

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  04/28/2026
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure residents' personal belongings were inventoried, tracked, and safeguarded upon receipt, in accordance with facility policy for one of three sampled residents (Resident 1). This deficient practice resulted in the facility's inability to account for Resident 1's radio headset. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included dementia (a progressive state of decline in mental abilities) and legal blindness. During a review of Resident 1's Minimum Data Set ([MDS], a resident assessment tool), dated 3/29/2026, the MDS indicated Resident 1's cognitive skills (ability to think and reason) for daily decision making were severely impaired. The MDS indicated Resident 1 required supervision for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's History and Physical (H&amp;P), dated 4/4/2026, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make medical decisions. During an interview on 4/28/2026 at 9:41 a.m. with Resident 1's Representative Party (RP), RP 1, RP 1 stated Resident 1 never received a radio headset that had been purchased and delivered for his use. RP 1 stated the delivery company confirmed facility staff signed for the package. RP 1 stated the item was intended to support Resident 1 due to his legal blindness and enjoyment of music. During a concurrent interview and record review on 4/28/2026 at 10:42 a.m. with Social Services Designee (SSD) 1, all of Resident 1's Social Services Progress Notes, Inventory Lists, and Electronic Personal Effects Inventory Forms, dated 8/2025 through 4/28/2026, were reviewed. There was no documentation of a radio headset, nor was there documentation that Resident 1 received a delivery of a radio headset. SSD 1 stated it was standard practice to document deliveries and update the resident's inventory list to reflect all personal belongings in the resident's possession. SSD 1 stated she recalled receiving the delivery in approximately 8/2025 or 9/2025, labeling the item, and placing it on his nightstand. SSD 1 stated the item later went missing and no follow-up or grievance was initiated to locate or replace the item. SSD 1 stated she should have documented the delivery and filed a grievance on Resident 1's behalf. SSD 1 stated it was Resident 1's right to maintain property and his belongings. During a review of the facility's policy and procedure (P&amp;P) titled, Personal Property, revised 10/2/2025, the P&amp;P indicated the facility would ensure residents' personal property was respected, safeguarded, and properly documented. An inventory of personal belongings will be completed upon admission and updated as necessary to reflect additions, removals or changes.</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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