound Care, dated 4/17/2024, the P&P indicated, The purpose of this procedure is to provide guidelines for the care of wounds to promote healing . The following information should be recorded in the residents' medical record:<br><br>1.The type of wound care given.<br><br>2.The date and time the wound care was given.<br><br>3.The position in which the resident was placed.<br><br>4.The name and title of the individual performing wound care.<br><br>5.Any change in the resident's condition.<br><br>6.All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.<br><br>7.How the resident tolerated the procedure.<br><br>8.Any problems or complaints made by the resident related to the procedure.<br><br>9.If the resident refused the treatment and the reason(s) why.<br><br>10.The signature and title of the person recording the data.<br><br>Report other information in accordance with facility policy and professional standards of practice.<br><br>During a review of the facility's P&P titled, Prevention/Management of Pressure Ulcers/Injuries [is a localized area of skin damage that develops when prolonged pressure is applied to the body], dated 4/17/2024, the P&P indicated, The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors. Inspect the skin daily when performing or assisting with personal care or ADLs.<br><br>a. Identify any signs of developing pressure injuries (i.e., non-blanchable erythema [a persistent redness of the skin that does not fade when pressure is applied]). For darkly<br><br>pigmented skin, inspect for changes in skin tone, temperature, and consistency.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0687<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During a review of the facility's P&P titled, Foot Care, revised on 4/17/2024, the P&P indicated, Residents are provided with foot care and treatment in accordance with professional standards of practice. Overall foot care includes the care and treatment of medical conditions to prevent foot complications from these condition (e.g., diabetes, peripheral vascular disease (a condition that affects the blood vessels outside of the heart and brain)<br><br>) immobility, etc).<br><br>During a review of the facility's P&P titled, Refusal of Treatment, dated 4/17/2024, the P&P indicated, The date and time the staff tried to give a medication or treatment was attempted;<br><br>a.The medication or treatment refused;<br><br>b.The resident's response and reason(s) for refusal;<br><br>c.The name of the person attempting to administer the treatment;<br><br>d.That the residents were informed (to the extent of their ability to understand) of the purpose of the treatment and the consequences of not receiving the medication/or treatment;<br><br>e.The residents' condition and any adverse effects due to such refusal;<br><br>f.The date and time the physician was notified as well as the physician's response;<br><br>g.All other pertinent observations; and<br><br>h.The signature and title of the person recording the data. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454<br><br>Based on interview, and record review, the facility failed to ensure resident receives appropriate treatment and services to increase, prevent, or maintain the range of motion (ROM- the extent of movement of a joint) and mobility for one of four sampled resident (Resident 1) according to facility ' s policy and procedure (P&P) titled, Repositioning.<br><br>This deficient practice had the potential to place Resident 1 at risk for further ROM decline and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints).<br><br>Findings:<br><br>During a review of Resident 1 ' s Admission Record indicated Resident 1, a [AGE] year-old male resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and a past medical history of type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 2/1/2025, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required maximum assistance to total dependent 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).<br><br>During a review of Resident 1 ' s Care Plan (CP) for at ADL self-care performance deficit related to seizure disorder, requires total assist with ADLs, initiated on 9/29/2022, the CP included an intervention to, Monitor/document/report to MD PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function.<br><br>During a review of Resident 1 ' s CP for at risk for skin breakdown related to Breaden scale risk (a tool used in healthcare to assess a patient's risk of developing pressure injuries by evaluating six key areas: sensory perception, moisture, activity, mobility, nutrition, and friction/shear): score 13 (a score of 13 indicates a moderate risk, meaning that the individual is at a higher risk of developing a pressure injury than someone with a higher score), date initiated 6/17/2024, the CP had a goal of, (Resident 1) will improve functional mobility to decrease risk for skin breakdown.<br><br>During an interview with Certified Nursing Assistant 1 (CNA 1) on 3/18/2025 at 1:48 p.m., CNA 1 stated, Resident 1 complained a lot and refuses for his legs to be touched. CNA 1 stated, Resident 1 required at least two persons assist and even then, he does not want to be repositioned because of his legs. CNA 1 stated, they would try to reposition him to his side, but he goes back to prone position (lying horizontally on your back with your face and torso pointing upwards).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Certified Nursing Assistant 2 (CNA 2) on 3/18/2025 at 2:02 p.m., CNA 2 stated, Resident 1 would complaint of pain every time they try to reposition him. CNA 2 stated, he would yell and scream at them if they tried to reposition and turn him to the sides.<br><br>During an interview with Certified Nursing Assistant 3 (CNA 3) on 3/18/2025 at 2:13 p.m., CNA 3 stated, it was hard for them to repositioned and checked Resident 1 ' s skin properly because he would yell and scream when touched and Resident 1 would verbally say, don ' t touch my legs, it ' s painful. CNA 3 stated, they reported to the charge nurses every time he (Resident 1) refused to be turned.<br><br>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 3/18/2025 at 1:28 p.m., LVN 1 stated, Resident 1 was to be repositioned every 2 hours to prevent further immobility and skin breakdown. LVN 1 stated, they tried to reposition Resident 1 as tolerated but he sometimes would want to go back on his previous position, Resident 1 was not able to move on his own at all, he was being repositioned by CNAs.<br><br>During an interview with Licensed Vocational Nurse 3 (LVN 3) on 3/19/2025 at 3:47 p.m., LVN 3 stated, Resident 1 does not like to be bothered during night shift and she just let him be. LVN 3 stated, Resident 1 yelled and screamed if being touched and repositioned so she tried not to bother him. When asked if they developed a CP for his refusal to be repositioned and his behavior, LVN 3 stated, she had done CP in a long time.<br><br>During an interview with Registered Nurse 1 (RN 1) on 3/20/2025 at 1:06 p.m., RN 1 stated, Resident 1 was at high risk of immobility and required at least two persons assist for turning and repositioning. RN 1 stated, Resident 1 needed to be repositioned at least every two hours to prevent further skin breakdown, but he would refuse to be repositioned. RN 1 stated, a CP should be developed on refusals and behavior so that each staff was on the same page to manage his care.<br><br>During an interview with Director of Nursing (DON) on 3/20/2025 at 3:18 p.m., DON stated, a CP for refusal to be repositioned and turning should be developed and there should be a documentation when resident refuses care. DON stated, they also need to notify the physician.<br><br>During a review of the facility ' s P&P titled, Repositioning, dated 4/17/2024, the P&P indicated, The purpose of this procedure is to provide guidelines for the evaluation of resident repositioning needs, to aid in the development of an individualized care plan for repositioning . A turning/repositioning program includes a continuous consistent program for changing the Resident's position and realigning the body. A program is defined as a specific approach that is organized, planned, documented, monitored and evaluated . Residents who are in bed should be on at least an every-two-hour (q2 hour) repositioning schedule . Documentation: 5. If the resident refused the care and the reason(s) why. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454<br><br>Based on interview and record review, the facility failed to effectively manage one of four sampled residents, (Resident 1 ' s) pain by not properly identifying the characteristics of pain with consistent approach and a standardized pain assessment instrument appropriate to resident ' s cognitive level according to the facility ' s policy and procedure titled, Pain - Clinical Protocol.<br><br>This deficient practice resulted in Resident 1 experienced unnecessary pain.<br><br>Findings:<br><br>During a review of Resident 1 ' s Admission Record indicated Resident 1, a [AGE] year-old male resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and a past medical history of type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 2/1/2025, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required maximum assistance to total dependent 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).<br><br>During a review of Resident 1 ' s Physician Order Summary Report (POSR), the POSR indicated,<br><br>i. Assess pain on a scale of 0-10 (zero out of ten) everyday for pain monitoring, dated 9/20/2022<br><br>ii. Nonpharmacological intervention (any healthcare intervention that doesn't primarily rely on medication or drugs) for pain prior to administering pain med: 1. Back rub; 2. Repositioning; 3. Warm drink; 4. TV/Music; 5. Ice Pack; 6. None, every shift, dated 8/1/2022<br><br>iii. Acetaminophen (used to relieve mild to moderate pain) tablet 325 milligram (mg - unit of measurement) - give two tablets by mouth every six hours as needed for mild pain (1-3/10), dated 7/3/2023<br><br>iv. Tramadol (an opioid medicine used for the short-term relief of moderate to severe pain) tablet 50 mg - give 1 tablet by mouth every 24 hours as needed for moderate to severe pain (4-10/10), dated 12/1/2023.<br><br>During a review of Resident 1 ' s CP for at risk for skin breakdown related to Breaden scale risk (a tool used in healthcare to assess a patient's risk of developing pressure injuries by evaluating six key areas: sensory perception, moisture, activity, mobility, nutrition, and friction/shear): score 13 (a score of 13 indicates a moderate risk, meaning that the individual is at a higher risk of developing a pressure injury than someone with a higher score), date initiated 6/17/2024, the CP had a goal of, (Resident 1) will verbalize pain controlled to a tolerable level.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 1 ' s Medication Administration Record (MAR) for the month of 2/2025, the MAR indicated:<br><br>i. Pain scale assessment documented by licensed nurses as 0 (no pain)<br><br>ii. Nonpharmacological intervention for pain every shift, documented by licensed nurses as 6 (none).<br><br>During an interview with Certified Nursing Assistant 1 (CNA 1) on 3/18/2025 at 1:48 p.m., CNA 1 stated, Resident 1 was alert but confused at times and (Resident 1) complained a lot because he didn ' t want to be repositioned. CNA 1 stated, Resident 1 would put his legs down and he doesn ' t let them touch his legs during care.<br><br>During an interview with Certified Nursing Assistant 2 (CNA 2) on 3/18/2025 at 2:02 p.m., CNA 2 stated, Resident 1 always have wounds on his legs and his skin is dry and fragile. CNA 2 stated, Resident 1 yelled and screamed if they try to repositioned and touched his legs. CNA 2 stated, they reported it the charge nurses.<br><br>During an interview with Certified Nursing Assistant 3 (CNA 3) on 3/18/2025 at 2:13 p.m., CNA 3 stated, it was hard for them to repositioned and checked Resident 1 ' s skin properly because he yelled and screamed when touched and Resident 1 would verbally say, don ' t touch my legs, it ' s painful. CNA 3 stated, they reported to the charge nurses every time he (Resident 1) refused to be turned.<br><br>During an interview with Licensed Vocational Nurse 1 (LVN 1) on 3/18/2025 at 1:28 p.m., LVN 1 stated, Resident 1 was alert but confused and forgetful. LVN 1 stated, Resident 1 has a behavior issue of yelling and screaming and confused when asked why he (Resident 1) was screaming. LVN 1 stated, they talked and reoriented Resident 1 but sometimes he doesn ' t understand. When asked if Resident 1 was in pain, LVN 1 stated, no because Resident 1 would verbally say no, so they did not administer as needed (prn) pain medications.<br><br>During an interview with Licensed Vocational Nurse 3 (LVN 3) on 3/19/2025 at 3:47 p.m., LVN 3 stated, Resident 1 does not like to be bothered during night shift and she just let him be. LVN 3 stated, Resident 1 yelled and screamed if being touched and repositioned so tried not to bother him. LVN 3 stated, Resident 1 would verbally say, it hurts, but she does not remember administering pain medications or provide any pain regimen because Resident 1 does not asks for it.<br><br>During an interview with Registered Nurse 1 (RN 1) on 3/20/2025 at 1:06 p.m., RN 1 stated, Resident 1 had episodes of yelling and screaming. RN 1 stated, it could be because he has a behavior issue or he was in pain. RN 1 stated, when nurses asked Resident 1 if he was in pain, Resident 1 would say, no, but yelling and screaming and refusing to be repositioned is one of the symptoms that resident may be in pain.<br><br>During an interview with Director of Nursing (DON) on 3/20/2025 at 3:18 p.m., DON stated, signs and symptoms of pain includes facial grimacing, and behavioral issues such as yelling and screaming. DON stated, they need to do more comprehensive assessment when residents showed symptoms of pain.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility ' s policy and procedures (P&P) titled, Pain - Clinical Protocol, dated 4/17/2024, the P&P indicated, The nursing staff will assess each individual for pain upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain . The staff and physician will identify the characteristics of pain such as location, intensity, frequency, pattern, and severity. Staff will use a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level. The nursing staff will identify any situations or interventions where an increase in the resident's pain may be anticipated; for example, wound care, ambulation, or repositioning. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0740<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident must receive and the facility must provide necessary behavioral health care and services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454<br><br>Based on interview and record review, facility failed to provide necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care to one of one sampled resident (Resident 1) by failing to address behavioral health care needs and implementing a person-centered care plan when Resident 1 had episodes of aggressiveness toward staff.<br><br>This deficient practice had the potential to negatively affect the delivery of behavioral health care and services to Resident 1.<br><br>Findings:<br><br>During a review of Resident 1 ' s Admission Record indicated Resident 1, a [AGE] year-old male resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure), chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and a past medical history of type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).<br><br>During a review of the Minimum Data Set (MDS - resident assessment tool) dated 2/1/2025, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. The MDS indicated Resident 1 required maximum assistance to total dependent 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).<br><br>During a review of Resident 1 ' s Care Plan (CP) for potential to be verbally aggressive (towards staff, outburst of yelling and profanity use) related to ineffective coping skills, initiated on 1/17/2025, the CP included an intervention to, Analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document, and Assess and anticipate resident ' s needs: food, thirst, toileting needs, comfort level, body positioning, pain, etc.<br><br>During a review of Resident 1 ' s Medical Record as of 3/20/2025, there were no documentations of the behavioral monitoring and assessments of Resident 1 ' s ineffective coping skills.<br><br>During an interview with Certified Nursing Assistant 2 (CNA 2) on 3/18/2025 at 2:02 p.m., CNA 2 stated, Resident 1 would treat her badly, he would yell and scream at them if they try to reposition and turn him to the sides and would tell them to leave. CNA 2 stated, if they leave him be and not move him, Resident 1 would be in a good mood and smiles but when they try to do ADLs and repositioned him, then he would start to yell and scream at them. CNA 2 further stated, Resident 1 always have wounds on his legs and his skin is dry and fragile.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055977 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kennedy Care Center | 619 N. Fairfax Ave<br>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) |
|---|---|
| F 0740<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview with Certified Nursing Assistant 3 (CNA 3) on 3/18/2025 at 2:13 p.m., CNA 3 stated, Resident 1 was noncompliant with turning and it was hard for them to repositioned and checked Resident 1 ' s skin properly because he yelled and screamed when touched and Resident 1 would verbally say, don ' t touch my legs, it ' s painful. CNA 3 stated, they reported to the charge nurses every time he (Resident 1) refuses to be turned and when he yelled and screamed at them.<br><br>During an interview with Licensed Vocational Nurse 3 (LVN 3) on 3/19/2025 at 3:47 p.m., LVN 3 stated, Resident 1 yelled and screamed if being touched and repositioned so she tries not to bother him. When asked what they do when Resident 1 showed behavior disturbances, LVN3 stated, they just let him be and tried not to bother him. LVN 3 stated, Resident 1 would verbally say, it hurts, but she does not remember administering pain medications or provide any pain regimen because Resident 1 did not asked for it.<br><br>During an interview with Licensed Vocational Nurse 4 (LVN 4) on 3/19/2025 at 4:35 p.m., LVN 4 stated, Resident 1 was confused at times and has behavioral of yelling and screaming. LVN 4 stated, they would hear him screaming and yelling and they do in the room and asked what Resident 1 needs, and Resident 1 would verbally say, I need to get up, or I need to get ready for work.<br><br>During a follow-up interview with Registered Nurse 1 (RN 1) on 3/20/2025 at 1:06 p.m., RN 1 stated, Resident 1 has behavioral disturbances and had episodes of yelling and screaming at least twice in a shift. RN 1 stated, it is important to monitor and document resident ' s behavioral disturbances to manage and assess what was the reason of his behavior ' s symptoms. RN 1 stated, these behavioral disturbances may be a symptom of pain and discomfort.<br><br>During an interview with Director of Nursing (DON) on 3/20/2025 at 3:18 p.m., DON stated, for any behavioral disturbances, staff need to notify the physician, and maybe refer to psychiatric evaluation, monitor the behavior and the social services have to get involved and do visits for psychosocial assessment and support to ensure what was causing the behavior and control the behavior as possible.<br><br>During a review of the facility ' s policy and proceures (P&P) titled, Behavioral Assessment, Intervention and Monitoring, dated 4/17/2024, the P&P indicated, The facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care . The nursing staff will identify, document, and inform the physician about specific details regarding changes in an individual's mental status, behavior, and cognition, including:<br><br>a. onset, duration, intensity and frequency of behavioral symptoms;<br><br>b. any recent precipitating or relevant factors or environmental triggers (e.g., medication changes,<br><br>infection, recent transfer from hospital); and<br><br>c. appearance and alertness of the resident and related observations. |