STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056415	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynwood Post Acute Care Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to exercise reasonable care for the protection of one of four sampled Resident's (Resident 1) property by failing to:1.Ensure Resident 1's Inventory List was completed at the time of discharge on [DATE].2. Ensure Resident 1's personal belongings (shirts and pants) were accounted for and provided to the Resident or the Resident's Family Member (FM) on discharge. These failures had the potential for Resident 1's personal belongings to be lost or stolen and could negatively affect Resident 1's psychosocial well-being. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing,) hypertension (HTN-high blood pressure) and chronic kidney disease (kidneys are damaged and can't filter waste from the blood).During a review of Resident 1's History and Physical (H&P) dated 10/8/2025, the H&P indicated Resident 1 had fluctuating capacity to understand and make decisions.During a review of Residents 1's Minimum Data Set (MDS - a resident assessment tool) dated 10/13/2025, the MDS indicated Resident 1 had no cognitive (ability to think and reason) impairment. The MDS indicated Resident 1 required partial to moderate assistance (helper does less than half the effort, helper lifts or holds trunk or limbs but provides less than half the effort) with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene, transfer and mobility.During a review of Resident 1's Clothing and Possessions inventory List dated 10/6/2025. The Clothing and Possessions inventory list indicated, on Resident 1 admission, the resident had two shirts, one pair of slippers and one pair of pants. The Clothing and Possessions inventory list did not indicate Resident 1's belongings were accounted for upon discharge on [DATE].During a review of Resident 1's Progress Notes dated 1/13/2026, the Progress Notes did not indicate the description of the Inventory or personal belongings the Resident or Resident's FM received upon discharge on [DATE].During an interview on 1/12/2026 at 4:00 p.m. with Resident 1's FM 1, FM 1 stated Resident 1 lost his belongings including shirts and pants at the facility (on unknown date). FM 1 stated he had informed the Social Services Department about the missing belongings (date unknown) and was told the facility would look for the missing clothes. FM 1 stated the facility had not returned the missing clothes to Resident 1.During an interview on 1/13/2026 at 2:21 p.m., with the Social Services Director (SSD), the SSD stated when residents lost personal belongings, the facility would ensure a grievance (complaint) was completed, look for the missing item(s) and replace them (if not found). The SSD stated she was not aware of Resident 1's lost personal belongings, and she did not know if Resident 1's belongings were given to the resident or family at the time of discharge.During a concurrent interview and record review on 1/13/2026 at 3:44 p.m., with the Director of Nursing (DON), Resident 1's Inventory List was reviewed. The DON stated it was the responsibility of the SSD to follow up on any missing items for Residents. The (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility would replace the missing item if not found. The DON stated the Resident's Inventory List should be completed on admission, re admission to the facility and on discharge. The DON also stated, it was the facility's protocol to provide discharge instructions and complete the Resident's Inventory List of all the Resident's belongings at the time of discharge. The DON stated Resident 1's Inventory List was not completed on discharge. He was not sure why it was not done by the discharge nurse. The DON stated nurses must make sure the patient has all the belongings at discharge. The belonging Inventory List should be part of discharge documents. The DON stated Resident 1 had the right to receive all his belongings he came with at the facility.During an interview on 1/14/2026 at 4:10 p.m., with Registered Nurse (RN) 2, RN 2 stated Resident's Inventory Lists should be updated when the Residents discharged from the facility or admitted (readmitted) to the facility and should indicate the belongings the Residents had at the facility. RN 2 stated she provided discharge instructions to Resident 1 and FM 1 (on 11/21/2025) and gave Resident 1's belongings to the resident/FM 1, however could not remember what belongings were given and could not remember completing the Resident's Discharge Inventory List. RN 2 stated it was important to ensure the Resident's Belongings Inventory List was completed on discharge to ensure the Residents received all their belongings. RN 2 also stated it was the nurses' responsibility to follow the facility's protocol when discharging Residents and failing to complete the Resident's Inventory List at discharge would result in not being able to account for what belongings were given to the Resident on discharge.During a review of the facility's Policy and Procedure (P&P) titled, Personal Property, dated 8/2022, the P&P indicated Residents belongings are treated with respect by facility staff, regardless of perceived value. The residents' personal belongings and clothing are inventoried and documented upon admission and updated as necessary. The facility promptly investigates any complaints of misappropriation or mistreatment of resident property.