

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555099	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Lakewood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12023 Lakewood Blvd. Downey, CA 90242	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to revise the care plan to include safety interventions for one of five sampled Residents (Resident 4) who was at high risk for fall and sustained falls at the facility on 4/3/2025 and 4/11/2025.</p> <p>This deficient practice had the potential to place Resident 4 at risk for further falls and injuries including fractures (broken bones).</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was admitted on [DATE] and re admitted on [DATE]. Resident 4's diagnoses that included abnormalities of gait and mobility (change in walking patterns), lack of coordination (voluntary muscle movements are uncoordinated), and contracture of muscle right forearm (muscles permanently shortened and stiff).</p> <p>During a review of Resident 4's History and Physical (H&P) dated 12/3/2024, the H&P indicated Resident 4 did not have the capacity to understand and make medical decisions.</p> <p>During a review of Resident 4's Minimum Data Set (MDS - a resident assessment tool), dated 1/29/2025, the MDS indicated Resident 4 had no mental capacity to make self-understood or to understand others. The MDS indicated Resident 4 required partial to moderate assistance with activities of daily living (ADLs) such as dressing, toilet use, and personal hygiene. The MDS indicated Resident 4 required supervision or touching assistance with transfer (moving between surfaces to and from bed, chair, and wheelchair) and walk 10, 50 and 150 feet.</p> <p>During a review of Resident 4's Change of Condition (COC) dated 4/3/2025, the COC indicated Resident 4 had a witnessed fall. The COC indicated Resident 4 lost her balance, fell on left elbow and left side of face and sustained left elbow abrasion (scrape or superficial injury to the skin). The COC also indicated Resident 4 had left cheek swelling and discoloration.</p> <p>During a review of Resident 4's care plan for fall dated 4/3/2025, the care plan indicated Resident 4 had a witnessed fall with a left cheek discoloration and left elbow abrasion. The care plan interventions did not include safety measures to prevent further 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 4's COC dated 4/11/2025, the COC indicated Resident 4 had an unwitnessed fall and sustained a laceration on the left eyebrow.</p> <p>During a concurrent interview and record review on 4/15/2025 at 3:40 p.m. with Licensed Vocational Nurses (LVN) 3, LVN 3 stated the purpose of a care plan was to guide nurses for the care of Resident 4. LVN 3 stated it was very important to update Resident 4's care plan and nursing interventions based on the resident's situation. LVN 3 stated failing to update Resident 4's careplan could place the resident at risk of not receiving proper care and lead to further falls for the resident. LVN 3 stated Resident 4's care plan interventions did not indicate safety measures to prevent further falls for the resident and should have included interventions such as closer supervision.</p> <p>During an interview on 4/16/2025 at 12:25 p.m. with Registered Nurse (RN) 2, RN 2 stated care plans needed to describe what care would be deliver for residents and must be revised after a change in condition. RN 2 stated Resident 4's fall care plan dated 4/3/2025 was not clear and did not include interventions to prevent the fall on 4/11/2025.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Fall Management Program dated 3/13/2021, the P&P indicated, following every resident fall, the licensed nurse will perform a post-fall evaluation and update, initiate or revise the Resident's care plan as necessary.</p> <p>During a review of the facility's P&P titled, Comprehensive Person-Centered Care Planning dated 8/24/2023, the P&P indicated the facility will provide person-centered, comprehensive and interdisciplinary (IDT- group of healthcare professions who work together toward the goals of the residents) care that reflects best practice standards for meeting health, safety and psychosocial needs of residents in order to maintain the highest physical, mental and psychosocial well-being. The P&P indicated comprehensive care plan will be periodically reviewed and revised by the IDT at the onset of new problems, change of condition and other times as appropriate or necessary.</p>