

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  08/08/2025
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)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.  (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

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to allow one of six sample residents (Resident 49) to retain his personal possession(s). This failure resulted in Resident 49 feeling angry because he could not call his family member(s). Findings: During a record review, Resident 49's admission record indicated Resident 49 was admitted to the facility on [DATE] and was re-admitted to the facility on [DATE] with a diagnoses of muscle weakness (lack of physical or muscle strength), paraplegia (a condition where a person has partial or complete paralysis or the lower half of their body, including both legs). During a record review, Resident 49's Minimum Data Set (MDS- a resident assessment tool) dated 7/5/2025, indicated the resident was cognitively intact (the mental ability to make decisions of daily living), and required moderate to maximum assistance with Activities of Daily Living (ADL- activities related to personal care). During a record review, Resident 49's care plan initiated on 7/15/2025, indicated, Focus: (Resident 49) receive physical therapy due to balance deficit, impaired dynamic balance, impaired range of motion, and impaired static balance. During an observation and interview in Resident 49's room, on 8/5/25 at 8:32 AM, Resident 49 noted in his room and sitting in a wheelchair next to his bed. Resident 49 stated that approximately 2 weeks ago his former roommate stole his cellphone and cellphone charger. Resident 49 stated his family member (FM) has since replaced the cellphone and the cellphone charger. Resident 49 stated he reported the theft to the facility Social Worker (SW), Director of Nursing (DON), and the Administrator on several occasions about his cell phone and cellphone charger stolen. Resident 49 stated the facility has not replaced his cellphone and cellphone charger. Resident 49 stated the Social Worker, Administrator, and the DON, told him that the facility was going to replace his cell phone and cellphone charger and that as of today (8/5/2025), the facility has not replaced them. Resident 49 stated having his cell phone and cell phone charger stolen made him feel angry that he could not call his family member(s). During an interview and concurrent record review on 8/8/25 at 9:23 AM, with the Social Service Director (SSD), Resident 49's inventory list dated 5/4/2025 was reviewed. SSD stated Resident49's inventory list was completed on the same day the resident was admitted to the facility on [DATE] and that Resident 49 had a cellphone. SSD stated the inventory list was incomplete. SSD stated that the Social Service Assistant (SSA) informed her in 5/2025 (unable to recall the exact date), that Resident 49's cell phone and cell phone charger were missing. SSD stated she did not document in Resident 49's medical record regarding the lost/theft of the cell phone and cell phone charger. SSD stated the facility is liable to replace Resident 49's cell phone and cell phone charger. SSD stated she will find out the cost of Resident 49's cell phone and cell phone charger and replace them. SSD stated the facility dropped the ball with replacing the Resident 49's cellphone and cell phone charger. During an interview on 8/8/25 at 2:39 PM, SSA stated that back in 5/2025, Resident 49 reported to her that his cellphone and cellphone charger had been stolen. SSA stated that she forgot to follow-up with the Administrator to get approval to replace Resident 49's stolen cellphone and cellphone charger. SSA stated if the resident personal belongings are stolen or lost, the resident can feel sad or angry. SSA stated it is her responsibly to assist the residents will all of their needs in a timely manner. During an interview on 8/8/25 at 3:55 PM, the Administrator stated that the facility dropped the ball causing a delay in replacing Resident 49's stolen/lost cellphone and cell phone charger. The Administrator stated the facility is going to replace Resident 49's cellphone and cellphone charger today on 8/8/25. During a record review, the facility policy and procedures titled Personal Property revise on 4/2025, indicated, Policy Statement: Residents are permitted to retain and use personal possessions, including furniture and clothing, as space permits unless doing so would infringe on the rights or health and safety of other residents. Policy Interpretation and implementation: 2. Residents belongings are treated with respect by facility staff, regardless of perceived value.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interviews and concurrent record review the facility failed to conduct a background search for one out of seven employees (Housekeeping) prior to working in the facility: This failure had the potential to expose the residents to abuse. Findings: During an interview and concurrent record review with the Director of Staff Development (DSD) on 8/7/25 at 8:42 AM, Housekeeping employee file was reviewed which indicated that Housekeeping was hired in the facility on 8/22/2024. The housekeeping employee file indicated there was no background search report. DSD stated she has been employed with the facility for 2 years. DSD stated employee background checks/search are completed to ensure that the staff that are hired do not have a criminal background and to ensure the safety of the residents. During a record review, the facility document titled Facility Assessment Tool dated 3/28/2025, under staff training/education and competencies, indicated that, New hires must undergo background checks .</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>(continued on next page)</p>

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and concurrent record reviews, the facility failed to implement the physician orders to administer Trazadone (medication used to treat depression) for one of one sampled resident (Resident 106). These failures resulted in Resident 106 inability to sleep and the resident feeling angry. Cross Reference F0760Findings: During a record review, Resident 106 admission record indicated Resident 106 was admitted to the facility on [DATE] with a diagnoses of human immunodeficiency virus disease (a virus that weakens the body's defense system also called HIV) and essential hypertension (high blood pressure). During a record review of Resident 106's Minimum Data Set (MDS- a resident assessment tool) dated 8/8/2025, indicated the resident was cognitively intact (mental ability to make decisions of daily living). During a record review, Resident 106's care plan initiated 8/4/2025, indicated, Resident 106 uses antidepressant medication related to depression (a serious mood disorder that affects how you feel, think, and handle daily activities) manifested by inability to sleep. During a record review, Resident 106's Order Summary Report indicated an order dated 8/3/2025 that Resident 106 receive trazadone HCL (medication used to treat depression) oral (by mouth) tablet 50 milligrams (mg - unit of measurement) Give 1 tablet by mouth at bedtime for depression manifested by inability to sleep. During a record review, Resident 106's Medication Administration Record (MAR) indicated that on 8/3/2p25 and on 8/5/2225, Resident 106 did not receive trazadone HCL oral tablet 50 mg. During a record review, Resident 106's Progress Notes dated 8/3/25 at 5:33 p.m., indicated All medication and orders reviewed, verified and approved by MD (Medical Doctor) at this time. All medications faxed over to pharmacy as ordered. During a record review, the facility medication list stored in Polaris PRX11 (publix - automated medication dispenser) dated 8/8/25 at 9:26 AM inventory on hand, indicated trazadone 50 mg tablet was in stock. During a record review, Resident 106's pharmacy packing slip proof of delivery indicated that Resident 106's medication arrived at the facility on 8/3/25 at 11:28 PM. Observation and concurrent interview on 8/6/25 at 7:55 AM, Resident 106 noted sitting up in bed in his room. Resident 106 stated that on on 8/3/2025 at approximately 10:00 PM and at 11:50 PM, he asked the Registered Nurse (RN - not able to recall name) for his trazadone HCL oral tablet 50 mg on the night he was admitted to the facility and the RN told him that his medication had not been delivered from the pharmacy. Resident 106 stated that on 8/5/25 at approximately 9:50 PM, he asked the nurse (unknown) for his trazadone HCL oral tablet 50 mg, and the nurse never gave it to him. Resident 106 stated if he does not take his trazadone at bedtime, he is up all night and feels tired the next day and it keeps him from being productive the next day. Resident 106 stated the delays in receiving his trazadone makes him angry and sad. During an interview and concurrent record review on 8/8/25 at 8:19 AM, with the Director of Nursing (DON)stated Resident 106's physician orders dated 8/3/25 at 4:08 P.M. and MAR were reviewed. The DON confirmed and stated that the facility admitted Resident 106 was 8/3/25 at 3:28 P.M., and that the physician orders indicated Resident 106 to receive trazadone HCL oral tablet 50 mg 1 tablet 1 mg at bedtime. DON stated the admitting nurse is supposed to check the residents discharge medication orders, notify the primary care physician, and enter the medication orders into Point Click Care (PCC - electronic medical chart), and fax the orders to the pharmacy as a backup. The DON stated the facility has an emergency kit and a Publix which contained certain medications. The DON stated the pharmacy has scheduled delivery to the facility every 2-3 hours for new admissions. A record review of Resident 106's MAR indicated Resident 106 did not receive Trazadone on 8/3/2025 and 8/5/2025. A record review with DON of the facility Polaris Publix medication list, indicated that Trazadone 50 mg tablets were available. The DON stated the nurse could have notified the pharmacy and the physician to administer the medication the Resident 106 because it was a scheduled medication. During a concurrent review of Resident 106's medication bubble card in medication cart, indicated that Resident 106's trazadone is 50 mg tablet scheduled to be given on 8/5/2025 was still in the bubble pack. During a concurrent record review with the DON of Resident 106's Nurses Progress Notes, indicated there was no documented evidence why Trazadone 50 mg was not given to Resident 106. DON stated if Resident 106 do not receive trazadone 50 mgs he will not have good sleep, will not feel good, and become agitated the next day. During an interview and concurrent record review with Registered Nurse (RN) 1 on 8/8/25 at 10:09 AM, RN1 stated she worked double shift on 8/3025 on the 7 AM to 3 PM and 3 PM-11 PM shifts. RN1 stated she she admitted Resident 106 on 8/3/2025 and that pharmacy did not deliver Resident 106's medication before her shift ended at 11 P M on 8/3/2025. RN1 stated she do not know why</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on interview and record review, the facility failed to ensure residents' Annual Minimum Data Set assessments (MDS, a standardized assessment and care screening tool) was completed in accordance with the timeline set forth by the Center for Medicare Services (CMS) system for one out of 13 sampled residents (Resident 11). This deficient practice had the potential to result in delayed services for Resident 11. During a record review, Resident 11's admission record indicated the facility originally admitted the resident on 6/2/2021 and re-admitted the resident on 6/23/2023 with diagnoses that included Alzheimer's Disease , chronic kidney disease (kidneys are damaged and cannot filter blood as well as they should) and dementia (a progressive state of decline in mental abilities). During a concurrent interview and record review on 8/7/2025 at 10:07 AM, with the Minimum Data Set Assistant (MDSA), Resident 11's most recent Annual MDS was reviewed. MDS Assessment Reference Date (ARD - the last day of the observation or look-back period for the MDS assessment) dates and submission dates were reviewed. The MDSA stated Resident 11's last annual MDS was dated 7/4/2025. The MDSA stated the MDS was still in progress and had not been submitted to CMS. The MDSA also stated the facility was late in submitting Resident 11's MDS. The MDSA further stated the facility has 14 days from the time of opening and initiating the assessment to submitting the assessment to CMS. The MDSA stated the facility could incur penalties from not submitting the MDS on time. During an interview on 8/8/2025 at 12:59 PM, the Director of Nursing (DON) stated on 6/4/2025 the facility discovered there were late MDS assessments. The DON further stated the facility hopes to have all late assessments completed by 9/1/2025. The DON stated a potential outcome from not submitting the MDS within CMS timeframe could lead to the resident needs not being attend to or provided. During an interview on 8/8/2025 at 12:59 PM, the Director of Nursing (DON) stated on 6/4/2025 the facility discovered there were late MDS assessments. The DON further stated the facility hopes to have all late assessments completed by 9/1/2025. The DON stated a potential outcome from not submitting the MDS within CMS timeframe could lead to the resident needs not being attend to or provided. During a record review, the facility policy and procedures (P&amp;P) titled MDS Completion and Submission Timeframes, reviewed 4/2025, indicated ) Assessment Schedule reviewed 1/18/2024, indicated Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. The P&amp;P also indicated the assessment coordinator or designee is responsible for ensuring resident assessments are submitted to CMS' Internet Quality Improvement Evaluation System (IQIES) in accordance with current federal and state guidelines and timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>Based on interview and record review, the facility failed to ensure residents' Minimum Data Set assessments (MDS, a standardized assessment and care screening tool) were transmitted timely to the Center for Medicare Services (CMS) system for four out of 13 sampled residents (Resident 17, Resident 40, Resident 57 and Resident 63). This deficient practice had the potential to result in delayed services for Resident 17, Resident 40, Resident 57 and Resident 63. During a record review, Resident 17's admission record indicated the facility originally admitted the resident on 12/30/2023 and re-admitted the resident on 3/31/2025 diabetes mellitus (high blood sugar), dementia (a decline in mental ability severe enough to interfere with daily life), and kidney failure (a medical condition where the kidneys lose their ability to effectively filter waste and excess water from the blood, and maintain proper chemical balance in the body). During a record review, Resident 40's admission record indicated the facility originally admitted the resident on 6/2/2021 and re-admitted the resident on 6/23/2023/16/2022 with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and atrial fibrillation (AFib - an irregular heartbeat that can lead to blood clots and increases the risk of stroke and other heart complications). During a record review of Resident 57's admission record indicated the facility originally admitted the resident on 12/26/2024 and re-admitted the resident on 2/21/2025 with diagnoses including lymphedema (condition in which fluid builds up in the body causing swelling, most commonly in an arm or leg), and high blood pressure. During a record review of Resident 63's admission record indicated the facility originally admitted the resident on 12/29/2023 and re-admitted the resident on 12/26/2024 with diagnoses including congestive heart failure (CHF - a condition where the heart muscle is not pumping blood as well as it should, leading to a buildup of fluid in the lungs and other body tissues) and diabetes mellitus. During a concurrent interview and record review on 8/7/2025 at 10:07 AM, with the Minimum Data Set Assistant (MDSA), Resident 17, Resident 40, Resident 5 and Resident 63's last quarterly MDS were reviewed. The MDSA stated Resident 17's Quarterly MDS was dated 7/2/2025 and was still in progress and the facility did not submit Resident 17's MDS to CMS. The MDSA stated the facility should have submitted Resident 17's Quarterly MDS by 7/16/2025. The MDSA stated Resident 57's quarterly MDS was dated 7/3/2025, was still in progress and the facility had not submitted the MDS to CMS. The MDSA stated Resident 63's quarterly MDS was dated 7/3/2025. The MDSA further stated the quarterly was still in progress and had not been submitted to CMS. The MDSA further stated the MDS is an assessment of the resident and should reflect the acuity and the care the facility should provide to the resident. The MDSA further stated the facility has 14 days from the time of opening and initiating the assessment to submitting the assessment to CMS. The MDSA stated the facility could incur penalties from not submitting the MDS on time. During an interview on 8/8/2025 at 12:59 PM, the Director of Nursing (DON) stated on 6/4/2025 the facility discovered there were late MDS assessments for the residents. The DON further stated the facility hopes to have all late assessments completed by 9/1/2025. The DON stated a potential outcome from not submitting the MDS within CMS timeframe could lead to the resident needs not being attend to or provided. During a record review, the facility policy and procedures (P&amp;P) titled MDS Completion and Submission Timeframes, reviewed 4/2025, indicated that, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. The P&amp;P also indicated the assessment coordinator or designee is responsible for ensuring resident assessments are submitted to CMS' Internet Quality Improvement Evaluation System (IQIES) in accordance with current federal and state guidelines and timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.</p>		

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F 0640  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.  (continued on next page)

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to ensure residents' Minimum Data Set assessments (MDS, a standardized assessment and care screening tool) were transmitted timely to the Center for Medicare Services (CMS) system for 11 out of 13 sampled residents (Resident 8, Resident 10, Resident 11, Resident 17, Resident 40, Resident 43, Resident 51, Resident 52, Resident 57, Resident 63 and Resident 104). This deficient practice had the potential to result in delayed services for Resident 10, Resident 11, Resident 17, Resident 40, Resident 43, Resident 51, Resident 52, Resident 57, Resident 63 and Resident 104. During a record review, Resident 8's admission record indicated the facility originally admitted the resident on 8/19/2023 and re-admitted the resident on 2/4/2025 with diagnoses including end stage renal disease (ESRD - irreversible kidney failure) and anemia (a condition where the body does not have enough healthy red blood cells). During a record review, Resident 10's admission record indicated the facility originally admitted the resident on 11/8/2023 and re-admitted the resident on 6/21/2024 with diagnoses including prostate cancer, Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities) and Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and high blood pressure. During a record review, Resident 11's admission record indicated the facility originally admitted the resident on 6/2/2021 and re-admitted the resident on 6/23/2023 with diagnoses that included Alzheimer's Disease , chronic kidney disease (kidneys are damaged and cannot filter blood as well as they should) and dementia (a progressive state of decline in mental abilities). During a record review, Resident 17's admission record indicated the facility originally admitted the resident on 12/30/2023 and re-admitted the resident on 3/31/2025 diabetes mellitus, dementia and kidney failure. During a record review, Resident 40's admission record indicated the facility originally admitted the resident on 6/2/2021 and re-admitted the resident on 6/23/2023/16/2022 with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and atrial fibrillation (AFib - an irregular heartbeat that can lead to blood clots and increases the risk of stroke and other heart complications). During a record review, Resident 43's admission record indicated the facility originally admitted the resident on 8/1/2022 and re-admitted the resident on 5/28/2025 with diagnoses including aphasia (a disorder that makes it difficult to speak), chronic kidney disease and diabetes mellitus. During a record review, Resident 51's admission record indicated the facility originally admitted the resident on 6/17/2024 and re-admitted the resident on 7/20/2024 with diagnoses including congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and epilepsy (seizure disorder). During a record review, Resident 57's admission record indicated the facility originally admitted the resident on 12/26/2024 and re-admitted the resident on 2/21/2025 with diagnoses including lymphedema (condition in which fluid builds up in the body causing swelling, most commonly in an arm or leg), and high blood pressure. During a record review, Resident 63's admission record indicated the facility originally admitted the resident on 12/29/2023 and re-admitted the resident on 12/26/2024 with diagnoses including congestive heart failure and diabetes mellitus. During a record review, Resident 104's admission record indicated the facility originally admitted the resident on 9/29/2022 and re-admitted the resident on 12/31/2024 with diagnoses including benign prostatic hyperplasia (BPH- prostate gland enlargement), heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a concurrent interview and record review on 8/7/2025 at 10:07 AM, with the Minimum Data Set Assistant (MDSA), Resident 8, Resident 10, Resident 11, Resident 17, Resident 40, Resident 43, Resident 51, Resident 57, Resident 63 and Resident 104, MDS Assessment Reference Date (ARD - the last day of the observation or look-back period for the MDS assessment) dates and submission dates were reviewed. MDSA stated the residents MDS were either not submitted within the CMS timeframe. The MDSA stated Resident 8's quarterly MDS was dated 5/15/2025 and was submitted to CMS on 6/7/2025 (23 days later). The MDSA stated Resident 10's annual MDS was dated 6/27/2025 and was still in progress and was not submitted to CMS. The MDSA stated Resident 11's las annual MDS was dated 7/4/2025. The MDSA stated the MDS was still in progress and had not been submitted to CMS. The MDSA also stated the facility was late in submitting Resident 11's MDS. The MDSA stated Resident 17's Quarterly MDS was dated 7/2/2025 and was still in progress and the facility did not submit Resident 17's MDS to CMS. The MDSA stated the</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to answer call lights in a timely manner for six of six sample (Residents 18, 28, 49, 71, 75, and 106). This failure had the potential to cause a delay in care and services necessary for the residents. Findings: During a record review, Resident 18's admission Record indicated Resident 18 was admitted to the facility on [DATE] with a diagnosis of muscle weakness (decrease in the force your muscles can generate, making it harder to move your body) and Displaced intertrochanteric fracture of the left femur (break in your thigh bone). During a record review, Resident 18's History and Physical (H&amp;P) dated 7/18/25, indicated the resident was alert and cooperative. During a record review, Resident 18's Minimum Data Set (MDS- a resident assessment tool) dated 7/27/2025, indicated the resident was cognitively intact (mental ability to make decisions of daily living), and needed minimal to moderate assistance with activity of daily living (ADL-basic task we do every day to take care of ourselves). During a record review, Resident 18's care plan on skin initiated on 7/29/2025, indicated the resident was at risk for pressure sore or skin breakdown related to bowel (stool) and bladder (urine) incontinence (inability to voluntarily pass urine and stool), had limitation in mobility 2nd to s/p left hip fracture. During a record review, Resident 28's admission Record indicated Resident 28 was admitted to the facility on [DATE] with a diagnoses of fibromyalgia (a ongoing condition that causes pain all over the body, along with fatigue and sleep) and spinal stenosis (when the spaces within your spine narrow, putting pressure on your spinal cord and nerves). During a record review of Resident 28's H&amp;P dated 12/3 /2024, indicated Resident 28 has the capacity to understand and make decisions. During a record review, Resident 28's MDS dated [DATE], indicated the resident was cognitively intact, and was independent with ADL. During a record review, Resident 49's admission Record indicated Resident 49 was admitted to the facility on [DATE] and re-admitted to the facility on [DATE] with a diagnosis of muscle weakness (lack of physical or muscle strength) and paraplegia (a condition where a person has partial or complete paralysis or the lower half of their body, including both legs). During a record review, Resident 49's MDS dated [DATE], indicated the resident was cognitively intact, and required moderate to maximum assistance with ADL. During a record review, Resident 49's care plan initiated on 7/15/2025, indicated Resident 49 had balance deficit, impaired dynamic balance, impaired range of motion, and impaired static balance. During a record review, Resident 71's admission Record indicated Resident 71 was admitted to the facility on [DATE] with a diagnoses of acute kidney failure (a sudden and rapid loss of kidney function) and essential hypertension (high blood pressure). During a record review, Resident 71's H&amp;P dated 4/7/2025, indicated the resident had the capacity to understand and make decisions. During a record review, Resident 71's MDS dated [DATE], indicated the resident was cognitively intact, and needed moderate to maximum assistance with ADL. During a record review, Resident 71's care plan initiated on 5/22/2025, indicated the resident had impaired balance, loss of muscle strength, and weakness. During a record review, Resident 75's admission Record indicated Resident 75 was admitted to the facility on [DATE] with a diagnosis of muscle weakness (decrease in the force your muscles can generate, making it harder to move your body) and Type 2 diabetes (a condition where your body has trouble using insulin, a hormone that regulates blood sugar, or doesn't make enough of it) During a record review, Resident 75's H&amp;P dated 2/1/25, indicated Resident 75 was able to decide for ADL, and was able to make needs known. During a record review Resident 75's MDS dated [DATE], indicated the resident was independent with ADL. During a record review, Resident 106 admission Record indicated Resident 106 was admitted to the facility on [DATE] with a diagnoses of human immunodeficiency virus Disease (HIV - a virus that weakens the body's defense system) and essential hypertension. During a record review, Resident 106's MDS dated [DATE], indicated the resident was cognitively intact. During an interview on 8/5/2025 at 8:32 A.M., Resident 49 stated when he calls the nurse for assistance it takes 1 to 2 hours before he can get assistance to empty his urinal or to get a cup of ice and water. Resident 49 stated it makes him angry when getting assistance from the staff is delayed for long periods of time. During an observation and interview on 8/5/2025 at 10:10 A.M., Resident 71 noted sitting in his wheelchair in the hallway. Resident 71 stated there is a delay in answering call lights at night on the 3 P.M. to 11 P.M. shift. Resident 71 stated about 1 month ago (unable to recall the date) he pressed the call light for the nurses to assist him with changing his adult incontinent brief. Resident 71 stated the nurse never came and he fell asleep. Resident 71 stated he felt angry and ashamed that he must wait long periods of time to get</p>		

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NAME OF PROVIDER OR SUPPLIER  Kennedy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  619 N. Fairfax Ave Los Angeles, CA 90036	

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>(continued on next page)</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the facility failed to ensure the tube feeding (TF - a form of nutrition that is delivered into the digestive system as a liquid) was administered as ordered for one of two sampled residents (Resident 27). This deficient practice had the potential to cause Resident 27 to take in an inadequate amount of calories and nutrition and weight loss. During a record review, Resident 27's admission record indicated the facility admitted the resident on 7/19/2024 with diagnoses that included protein calorie malnutrition (a condition in which a person does not consume enough protein and calories to meet their body's needs), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and chronic kidney disease (progressive damage and loss of function in the kidney). During a record review, Resident 27's History and Physical, dated 10/17/2024, indicated the resident was at high risk for decompensation (the loss of the ability to cope or function normally) and readmission [to a general acute care hospital] due to multiple comorbidities (having two or more diseases at the same time). During a record review, Resident 27's Minimum Data Set (MDS, a resident assessment tool), dated 4/25/2025, indicated Resident 27 had severe cognitive impairment (trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life) and total dependence on staff for eating, toileting hygiene, bathing and personal hygiene. The MDS further indicated the resident had a feeding tube and received 51% or more of the resident's total daily calories from the tube feeding. During a record review, Resident 27's Enteral Nutrition care plan, initiated 7/20/2024, indicated the resident required enteral nutrition due to diagnoses of stroke and dysphagia (difficulty swallowing). The care plan interventions Jevity (nutritional formula) 1.5 at 60cc per hour for 20 hours to provide 1200cc/1800kcal, monitor weight and report significant changes to physician and to monitor intake and output. During a record review, Resident 27's physician order, dated 7/30/2025, indicated every shift Administer Jevity 1.5 (a specific type of TF) at 60 cubic centimeters per hour (cc - a unit of volume [1 cc =1 milliliter (ml)]) administration [for] 20 [hours] via enteral pump (a pump that administers TF at a controlled rate) to provide 1200 cc and 1800 kcal (a unit of measurement and another word for what's commonly called a calorie) and 70 grams of protein. They physician order further indicated staff were to start the TF administration at 2 pm to 10 am or until total volume was delivered. During an observation on 8/5/2025 at 9:24 AM in Resident 27's room, Jevity 1.5 was infusing at 60 mL/h based on the settings visualized on the enteral pump machine with the bottle was dated 8/4/2025 at 2 PM. The feeding pump was observed on, alarming and with an alert on the screen reading Notice Pump Inactive. The screen also read Pump has been idle for 10 minutes. Press Continue. The machine further indicated 166 ml of TF had been administered, which was less than 1200 milliliters (ml) ordered by the physician (equal to 1800 kcal). During the same observation, a staff member enters the room, the pump again alarmed. The staff member does not address the resident or the alarming machine and leaves the resident's room. During a concurrent interview and observation 8/5/2025 at 9:39 AM [21 minutes prior to the scheduled completion of the residents TF dose of 1200 cc] at Resident 27's bedside, Registered Nurse (RN) 2 stated, the pump screen indicated the pump had been idle for 10 minutes. RN 2 then checked the dose settings screen and stated the pump indicated 166 ml of TF had been administered, and 1034 ml needed to infuse. RN 2 then went to get the licensed vocational nurse (LVN) 1 to explain the discrepancy. During a concurrent observation and interview with LVN 1, on 8/5/2025 at 9:48 AM at Resident 27's bedside, LVN 1 stated Resident 27's tube feeding had been infusing since 8/4/2025 at 2PM per the bottle label. LVN 1 also stated Resident 27 had received a total of 400 cc since 2 pm yesterday. LVN 1 further stated Resident 27 not receiving the total amount of TF ordered could cause the resident to lose weight and not receive the total amount of nutrition ordered. During an observation and concurrent interview on 8/5/2025 at 10 AM with the Director of Nursing (DON), Resident 27's TF was observed. The DON stated Resident 27's TF was off schedule and that the facility would assess the resident and inform the physician. During an interview on 8/8/2025 at 12:56 PM, the DON stated staff should monitor Resident 27's TF to ensure the feed was infusing appropriately. The DON stated staff should have checked the resident and the alarming TF machine when they observed TF discrepancy. The DON further stated Resident 27 is now on weekly weights and the registered dietician (RD) has evaluated the resident. The DON then stated if TF was not administered as ordered, there was risk for the resident to suffer from dehydration and malnutrition. During a record review the facility policy and procedures (P&amp;P) titled, Enteral Nutrition, dated 4/2025, indicated, Adequate nutritional support through enteral nutrition is provided to residents as ordered</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and concurrent record reviews, the facility failed to administer Trazadone (Medication to treat depression) per physician orders for one of one sampled resident (Resident 106). These failures resulted in Resident 106 inability to sleep and feeling angry. Cross Reference F0635 Findings: During a record review, Resident 106 admission record indicated Resident 106 was admitted to the facility on [DATE] with a diagnoses of human immunodeficiency virus disease (a virus that weakens the body's defense system also called HIV) and essential hypertension (high blood pressure). During a record review of Resident 106's Minimum Data Set (MDS- a resident assessment tool) dated 8/8/2025, indicated the resident was cognitively intact (mental ability to make decisions of daily living). During a record review, Resident 106's care plan initiated 8/4/2025, indicated, Resident 106 uses antidepressant medication related to depression (a serious mood disorder that affects how you feel, think, and handle daily activities) manifested by inability to sleep. During a record review, Resident 106's Order Summary Report indicated an order dated 8/3/2025 that Resident 106 receive trazadone HCL (medication used to treat depression) oral (by mouth) tablet 50 milligrams (mg - unit of measurement) Give 1 tablet by mouth at bedtime for depression manifested by inability to sleep. During a record review, Resident 106's Medication Administration Record (MAR) indicated that on 8/3/2025 and on 8/5/2025, Resident 106 did not receive trazadone HCL oral tablet 50 mg. During a record review, Resident 106's Progress Notes dated 8/3/25 at 5:33 p.m., indicated All medication and orders reviewed, verified and approved by MD (Medical Doctor) at this time. All medications faxed over to pharmacy as ordered. During a record review, the facility medication list stored in Polaris PRX11 (publix - automated medication dispenser) dated 8/8/25 at 9:26 AM inventory on hand, indicated trazadone 50 mg tablet was in stock. During a record review, Resident 106's pharmacy packing slip proof of delivery indicated that Resident 106's medication arrived at the facility on 8/3/25 at 11:28 PM. Observation and concurrent interview on 8/6/25 at 7:55 AM, Resident 106 noted sitting up in bed in his room. Resident 106 stated that on 8/3/2025 at approximately 10:00 PM and at 11:50 PM, he asked the Registered Nurse (RN - not able to recall name) for his trazadone HCL oral tablet 50 mg on the night he was admitted to the facility and the RN told him that his medication had not been delivered from the pharmacy. Resident 106 stated that on 8/5/25 at approximately 9:50 PM, he asked the nurse (unknown) for his trazadone HCL oral tablet 50 mg, and the nurse never gave it to him. Resident 106 stated if he does not take his trazadone at bedtime, he is up all night and feels tired the next day and it keeps him from being productive the next day. Resident 106 stated the delays in receiving his trazadone makes him angry and sad. During an interview and concurrent record review on 8/8/25 at 8:19 AM, with the Director of Nursing (DON) stated Resident 106's physician orders dated 8/3/25 at 4:08 P.M. and MAR were reviewed. The DON confirmed and stated that the facility admitted Resident 106 was 8/3/25 at 3:28 P.M., and that the physician orders indicated Resident 106 to receive trazadone HCL oral tablet 50 mg 1 tablet 1 mg at bedtime. DON stated the admitting nurse is supposed to check the residents discharge medication orders, notify the primary care physician, and enter the medication orders into Point Click Care (PCC - electronic medical chart), and fax the orders to the pharmacy as a backup. The DON stated the facility has an emergency kit and a Publix which contained certain medications. The DON stated the pharmacy has scheduled delivery to the facility every 2-3 hours for new admissions. A record review of Resident 106's MAR indicated Resident 106 did not receive Trazadone on 8/3/2025 and 8/5/2025. A record review with DON of the facility Polaris Publix medication list, indicated that Trazadone 50 mg tablets were available. The DON stated the nurse could have notified the pharmacy and the physician to administer the medication the Resident 106 because it was a scheduled medication. During a concurrent review of Resident 106's medication bubble card in medication cart, indicated that Resident 106's trazadone is 50 mg tablet scheduled to be given on 8/5/2025 was still in the bubble pack. During a concurrent record review with the DON of Resident 106's Nurses Progress Notes, indicated there was no documented evidence why Trazadone 50 mg was not given to Resident 106. DON stated if Resident 106 do not receive trazadone 50 mgs he will not have good sleep, will not feel good, and become agitated the next day. During an interview and concurrent record review with Registered Nurse (RN) 1 on 8/8/25 at 10:09 AM, RN1 stated she worked double shift on 8/3025 on the 7 AM to 3 PM and 3 PM-11 PM shifts. RN1 stated she she admitted Resident 106 on 8/3/2025 and that pharmacy did not deliver Resident 106's medication before her shift ended at 11 P.M. on 8/3/2025. RN1 stated she do not know why she did not notify the pharmacy that the</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>(continued on next page)</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to provide each resident with a nourishing and palatable diet for five out of five sampled residents (Residents 17, 18, 28, 49, and 75). This failure had the potential to result in weight loss, functional decline, dehydration, and skin impairment for Residents 17, 18, 28, 49, and 75). Resident 17 stated not getting nourishing and palatable diet makes him angry. Findings: During an interview on 8/5/25 at 9:02 A.M., Resident 49 stated the food is not palatable and the dietary department is serving chicken too often at least 4 times a week. Resident 49 stated he spoke with the facility Dietary Supervisor (DS) and expressed his concerns about the food and nothing has changed. During an interview on 8/6/2025 at 9:34 A.M., Resident 18 stated the food in the facility does not taste very good and that the food tasted unseasoned and the cooks serves chicken almost every day either for lunch or dinner. Resident 18 stated she is glad she is going home on 8/8/2025. Resident 18 stated she spoke with the DS when she was admitted and gave DS her food preferences, but the cooks serve whatever they want to Resident 18. Resident 18 stated, some days the food is so horrible I do not know what it is. During an interview on 8/5/25 at 10:10 A.M., Resident 17 stated the food that is served in the facility is not palatable (not edible), has no taste, and sometimes I cannot recognize what food product is on my plate. Resident 17 stated the dietary staff serve chicken at least 4 times in one week. Resident 17 stated it makes him angry that he cannot receive a decent tasty meal for 1 whole week. During an interview on 8/5/25 at 11:19 a.m., Resident 28 stated the cooks prepare too much chicken in one week. Stated there is no seasoning on the food and the food is not cooked well enough for her. Resident 18 stated the vegetables lack nutrition because they are boiled and watered down. Resident 28 stated it makes her angry that she has to purchase food from the grocery store so that she can eat a decent meal. Stated she has reported the food palatability and food choices with the Dietary Supervisor at least 10 times and nothing has changed. During an interview on 8/5/25 at 12:23 P.M., Resident 75 stated she often asks her family to bring her food from the outside because the food served from the kitchen does not taste good and requests for a sandwich if she does not like her food. Resident 75 stated the eggs served for breakfast are too rubbery to chew. Resident 75 stated the cooks in the kitchen need to create a better food menu. Resident 75 stated she is tired of eating the same thing day after day. Resident 75 stated she has discussed the palatability of the food and food preferences on several occasions and nothing has changed. During the lunch dining observation on 8/7/25 at 12:45 PM, Resident 87 food did not look palatable or nutritious. During an interview with the Registered Dietician (RD) on 8/8/25 at 1:29 PM, RD stated she comes to the facility once a week on Tuesdays and that the DS has not brought to her attention the complaints about the food, palatability, and textures of the food from the residents. The RD stated she interviewed the new residents upon admission and followed up with them quarterly and as needed about their diets and food choices. The RD stated the DS is supposed to follow-up with the residents about any food complaints, food palatability, food dislikes, and reports back to her. Stated Complaints about the food are directed to the DS. RD stated she has tasted the food on 7-31-25 and 8-5-25 during lunch time for both dates. RD stated the staff cooked boiled chicken. RD stated it would be nice to put some seasonings on the boiled chicken because it lacked flavor. RD stated the puree mash potatoes also needed more seasoning. Stated the DS can at any time report to her about the residents not liking the food. RD stated she can change the food menu at any time to meet the nutritional needs for the Residents. During an interview with the Dietary Supervisor on 8/8/25 at 1:59 PM, the Dietary Supervisor (DS) stated she has been employed with the facility for 2 years. DS stated she was not aware the Residents are complaining about personal preferences for food. The DS stated she provides a weekly menu and alternative menus to all the residents and place a copy in their room. The DS stated she also posts a copy of the weekly menu on the wall in the resident room or gives the residents a copy of the menus in their hand to read especially if they are bed bound. The DS stated she discussed the menu with the residents upon admission to the facility. DS stated if the residents are admitted after hours, she will meet with the residents the next day to discuss their food preferences. DS stated the RD is the only one that can change the food menus. Stated healthcare menu direct contracted company that provide the menu. State she orders the food from Dairy King. Stated the resident's food menu is a cycled menu that changes every winter, summer, spring, and fall. DS stated she informs the DSD that the residents are not eating the food. The DS stated she does not keep a log of the food trays not eaten by the residents. DS stated if the residents are not eating the right amount of nutrition daily, they can lose weight and their health can decline. During an interview with the DSD</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to serve palatable food for seven of seven residents (Residents 7, 17, 18, 24, 28, 49, and 75) reviewed for food palatability reviewed for food palatability. This deficient practice had the potential to result in meal dissatisfaction, decrease food intake and placed residents at risk for unplanned weight loss for the residents.</p> <p>1. During a record review, Resident 7's admission Record indicated the facility originally admitted the resident on 2/27/2024 and readmitted the resident on 5/17/2025 with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), muscle weakness and anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>During a record review, Resident 7's nutritional malnutrition, initiated 2/28/2024, indicated Resident 7 was at risk for malnutrition due to diagnosis of diabetes. The care plan goal was for the resident to not have significant weight loss to the extent possible. A further review of the care plan indicated the interventions included to cater to the resident's food preferences and to monitor the resident's intake and output (the measurement and recording of all fluids entering and leaving a person's body).</p> <p>During a record review, Resident 7's quarterly Minimum Data Set (MDS &amp;ndash; a resident assessment tool), dated 5/24/2025, indicated the resident had moderate cognitive impairment. The MDS also indicated Resident 7 had adequate hearing and vision, clear speech, able to be understood and able to understand others. The MDS further indicated the resident required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. assistance may be provided throughout the activity or intermittently) with eating.</p> <p>During a record review, Resident 7's Dietary Note, dated 7/17/2025 indicated the resident had poor oral intake. The note further indicated the registered dietician recommended to increase the resident nutritional supplement to three times per day due to the resident's poor oral intake.</p> <p>During a record review, Resident 7's Order Summary Report, dated 8/11/2025 indicated the physician ordered Resident 7 to receive a:</p> <ul style="list-style-type: none"> <li>- Regular controlled carbohydrate diet (a diet that focuses on providing the same amount of carbohydrates every day to control blood sugar levels) on 5/18/2025; and</li> <li>-No added sugar house shakes on 7/17/2025.</li> </ul> <p>During an interview during lunch on 8/5/2025 at 1:17 PM, Resident 7 stated the food at the facility was horrible. Resident 7 stated he believed he lost 20 pounds in the recent months. During a concurrent observation of the amount eaten on Resident 7's meal tray, Resident 7 consumed about 10% of the lunch served.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/8/2025 at 1:54 PM, the Dietary Supervisor (DS) stated being aware of Resident 7's complaints about the food. The DS stated if Resident 7 requests an alternative meal of grilled cheese when Resident 7 doesn't like the meal served. The DS further stated Resident 7 has requested a grilled cheese sandwich about three days out of the week.</p> <p>2. During a record review, Resident 24's admission Record indicated Resident 24 was admitted to the facility on [DATE] with diagnoses that included displaced intertrochanteric fracture of the right femur (fracture of the hip bone), left bundle-branch block (a problem in the heart's electrical system), polyneuropathy (malfunction of multiple nerves throughout the body), muscle weakness and hypertension (high blood pressure).</p> <p>During a record review of Resident 24's history and physical (H&amp;P) dated 7/15/2025 indicated Resident 24 has the capacity to understand and make decisions.</p> <p>During a record review, Resident 24's Minimum Data Set (MDS - a resident assessment tool) dated 7/15/2025, indicated the resident 24's cognition (The mental ability to make decisions of daily living) was moderately impaired, Resident 24's required setup or clean-up assistance with eating, oral hygiene and personal hygiene.</p> <p>During a facility tour on 8/5/2025 at 10:50 A.M., Resident 24 stated she has been in the facility for 3 weeks and the quality, appearance and taste of food provided by the facility was disgusting stating she sent her food tray back most of the time without touching it. Resident 24 stated she has had to request her niece to bring bought food from the restaurant.</p> <p>During a follow-up visit with Resident 24 on 8/7/2025 at 12:41 P.M., Resident 24 stated she was unable to eat the eggs served for breakfast at the facility, Resident 24 stated the eggs appeared unappealing, were rubbery to touch and tasted awful. Resident 24 stated she felt desperate, stating she needed to use additional expenses to her have her niece bring food from the restaurant.</p> <p>During an observation on 8/5/2025 at 12:46 P.M., Resident 24's family member was observed removing pre-parked meals from a tall lunch bag and organizing the meals for Resident 24 at the bedside.</p> <p>During an interview on 8/8/2024 at 1:26 P.M., Registered Dietician (RD), stated, she was unaware of any complaints regarding food taste, texture, appearance and palatability. RD stated comes to the facility every Monday and visits newly admitted Residents to discuss their dietary orders. RD stated she did not recall visiting Resident 24 who had been in the facility for 3 weeks. RD stated she sampled lunch food tray audit on 7/5/2025 for the puree diet, it needed a little salt and she also sampled a lunch on 7/31/2025, the chicken was boiled, she (RD) told DM "it would be nice to put a little seasoning." RD further stated complaints regarding food taste, texture, appearance and palatability are addressed by the Dietary Manager (DM).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Kennedy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  619 N. Fairfax Ave Los Angeles, CA 90036	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/14/2025 at 1:55 P.M., DM stated most complaints from residents regarding food are personal preferences. DM stated she does not keep a log of the amount of food that returns to the kitchen uneaten. DM stated she visits Resident's if a complaint is brought to her attention and/or quarterly. DM stated the facility uses a contracted company for menus, states menus are posted in the Resident rooms weekly and copies are provided to Residents, DM stated she does not change the menu, she (DM) notifies RD if there is an issue with the menus and/or food. DM stated Resident who do not eat their meals are at risk weight loss and can get sick from lack of nutrition.</p> <p>During an interview on 8/8/2025 at 4:39 P.M., Director of Nursing (DON) stated she was unaware Residents had complaints regarding facility food. DON stated DM is supposed to report food concerns to the DON, also, department heads are assigned rooms to check on Residents Monday -Friday for any concerns and issues. DON stated if Resident do not eat their food, nutritional needs are not met placing Residents at risk for weight loss, dehydration, skin breakdown complications from inadequate food intake.</p> <p>3. During an interview on 8/5/25 at 9:02 A.M., Resident 49 stated the food is not palatable and the dietary department is serving chicken too often at least 4 times a week. Resident 49 stated he spoke with the facility Dietary Supervisor (DS) and expressed his concerns about the food and nothing has changed.</p> <p>During an interview on 8/6/2025 at 9:34 A.M., Resident 18 stated the food in the facility does not taste very good and that the food tasted unseasoned and the cooks serves chicken almost every day either for lunch or dinner. Resident 18 stated she is glad she is going home on 8/8/2025. Resident 18 stated she spoke with the DS when she was admitted and gave DS her food preferences, but the cooks serve whatever they want to Resident 18. Resident 18 stated, some days the food is so horrible I do not know what it is.</p> <p>During an interview on 8/5/25 at 10:10 A.M , Resident 17 stated the food that is served in the facility is not palatable (not edible), has no taste, and sometimes I cannot recognize what food product is on my plate. Resident 17 stated the dietary staff serve chicken at least 4 times in one week. Resident 17 stated it makes him angry that he cannot receive a decent tasty meal for 1 whole week.</p> <p>During an interview on 8/5/25 at 11:19 A.M., Resident 28 stated the cooks prepare too much chicken in one week. Stated there is no seasoning on the food and the food is not cooked well enough for her. Resident 18 stated the vegetables lack nutrition because they are boiled and watered down. Resident 28 stated it makes her angry that she has to purchase food from the grocery store so that she can eat a decent meal. Stated she has reported the food palatability and food choices with the Dietary Supervisor at least 10 times and nothing has changed.</p> <p>During an interview on 8/5/25 at 12:23 P.M., Resident 75 stated she often asks her family to bring her food from the outside because the food served from the kitchen does not taste good and requests for a sandwich if she does not like her food. Resident 75 stated the eggs served for breakfast are too rubbery to chew. Resident 75 stated the cooks in the kitchen need to create a better food menu. Resident 75 stated she is tired of eating the same thing day after day. Resident 75 stated she has discussed the palatability of the food and food preferences on several occasions and nothing has changed.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review, the facility policy and procedures (P&amp;P) titled, "Food and Nutrition Services," reviewed 4/2025, indicated, "Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." The P&amp;P further indicated, "reasonable efforts will be made to accommodate resident choices and preferences."</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interviews, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen for 76 of 76 residents when: Improper Storage of Fooda. Improper Storage and labeling of Food b. Prepared leftover tuna stored in the refrigerator c. Dietary staff did not follow cool down methodd. Multiple food items with expiration datese. Dietary Cooks did not follow the thawing process 2. Equipment Cleanliness/Cross-contaminationa. The stove was dirtyb. The floor in front of the stove was dirtyc. Multiple large silver pans were dirty 3. Dietary staff was competent in the thawing process for large pork roast. These failures had the potential to result in harmful bacteria growth and cross contamination (a transfer of harmful bacteria from one place to another or one object to another) that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses and other toxins) medically compromised residents who received food from the kitchen. Findings: During the initial tour to the kitchen on 8/5/2025 at 8 A.M., entered the kitchen and met with Dietary [NAME] (DC) 1. During the observation of the walk-in refrigerator, observed the following: 2 large pieces of cooked pork roast with a prepared on 8/1/2025 and a use by date of 8/6/2025A large container of cooked left-over chicken noodle soupA large container of prepared tuna,The stove top, kitchen floor, and large silver pans were dirty. During a concurrent interview, DC 1 stated the pork roast was prepared by night shift Dietary [NAME] 3. DC 1 stated the cooked pork roast stored in the refrigerator was not safe to eat and was going to prepare a new pork roast for lunch today. During a concurrent record review with DC 1, the facility of the cooling down method log was reviewed,. DC 1 stated the cool down method it was not followed properly. DC 1 stated if the cool down method is not followed properly and the meat is not cooked correctly the residents can get very sick. DC 1 stated if cooked food is not stored properly the residents can get very sick, get stomach aches, and vomiting. During a follow-up visit to the kitchen and interview Dietary Supervisor (DS) on 8/5/2025 at 10:46 A. M., DS stated the staff are not supposed to keep cooked food in the refrigerator for longer than 72 hours. DS stated if food is not cooked and stored properly the residents can vomit and have stomach aches. DS stated that all dishes, pots, and pans are supposed to be washed properly to prevent bacteria growth. DS stated improperly washed dishes can cause bacteria to get in the food the residents are consuming and make the residents sick. DS stated the dietary staff is supposed to mop the kitchen floor and clean the stove as needed and after cooking each meal. During an interview with Registered Dietician (RD) on 8/5/25 at 10:56 a. m., RD stated she discarded the cooked pork roast that was stored in the refrigerator. RD stated cooked food is only supposed to be stored in the refrigerator for 72 hours. RD stated the Dietary staff is not supposed to store cook leftover foods in the refrigerator. Dietary Cooks and kitchen staff are not supposed to store cooked foods in the refrigerator for longer than 72 hours. RD stated dietary cooks and kitchen staff are not supposed to store leftover cooked food in the refrigerator. During a follow-up visit to the kitchen and interview on 8/6/2025 at 2:45 P.M., DC 2 stated the thawing process for large pork roast is to sit it in the refrigerator for 3-4 hours before cooking. DC 2 stated he has been training from the DS regarding the thawing process. DC 2 stated if food is not thawed properly, cooked, and stored properly the residents can get very sick. During a record review, the facility policy and procedures titled Thawing of Meats dated 2023, indicated, Procedure: Thawing meat properly can be done in these four ways: 1. In the refrigerator at 41-degree Fahrenheit or colder. Allow 2 to 3 days to defrost, depending on the quantity and total weight of the meat. Label defrosting meat with pull and use by date. During a record review, the facility P&amp;P titled Leftover Foods dated 2023, indicated, Policy: Leftover foods will be stored and served in a safe manner. Procedure: 1. Storage of leftovers b. Label and date c. Use refrigerated leftovers within 72 hours.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interviews and concurrent record review, the facility failed to ensure staff completed annual and upon hire Tuberculin (TB - is a serious illness that mainly affects the lungs) skin test, staff had TB skin test results on file, and annual physical examination completed for four out of seven employees (Licensed Vocational Nurse (LVN 1 and 2, Occupational Therapist (OT - assess a person's physical, cognitive, and emotional abilities and develop treatment plans to improve their functional skills, adapting the environment or activities as needed), and Treatment Nurse). This failure had a high probability of TB transmission to residents, guests, and staff to result in the facility. Findings: During an interview and concurrent record review on 8/7/25 at 8:42 AM, seven of seven employee files were reviewed with the Director of Staff Development (DSD) and the following were noted: 1. LVN 1 was hired on 3/14/2022. There was no annual Tuberculin (TB - is a serious illness that mainly affects the lungs) skin test for the years 2023 and 2024, no background check since 2022, no annual skills competency for the years 2023 and 2025, and no abuse training for 2023 or 2025. 2. LVN 2 was hired on 9/17/2024. TB skin test was completed on 9/17/2024, however, there was no documented TB test result. 3. Treatment Nurse was hired on 7/11/2025 and there was no TB skin test or result. 4. Occupational Therapist was hired on 10/3/2022. There was annual TB skin test, no abuse training since 2022. During the same interview on 8/7/2025 at 8:42 AM, DSD stated she has been employed with the facility for 2 years. DSD stated she is not sure how many years documents are supposed to be kept in the employees files. DSD stated that the facility Medical Director (MD) completes the employees' physical examination annually. During a concurrent record review there was no Tuberculin (TB) skin test for LVN 1 for the years 2023 and 2024. DSD stated TB skin tests are supposed to be completed annually. DSD stated the importance of TB skin test is to ensure the nurses do not infect the residents with TB. During an interview with Director of Nursing (DON) on 8/7/2025 at 9:19 AM, DON stated all staff are supposed to complete TB skin test upon hire and yearly. DON stated if the staff do not complete annual competencies yearly, they can forget how to care for the residents and could make mistakes with certain skills. During a record review, the facility policy and procedures (P&amp;P) titled Tuberculosis, Employee Screening for revised 4/2025, indicated, Screening 1. Each newly hired employee as screened for LTBI and active TB after an employment has been made but prior to the employee's duty assignment.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft. -unit of measure) per resident in one of 35 multiple resident bedrooms (room [ROOM NUMBER])This deficient practice had the potential to result in inadequate useable living space for the residents and working space for the health caregivers.Findings: During a record review, the facility Request for Room Size Waiver letter, dated 8/5/2025, submitted by the Administrator, indicated room [ROOM NUMBER] did not meet the 80 square feet requirement per resident according to federal regulation. The request for room size waiver letter indicated that the room size did not adversely affect any resident or any resident's special needs. The letter also indicated that both ambulatory and non-ambulatory residents can freely move in the rooms without harm or impediment and there have been no grievances from residents, family members or staff regarding the size of room [ROOM NUMBER]. During a record review, the facility Client Accommodations Analysis dated 8/5/2025 submitted by the facility indicated the following room with it's corresponding measurements:Rooms # total Sq. Ft # Beds Floor Area Sq. Ft/Resident.room [ROOM NUMBER] 154 Sq. Ft 2 beds (77.62 Sq. Ft/Resident)The minimum square footage for a 2-bed room should be 160 sq. ft. per federal regulation. During the general observations of the residents' rooms on 8/5/2025 to 8/8/2025, the residents had ample space to move freely inside the rooms. There was sufficient space to provide freedom of movement for the residents and for nursing staff to provide care for the residents. There was also sufficient space for beds, side tables and resident care equipment. During an observation and interview on 8/5/2025 at 2:30 pm Resident 106 was observed ambulating in room without difficulty, Resident 23 did not state any concerns regarding his room size.The minimum square footage for a 2-bed room should be 160 sq. ft. per federal regulation.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on interviews and concurrent record review, the facility failed to ensure three out of seven employees (Licensed Vocational Nurse (LVN) 1, Housekeeping, Activities Assistant, and Occupational Therapist (OT - assess a person's physical, cognitive, and emotional abilities and develops treatment plans to improve their functional skills, adapting the environment or activities as needed) completed their competencies annually and or upon hire. This failure had the potential for the staff not to provide the appropriate nursing skills and related care and services for all residents in accordance with resident care plans and the facility assessment. Findings: During an interview and concurrent record review on 8/7/25 at 8:42 AM, four of seven employee files were reviewed with the Director of Staff Development (DSD and the following were noted: 1. LVN 1 was hired on 3/14/2022. There was no annual physical examination for years 2023 and 2024, there was no annual Tuberculin (TB - is a serious illness that mainly affects the lungs) skin test for the years 2023 and 2024, no background check since 2022, no annual skills competency for the years 2023 and 2025, and no abuse training for 2023 or 2025. 2. Housekeeping was hired on 8/22/2024, there were no annual skills competencies and no abuse training for 2025.3. Occupational Therapist was hired on 10/3/2022. There were no annual skills competencies for 2023, 2024, and 2025.4. Activities Assistant was hired on 7/30/2019. There were no annual skills for 2022, 2023, 2024, and 2025. During the same interview on 8/7/2025 at 8:42 AM, DSD stated she has been employed with the facility for 2 years. DSD stated abuse training is completed upon hire, every 4 months, and as needed. DSD stated the importance of annual skills competencies is to ensure the nurse skills are following the correct protocol and to make sure the nurses are capable of caring out the skills to complete their job efficiently. DSD stated that the importance of abuse training is to ensure all the staff is very well trained on how to report abuse, and how to prevent the different types of abuse, so that the facility staff can keep the residents safe. During an interview with Director of Nursing (DON) on 8/7/2025 at 9:19 AM, DON stated all staff are supposed to complete annual competencies, physicals, TB skin test upon hire and yearly. DON stated if the staff do not complete annual competencies yearly, they can forget how to care for the residents and could make mistakes with certain skills. DON stated it is very important that all of the staffs trainings is completed on time to prevent harm to the residents and to ensure all of the residents receive the best possible care. During a record review, the facility document titled Facility Assessment Tool dated 3/28/2025, under staff/training/education and competencies, indicated that Competency evaluation is checked upon hire and annually thereafter. During a record review, the facility policy and procedures (P&amp;P) titled Staffing, Sufficient and Competent Nursing with a revised date of 4/2025, the P&amp;P indicated, Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. Competent Staff: 2. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by the state law.</p>		