

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 13922 Cerise Avenue Hawthorne, CA 90250	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36331</p> <p>Based on observation, interview and record review, the facility failed to maintain a safe and hazard free environment for one of 9 sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1) Implement its Policy and Procedure (P&P) titled, Smoking Policy which indicated, no cigarette/tobacco products were allowed to be kept in the possession of the residents. 2) Review, update and document a quarterly Smoking Evaluation for the resident. 3) Ensure Resident 1's smoking Care Plan had current and accurate interventions. <p>These failures had the potential to endanger the health and safety of residents, staff and visitors.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included nicotine dependence (a chronic condition characterized by a compulsive and uncontrollable urge to use tobacco products containing nicotine, despite negative consequences), chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) and chest pain.</p> <p>During a review of Resident 1's Minimum Data Set (MDS -a resident assessment tool) dated 3/16/2025, the MDS indicated Resident 1 had clear speech, the ability to express ideas and wants, and had clear understanding. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with upper and lower body dressing and was independent with eating.</p> <p>During a review of Resident 1's Smoking Evaluation dated 11/05/2024, the Evaluation indicated Resident 1 liked to smoke in the morning, afternoon, evening, and smoked 6 times a day. The Smoking Evaluation indicated Resident 1 was educated on safe smoking practices and able to locate the designated smoking area.</p> <p>During a review of Resident 1's Medical Records, the Records did not indicate Resident 1's Smoking Evaluation was completed reviewed and updated at least quarterly.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's smoking care plan dated 3/10/2025, the care plan indicated Resident 1 has a potential for injury related to smoking. The care plan goal indicated Resident 1 would have no injury related to smoking. The care plan interventions indicated nursing staff would complete smoking assessment, monitor to assess compliance with facility smoking policy/individual plan, and provide Resident 1 with metal lock box to safely maintain smoking materials in her possession.</p> <p>During a concurrent observation and interview on 04/14/2025 at 1:22 p.m. with the Registered Nurse (RN 1), at Resident 1's bedside, a pack of approximately 18 cigarettes was observed. RN 1 stated Resident 1 should not have the cigarettes in her possession because it was against the facility's policy and may jeopardize the resident's safety. There was no metal lock box observed at Resident 1's bedside.</p> <p>During telephone interviews on 04/22/2025 at 11 a.m. and 4/25/2025 at 12 p.m., with the Director of Nursing (DON), the DON stated Resident 1's Smoking Evaluation was last completed on 11/5/2024 and should have been done at least quarterly, however it was not done. The DON stated, the Smoking Evaluation should be done quarterly to evaluate Resident 1's safety to smoke. The DON stated Resident 1's care plan interventions to provide a lock box was an old rule and should not have been included as it conflicted the facility's policy which indicates residents should not have any smoking materials in their possession and to maintain the resident's safety.</p> <p>During a review of the facility P&P titled, Smoking Policy dated 12/2029, indicated it is the policy of this facility to provide those residents who choose to smoke a means in which to do so that does not jeopardize their safety or the safety of others residing in the facility. The P&P indicated, no lighting materials, tobacco products, or smoking devices will be allowed to be kept in the possession of the residents, either on their person or in the facility. The P&P indicated, upon quarterly review by the interdisciplinary team (IDT -involves professionals from various disciplines, including doctors, nurses, therapists, social workers, and others, working collaboratively to coordinate patient care), or at any time a significant change of condition occurs, smoking residents will be re-assessed as to their ability to smoke safely, either independently or under supervision, and their ability to understand and comply with facility non-smoking policy using the Smoking Assessment form.</p>		