

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 05/09/2025
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 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** 45657</p> <p>Based on observation, interview and record review, the facility failed to provide an environment free of accident and hazards for two of the four sampled residents (Resident 1 and Resident 2), by failing to ensure:</p> <ol style="list-style-type: none"> Housekeeping (HK) did not leave Residents 1 and 2, who were cognitively impaired and at risk for falls, in the resident 's room while the floor was wet, and the room was being deep cleaned. HK did not leave a bottle of Clorox spray (powerful bleach-based cleaner) unattended in Resident 1 and 2 's room. <p>These failures had the potential to cause Resident 1and Resident 2 to fall, be exposed to harsh cleaning agents which could result in injuries, hospitalization and death.</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] and readmitted on [DATE]. The Admission Record indicated Resident 1 's diagnoses included Dementia (a progressive state of decline in mental abilities) abnormalities of gait and mobility (an unusual walking pattern), and lack of coordination (the inability to control movements smoothly and efficiently).</p> <p>During a review of Resident 1 's fall care plan dated 4/25/2023, the care plan indicated Resident 1 was at risk for falls related to confusion and poor safety awareness. The care plan nursing interventions indicated to anticipate and meet the residents ' needs.</p> <p>During a review of residents 1 's Minimum Data Set (MDS -a resident assessment tool) dated 1/16/2025, the MDS indicated Resident 1 had cognitive (ability to think and reason) impairment. The MDS indicated Resident 1 required partial to moderate assistance (staff does less than half the effort) with activities of daily living (ADLs) such as dressing, toilet use and personal hygiene.</p> <p>During a review of Resident 2 's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. The Admission Record indicated Resident 2 's diagnoses included Dementia, abnormalities of gait and mobility, and lack of coordination.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of residents 2 ' s MDS dated [DATE], the MDS indicated Resident 1 had cognitive impairment. The MDS indicated Resident 2 required substantial / maximal assistance (staff does more than half the effort) with ADLs such as dressing, toilet use, personal hygiene.</p> <p>During a review of Resident 2 ' s fall care plan dated 4/25/2023, the care plan indicated Resident 1 is at risk for fall related to confusion and gait balance problems. The care plan interventions indicated to anticipate and meet the resident ' s needs.</p> <p>During a concurrent observation and interview on 5/19/2025 at 10:07 a.m. with Registered Nurse (RN) 1, Resident 1 and Resident 2 ' s rooms was observed with signage at the door indicating deep cleaning today. The floor was observed wet, and a bottle of Clorox spray was left on top of a bedside table in the room unattended. The room smelled of cleaning chemicals and Residents 1 and 2 were in the room. RN 1 stated Residents 1 and 2 should have been out of the room while the room was being deep cleaned.</p> <p>During an interview on 5/9/2025 at 10:20 a.m. with the HK, the HK stated she was deep cleaning in Resident 1 and 2 ' s room and had to step out because someone (unnamed) called her to pick up linen from another resident ' s room. The HK stated no residents should be in the room during deep cleaning and should have waited to complete the deep cleaning until Residents 1 and 2 were out of the room. HK stated the chemicals of the cleaning supplies could affect residents breathing and the wet floor could cause the residents to slip and fall. The HK also stated it was not safe to leave the Clorox spray unattended. The HK stated Resident 1 or Resident 2 could be at risk of injuries related to accidental exposure and ingestion of the chemical/solution which could cause the residents to become sick.</p> <p>During an interview on 5/9/2025 at 12:43 p.m. with the HK Supervisor (HKS) the HKS stated the HK should have coordinated the deep cleaning with the nursing staff to ensure residents (Residents 1 and 2) were taken out of the rooms during deep cleaning. The HKS stated no cleaning supplies should have been left unattended in the residents ' room and stored away.</p> <p>During an interview on 5/9/2025 at 2:12 p.m. with the Director of Nursing (DON), the DON stated residents should have been redirected out of the room and explained to the residents that the room would be deep cleaned. The DON stated during deep cleaning the door should be closed because of the bleach. The DON stated leaving residents in the room during deep cleaning, placed the residents at risk of falls from the wet floors and could cause discomfort to the residents from the smell of the cleaning agents.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled, Housekeeping-General, dated 1/1/2012, the P&P indicated housekeeping staff is considerate to residents while performing job duties. The P&P indicated staff watch cleaning equipment carefully and keep it out of the way of the residents.</p> <p>During a review of the facility ' s undated P&P titled, Housekeeping /Janitor Job Description. the P&P indicated housekeeping performs task to ensure a safe, comfortable and sanitary environment for all residents, staff and visitors according to established policies and procedure.</p>		