

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 04/30/2025
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** 44294</p> <p>Based on interview and record review, the facility failed to provide an environment free of accident hazards as possible for two of three residents (Residents 2 & 3), by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 2 ' s care plan was individualized with interventions provided after the fall on 4/1/2025. 2. Conduct an Interdisciplinary Team ([IDT] group of healthcare professionals, including resident/ resident representative, working together to provide residents with needed care) to discuss safety interventions after Resident 2 ' s fall on 4/1/2025. 3. Conduct an accurate fall risk assessment after Resident 3 ' s fall on 1/26/2027. Resident 3. 4. Implement the rehabilitation services recommendations after Resident 3 ' s fall on 2/7/2025 which indicated to apply bed railings, and cushion pad along the bedside to reduce the risk of falls and soften fall. <p>These failures placed Residents 2 and 3 at risk for severe injury, hospitalization and death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1). During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses of muscle weakness and cognitive communication deficit (occurs when communication problems are caused by issues with cognitive processes like attention, memory, rather than speech or language difficulties). <p>During a review of Resident 2 ' s Fall Risk Evaluation dated 9/12/2024, the fall risk evaluation indicated Resident 2 was at high risk for falls.</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 2 ' s Minimum Data Set ([MDS], a resident assessment tool), dated 3/19/2025, the MDS indicated Resident 2 was sometimes able to understand and be understood by others. The MDS indicated Resident 2 required supervision for eating, and upper body dressing. The MDS indicated Resident 2 required set up for eating, oral hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 2 required supervision for toileting hygiene, lower body dressing, for putting/on taking off footwear and required moderate assistance for showers. The MDS indicated Resident 2 required setup with rolling left to right, sitting to lying/lying to sitting on side of bed, and supervision for chair/bed-to-chair transfer, tub/shower transfer, and walking 10, 50 and 150 feet.</p> <p>During a review of Resident 2 ' s Change of Condition (COC) dated 4/1/2025 at 10:46 a.m., the record indicated Resident 2 had a witnessed fall when Resident 2 had a witnessed fall.</p> <p>During a review of Resident 2 ' s Care Plan titled Resident 2 had a fall with no injury with no injury, revised 4/1/2025, the interventions indicated to check range of motion and report mental changes.</p> <p>During a concurrent interview and record review on 4/30/2025 at 9:36 a.m. with LVN 1, Resident 2 ' s Care Plan, revised 4/1/2025, LVN 1 stated the record did not include interventions did not address when Resident 2 sled off his wheelchair. LVN 1 stated the interventions should have included elevating the resident ' s legs with pillows to prevent the resident from sliding down the wheelchair. LVN 1 stated there was no IDT meeting conducted after the fall. LVN 1 stated Resident 2 ' s care plan was not individualized and did not focus on the causes why Resident 2 sled down his wheelchair.</p> <p>2). During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE], with diagnoses of difficulty walking and low back pain.</p> <p>During a review of Resident 3 ' s Care Plan titled Resident 3 had an actual fall with no injury, poor balance, poor communication/comprehension, unsteady gate, dated 1/26/2025, one of the interventions indicated to provide floor mat and determine and address causative factor for the fall.</p> <p>During a review of Resident 3 ' s fall risk assessment after the fall on 1/26/2025, the fall risk assessment did not reflect the fall Resident 3 had on 1/26/2025.</p> <p>During a review of Resident 3 ' s MDS, dated [DATE], the MDS indicated Resident 3 was able to understand and be understood by others. The MDS indicated Resident 3 required supervision for eating, and upper body dressing and substantial assistance (helper lifts, holds, or supports trunk or limbs, and provides more than half the effort) with oral hygiene, and upper dressing. The MDS indicated Resident 3 was dependent with showers, lower body dressing and putting on/taking off footwear. The MDS indicated Resident 3 required supervision with rolling left to right, moderate assistance (helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) sit to lying, lying to sitting on side of bed and substantial assistance with sitting to standing, chair/bed-to-chair transfer, and walking 10 feet.</p> <p>During a review of Resident 3 ' s COC dated 2/7/2025 at 12:00 a.m., the COC indicated Resident 3 was observed on the floor, on his back, next to his bed. The COC indicated that Resident 3 verbalized he rolled over and fell on the floor.</p> <p>(continued on next page)</p>		

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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 3 ' s Rehabilitation Service Screening Tool dated 2/7/2025 at 1:50 p.m., the notes indicated Resident 3 reported he fell out of bed two times. The notes indicated the resident reported he tried to stay off his wound, but he felt he was at risk of falling because his bed had no barriers. The notes indicated recommendations for bed railings, and cushion pad along the bedside to reduce the risk of falls and soften fall.</p> <p>During a concurrent interview and record review on 4/30/2025 at 9:36 a.m. with Licensed Vocational Nurse (LVN 1), Resident 3 ' s Fall Risk Evaluation dated 1/26/2025 at 6:45 a.m. was reviewed. LVN 1 stated the fall risk evaluation did not reflect the fall Resident 3 had on 1/26/2025. LVN 1 stated Resident 3 had a poor balance and did not reflect in the fall risk assessment which resulted in the resident being a medium risk for falls. LVN 1 stated Resident 3 was on Lasix (water pill that may reduce blood pressure), Lisinopril (medication that lowers blood pressure), and Amitriptyline (medication used for low mood and to help sleep) which could cause drowsiness and increase the resident ' s risk of falling. LVN 1 stated if the fall risk evaluation was conducted correctly, the assessment would have indicated Resident 3 was at a higher risk for falls. LVN 1 stated that it was important to have a correct fall evaluation to identify Resident 3 ' s risk for falling and appropriate interventions will be implemented. LVN 1 stated there was no care plan created after the fall on 2/7/2025, and placed Resident 3 at higher risk of falls because there were no interventions to prevent him from falling.</p> <p>During a concurrent observation, interview, and record review on 4/30/2025 at 12:54 p.m., with Physical Therapy (PT), Resident 3 ' s Rehabilitation Service Screening Tool dated 2/7/2025 at 1:50 p.m., PT stated the record indicated Resident 3 rolled off the bed and the recommendation was to place bed railings, and cushion pad along bedside to reduce the risk of falls and soften fall. PT stated there were no bed railings, no cushion pads and no floor mats noted in Resident 3 ' s room. PT stated not implementing interventions could lead to additional falls and they could lead to injury and hospitalization .</p> <p>During a review of the facility ' s policies and procedures (P&P) titled, Fall Management System, dated 11/2021, the P&P indicated the facility should provide residents with appropriate assessments and interventions to prevent and to minimize falls and complications. The P&P indicated that the IDT would review and updated care plan and would reassess resident for fall risks.</p>