

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2024
NAME OF PROVIDER OR SUPPLIER  Lynwood Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3611 East Imperial Highway Lynwood, CA 90262	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</b></p> <p>Based on interviews, and record review, the facility failed to report to the California Department of Public Health (CDPH), one of three residents (Resident 4), who was positive of Coronavirus Disease 2019 ([COVID-19] highly contagious viral infection).</p> <p>This failure resulted to the delay in investigation by the CDPH and had the potential for COVID-19 virus to spread infecting other residents, staffs and visitors in the facility.</p> <p>Findings:</p> <p>During a review of Resident 4 ' s Admission Record, the admission record indicated Resident 4 was admitted to the facility on [DATE], with diagnosis that included epilepsy (disorder of the brain characterized by repeated seizures.), [NAME] ' s paralysis (seizure is followed by a brief period of temporary paralysis), and muscle weakness (loss of muscle strength)</p> <p>During a review of Resident 4 ' s history and physical (H&amp;P) dated 8/7/2024, the H&amp;P indicated Resident 4 had the mental capacity to understand and make medical decisions.</p> <p>During a review of Resident 4 ' s Minimum Data Set ([MDS] a standardized care assessment and care screening tool), dated 7/8/2024, the MDS indicated Resident 4 could understand and be understood by others. The MDS indicated Resident 4 required substantial/maximal assistance with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair)</p> <p>During a review of Resident 4 ' s undated care plan for positive for COVID-19, the care plan indicated Resident 4 tested positive for COVID-19 respiratory infection potential for respiratory distress.</p> <p>During a review of Resident 4 ' s COVID-19 lab results dated 7/9/2024 at 1:55 a.m., the COVID-19 antigen test result indicated Resident 4 had tested positive for COVID-19.</p> <p>During an interview on 7/19/2024 at 4:15 p.m., with Infection Preventionist (IP), the IP stated the COVID-19 case was not reported to CDPH. The IP stated, it was very important to report the COVID-19 outbreak to the CDPH so that CDPH can conduct the investigation and make sure the facility is following the correct procedures to prevent the spread of COVID-19.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/19/2024 at 4:45 p.m., with Director of Nursing (DON), the DON stated, COVID-19 outbreak and other unusual occurrence such as infections, should be reported to the CDPH.</p> <p>During a concurrent interview and record review on 7/23/2024 at 12:18 p.m., with the IP, the All Facilities Letter ([AFL] a letter from the Center for Health Care Quality (CHCQ), Licensing and Certification (L&amp;C) Program to health facilities that are licensed or certified by L&amp;C with information that include changes in requirements in healthcare, enforcement, new technologies, scope of practice, or general information that affects the health facility) 23-08 (Requirements to Report Outbreaks and Unusual Infectious Disease Occurrences) was reviewed. The IP stated COVID-19 is categorized as unusual infection and should be reported to the CDPH.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, dated 5/2023, the P&amp;P indicated, the health department should be notified of any residents or staff with suspected or confirmed COVID-19 infection.</p> <p>During a review of the facility ' s P&amp;P titled, Unusual Occurrence Reporting, dated 12/2007, the P&amp;P indicated the facility would report unusual occurrences or other reportable events which affect the health, safety or welfare of the residents, employees, or visitors. The P&amp;P indicated unusual occurrence should be reported via telephone to appropriate agencies as required by current law and/ or regulations within 24 hours of such incident or as otherwise required by federal and state regulations.</p>