

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  04/21/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36331</p> <p>Based on interview and record review, the facility failed to implement the comprehensive person-centered care plan to 1 of 3 residents, Resident 1, who requested for a female Certified Nursing Assistant (CNA) to provide care.</p> <p>This failure resulted in the resident ' s feelings of fear and anxiety of being abused.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnosis of psychosis (a state where a person experiences a significant loss of contact with reality) not due to a substance or known physiological condition, epilepsy (a neurological condition involving the brain that makes people more susceptible to having recurrent unprovoked seizures), and anxiety disorder (a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS -a resident assessment tool) dated April 18, 2025, the MDS indicated Resident 1 had a clear speech, clear understanding and the ability to express ideas and wants. The MDS indicated Resident 1 required supervision or touching assistance (helper provides verbal cues and/or touching assistance as resident completes activity) with shower/bathe self, lower body dressing, and personal hygiene.</p> <p>During a review of Resident 1 ' s Change of Condition, dated 4/17/2025 at 6:07 p.m., the Change of Condition indicated Resident 1 claimed she was inappropriately touched on her breast during a shower by a male CNA.</p> <p>During a review of the Order Summary Report, dated 4/21/2025, the order summary report indicated a physician order to ensure only female CNAs every shift, should provide care to Resident 1.</p> <p>During a review of the [NAME] Wing Nursing Assignment &amp; Sign-In Sheet, dated 4/19/2025 (3 p.m. to 11 p. m. shift), and 4/20/2025 (11 p.m. to 7 a.m.) shift, the assignment sheets indicated male CNAs were assigned to Resident 1 to assist with activities of daily living (ADL-refers to basic self-care tasks that individuals perform on a daily basis to maintain their independence and well-being).</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 0656</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 Documentation Survey Report, dated April 2025, the report indicated on 4/19/2025, 3 p.m. to 11 p.m. shift, a male CNA 1 had documented that Resident 1 had no bladder or bowel movement, was independent with lower body dressing, personal hygiene and oral hygiene. On April 20, 2025, on the 11 p.m. to 7 a.m. shift, a maleCNA 2 documented Resident 1 had no bladder or bowel movement, was independent with shower/bathe self, and required supervision or touch assistance with toilet transfer.</p> <p>During a review of Resident 1 ' s care plan, no title, dated 4/17/2025, the care plan indicated Resident 1 made an allegation of being inappropriately touched on her breast by a male staff during shower. The care plan goal indicated Resident 1 will not have further episodes of alleged abuse through the review date. One of theinterventions indicated to ensure female CNAs are assigned to Resident 1 when providing care and monitor for psychosocial (the interrelation of social factors and individual thought and behavior) and emotional distress for 72 hours.</p> <p>During a telephone interview on 4/24/2025 at 11 a.m. with a Licensed Vocational Nurse (LVN 1), LVN 1 stated, after Resident 1 requested only female CNA to provide care, and assigning a male CNA to provide her care, it would make the resident uncomfortable.</p> <p>During a telephone interview on 4/24/2025 at 12:25 p.m., with the Director of Staffing (DSD), the DSD stated nursing staff made the CNAs assignments and should have not assigned Resident 1 a male CNA.</p> <p>During a telephone interview on 4/25/2025 at 2:30 p.m., with CNA 2, CNA 2 confirmed he was assigned to Resident 1 on 4/20/2025, 11 p.m. to 7 a.m. shift. CNA 2 stated he documented in the Documentation Survey Report, but did not provide any personal care because Resident 1 was able to do her own care.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Comprehensive Person-Centered Care Planning, dated 8/24/2023, the P&amp;P indicated the facility should provide a person-centered, comprehensive, care that reflects best practice standards for meeting the psychosocial needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being.</p> <p>During a review of the facility ' s P&amp;P titled Resident Rights, dated 1/2012, the P&amp;P indicated residents have the freedom of choice as much as possible, about how they wish to live their everyday lives and receive care.</p>		