STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055977	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kennedy Care Center	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to ensure nursing staff maintained current cardiopulmonary resuscitation (CPR) certification in accordance with the standards of nursing practice for one of five sampled employees, Infection Prevention Nurse (IP). This deficient practice was identified during an employee records review and had the potential to place residents at risk for delayed or ineffective response during resident emergencies including cardiac arrest and respiratory failure. Findings: During a brief facility tour and observation on [DATE] at 9:25 AM, IP nurse was observed in the hallways and resident care areas. During a review of employee records on [DATE] at 1:45 PM, five employee records were reviewed for the following items: Hire date, state licensure number and expiration date, CPR expiration date, background check, and mandatory abuse prevention trainings completion. During a review of IP nurse employee records on [DATE] at 1:45 PM, employee record indicated, IP nurse hiring date as [DATE]. There was no evidence that a CPR certification had been acquired and/or renewed prior to the expiration date. During a record request and verification process on [DATE] at 10:51 AM, the facility director of nursing (DON) emailed the surveyor, IP nurse is in the process of renewing her CPR card, temporarily removed from schedule pending renewal of CPR certification. During a telephone interview on [DATE] at 12:08 PM with the director of staffing development (DSD), DSD stated, direct patient care staff and licensed staff are required to have a CPR card to work in the facility. CPR recertification and training are important because it is a way to develop skills to assist residents during emergencies including cardiac arrests. DSD further stated, IP nurse is a new hire as of February 2026, did not provide CPR certification to the facility upon hiring. DSD agreed it is a deficiency and not according to the standards of practice for licensed staff to provide resident care without proper credentials including CPR certification.During a telephone interview on [DATE] at 12:25 PM with the DON, DON stated staff cannot be on the floor providing care for residents without the proper credentials including current CPR certification. CPR certification is required because it is a training tool providing the skills for staff to participate during resident medical emergencies. DON acknowledged the deficiency the facility should have followed up and ensured IP nurse has acquired a current CPR certification. During a review of the facility's policy and procedures (P&P) titled Staffing, Sufficient and Competent Nursing, reviewed February 2026, the P&P indicated Competent staff: Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by the state law.

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