

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 07/03/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the call system was functional including the audible sounds to alert the staff for one out of five sampled residents (Resident 2). This deficient practice had potential in a delay in meeting the residents' needs for assistance and could lead to frustration, falls and accidents. Findings: During a review of the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including bilateral primary osteoarthritis of the hip (means that both hip joints are experiencing a wearing down of cartilage, leading to pain and stiffness, without any specific, identifiable cause), asthma (respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing) and urinary tract infection (UTI- an infection in the bladder/urinary tract). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 6/28/2025, indicated Resident 2's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 3 required moderate to 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). During a concurrent observation and interview with Resident 2 on 7/2/2025 at 10:26 a.m., Resident 2 stated, there were a few instances when staff in the facility does not answer her call light, sometimes it was delayed, sometimes, they never answered her call light at all. Resident 2 stated, she needs help getting her incontinent brief to be changed and needed to go the toilet. On 7/2/2025 at 10:31 a.m., Observed Resident 2 pressed her call light but the light outside her room did not turn on. At 10:38 a.m. and at 10:47 a.m., Resident 2 pressed her call again and again, the light outside her room did not turn on. During a concurrent observation and interview with Maintenance Director (MTD) on 7/2/2025 at 10:50 a.m., MTD checked Resident 2's call light system and tried to press the call button. MTD pressed the call button and the light outside Resident 2's room turned on. At 10:51 a.m., MTD again, pressed the call button but the light did not turn on this time. MTD stated, it looks like the call button was not properly functioning as there is crack in between the red button. MTD stated that the call button needs to be changed as there may be an issue with the wiring. During an interview with Director of Nursing (DON) on 7/2/2025 at 2:00 p.m., DON stated, if the call lights are not functioning properly, staff may not be able to know if residents need help and assistance. DON stated, this puts residents at risk for skin issues, accidents and falls. DON stated, call lights should be answered timely as it is the residents' way of communicating with the staff. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, review date 4/2025, the P&P indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Be sure that the call light is plugged in and functioning at all times. During a review of the facility's P&P titled, Maintenance Service, review date 4/2025, the P&P indicated, The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Functions of maintenance personnel include, but are not limited to: maintaining the paging system in good working order.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055977
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