STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555130	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maywood Skilled Nursing & Wellness Centre	6025 Pine Ave Maywood, CA 90270

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the fall risk care plan included interventions for two-persons assist (method where two staff members move a resident who cannot bear weight or stand independently) and the use of a Hoyer lift (mechanical device used to safely lift and transfer non-weight bearing residents) with transfers for one of three sampled residents (Resident 1) . This deficient practice had the potential to place Resident 1's safety at risk.Findings: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]. Resident 1's diagnoses included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), schizophrenia (a mental illness that is characterized by disturbances in thought), and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&P) dated 1/10/2026, the H&P indicated resident 1 could make needs known but could not make medical decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 6/2/2026, the MDS indicated Resident 1 had moderate cognitive (ability to think and understand) impairment. The MDS indicated Resident 1 was dependent on staff for toileting, bathing, and personal hygiene. The MDS indicated Resident 1 was dependent on staff for transfers to and from a bed to a chair. During an interview on 7/2/2026 at 10:34 a.m. with Physical Therapist (PT) 1, the facility's Shift Report (outlines residents on each unit with special instructions, restrictions, considerations and requiring the use of a Hoyer lift for transfers) dated 6/20/2026 was reviewed. The Shift Report indicated Resident 1 required a Hoyer lift for transfers. PT 1 stated physical therapists and nursing collaborated to create the Shift Report, and all residents that should be transferred using a Hoyer lift were indicated in the document. PT 1 stated Resident 1's care plan should have indicated the need for the use of a Hoyer lift for transfers to ensure safety. PT 1 stated not including the need for a Hoyer lift for transfers in Resident 1's care plan placed the resident at risk for low quality care. During a concurrent interview and record review on 7/1/2026 at 2:30 p.m. with Registered Nurse (RN) 1, Resident 1's Lift and Transfer Screen (assessment used to evaluate a resident's weight bearing ability and the level of assistance required to safety move and transfer them) dated 6/2/2026 and care plan titled At risk for falls/potential for injury or further falls dated 1/9/2026 were reviewed. Resident 1's Lift and Transfer Screen indicated Resident 1 required a mechanical lift or at least two person assist with assistive devices for transfers. Resident 1's fall risk care plan did not indicate an intervention that addressed Resident 1's need for a mechanical lift or two person assist for transfers. RN 1 stated Resident 1's care plan should have included interventions that addressed Resident 1's need for a mechanical lift or two person assist for transfers. RN 1 stated care plans should be comprehensive and address the specific needs of residents for safe transfers. During a review of the facility's policy and procedure (P&P), titled, Person-Centered Care Planning dated 5/22/2025, the P&P indicated resident care plans should address resident-specific health and safety concerns to prevent decline and injury, and identify needs for supervision and assistance with activities of daily living.

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure safe transfer of one of three sampled residents (Resident 1) when Certified Nursing Assistant (CNA) 1 did not use a Hoyer lift (mechanical device used to safely lift and transfer non-weight bearing residents) to transfer Resident 1 from the shower chair to the bed. This deficient practice resulted in the unsafe transfer of Resident 1 and a displaced left femur fracture (a complete break in left thigh bone resulting in bone shift out of normal alignment). Resident 1 was transferred to the general acute care hospital (GACH) for evaluation and treatment and underwent an open reduction and internal fixation procedure (surgery performed to repair severe, displaced bone fractures).Findings: 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]. Resident 1's diagnoses included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), schizophrenia (a mental illness that is characterized by disturbances in thought), and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&P) dated 1/10/2026, the H&P indicated Resident 1 could make needs known but could not make medical decisions. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 6/2/2026, the MDS indicated Resident 1 had moderate cognitive (trouble with memory, thinking, or language) impairment. The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for toileting and bathing and personal hygiene. The MDS indicated Resident 1 was dependent on staff for transfers to and from a bed to a chair. During a review of Resident 1's care plan titled Activity of Daily Living (ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) Activity, dated 1/9/2026, the care plan did not indicate Resident 1 required the use of a Hoyer lift for transfers. During a review of Resident 1's Lift and Transfer Screen (assessment used to evaluate a resident's weight bearing (not allowing the affected limb to support any body weight or touch the floor) ability and the level of assistance required to safely move and transfer them) dated 6/2/2026 at 11:51 p.m., the lift and transfer screen indicated Resident 1 required a mechanical lift or at least two persons assist with assistive devices for transfers. During a review of the facility's Shift Report (outlines residents on each unit with special instructions, restrictions, considerations and requiring the use of a Hoyer lift for transfers) dated 6/20/2026 for the 7 a.m. to 3 p.m. shift, the shift report indicated Resident 1 required a Hoyer lift for transfers. During a review of Resident 1's Situation Background Assessment Recommendation (SBAR- communication form used to provide essential resident information during critical situations) dated 6/20/2026 at 11:30 a.m., the SBAR indicated on 6/20/2026, Resident 1 accidentally twisted her left leg during transfer from the shower chair to bed due to agitation (a state of being stirred up, disturbed, or restless). The SBAR indicated Resident 1 had mild swelling to the left leg and was unable to move her leg. The SBAR indicated physician orders for a stat (immediate) X-ray of the left hip and ibuprofen (medication used to relieve pain and decrease swelling) 600 milligrams (mg-metric unit of measurement, used for medication dosage and/or amount) every eight hours PRN (given as needed or requested) for severe pain. During a review of Certified Nursing Assistant (CNA) 1's Incident/Accident Interview Record dated 6/20/2026 at 11:30 a.m., the record indicated CNA 1 stated on 6/20/2026, she alone transferred Resident 1 from the bed to the shower chair and proceeded to give Resident 1 a shower. The record indicated that while CNA 1 transferred Resident 1 from the shower chair back to bed, Resident 1 became agitated (state of feeling highly stressed, upset, or irritated) and twisted her left leg. The record indicated CNA 1 stated she did not use the Hoyer lift during Resident 1's transfer because she is not heavy that's why I transferred her by myself. During a review of Resident 1's Radiology Results Report (details the findings of a medical imaging exam, such as an X-ray) dated 6/21/2026 at 12:49 (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	a.m., the Radiology Results Report indicated an acute left femoral fracture (a recent, sudden break in the left thighbone). During a review of Resident 1's Physician's Order dated 6/21/2026 at 2:05 a.m., the physician order indicated to transfer Resident 1 to the general acute care hospital (GACH) for further evaluation and treatment. During a review of Resident 1's Nursing Progress Note dated 6/21/2026 at 2:08 a.m., the progress note indicated the physician was notified of Resident 1's X-ray results and a new order was received to transfer to the general acute care hospital (GACH) for further evaluation and treatment. During a review of Resident 1's Nursing Progress Note dated 6/21/2026 at 12:11 p.m., the progress note indicated Resident 1 was transferred to the GACH for further evaluation and management of a left femoral fracture. During a review of Resident 1's GACH Emergency Department (ED) Notes dated 6/21/2026 at 1:43 p.m., the GACH ED Notes indicated Resident 1 was transferred to the ED after a witnessed fall and an X-ray result of displaced left femur fracture. During a review of Resident 1's GACH Operative Report dated 6/30/2026 at 6:23 p.m., the GACH Operative Report indicated Resident 1 underwent a left femur open reduction and internal fixation (ORIF - surgery performed to repair severe, displaced bone fractures). The report indicated a postoperative plan of non-weight bearing to the left lower extremity (leg) and likely need for a subacute nursing facility (level of care for resident who does not require hospital care but requires more intensive licensed skilled nursing care than provided in a skilled nursing facility). During a concurrent interview and record review on 7/1/2026 at 11:58 a.m. with Licensed Vocational Nurse (LVN) 1, the facility's Shift Report dated 6/20/2026 was reviewed. The Shift Report indicated Resident 1 required the use of a Hoyer lift for transfers. LVN 1 stated in the beginning of every shift, the charge nurse reviewed the Shift Report with the CNAs. LVN 1 stated on 6/20/2026, he went over the Shift Report with CNA 1 that indicated Resident 1 required a Hoyer lift for transfer. LVN 1 stated around 11 a.m., the Treatment Nurse (TXN) notified him that Resident 1 had swelling to her left thigh. LVN 1 stated a Hoyer lift should have been used to transfer Resident 1 from the shower chair back to bed. LVN 1 stated not using a Hoyer lift placed the resident at risk for injury. During a concurrent interview and record review on 7/1/2026 at 10:35 a.m. with Physical Therapist (PT) 1, Resident 1's Physical Therapy (PT) Recertification, Progress Report and Updated Therapy Plan dated 5/23/2026 at 6:16 p.m., and the Shift Report dated 6/20/2026 were reviewed. The PT Recert, Progress Report and Updated Therapy plan indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) for transfers from bed to chair. The Shift Report dated 6/20/2026 indicated Resident 1 required a Hoyer lift for transfers. PT 1 stated for safety reasons the Rehab Department would recommend the use of a Hoyer lift for residents that required substantial assistance for transfers. PT 1 stated Resident 1's assistance level fluctuated depending on if she was cooperative or agitated. PT 1 stated Resident 1 had episodes of agitation and noncompliance with instructions for transfers. PT 1 stated CNA 1 should have used a Hoyer lift when transferring Resident 1 from the shower chair to bed. PT 1 stated failure to use a Hoyer lift during transfer placed Resident 1 at risk for unsafe transfers and injury. During an interview on 7/1/2026 at 11:32 a.m. with CNA 2, CNA 2 stated for the safety of the resident she always used a Hoyer lift for Resident 1's transfers. CNA 2 stated at the beginning of every shift, the charge nurse reviewed the shift report, and the CNAs were expected to follow the recommendations for residents requiring Hoyer lift transfers. During an interview on 7/1/2026 at 3:50 p.m. with Registered Nurse (RN) 2, RN 2 stated on 6/20/2026, she was notified by the TXN that Resident 1 had a new onset of swelling to her left thigh. RN 2 stated when she interviewed CNA 1, CNA 1 stated she did not use a Hoyer lift and transferred Resident 1 from the shower chair to bed on her own because Resident 1 was not heavy. During an interview on 7/1/2026 at 3:45 p.m. with the Administrator (ADM), the ADM stated staff were expected to follow policies and transfer recommendations to ensure safety of residents. During a review of the facility's policy and procedure (P&P), titled, Transfer of Residents dated 5/4/2023, the P&P indicated, A licensed nurse completes a lift/transfer assessment to determine the proper procedure for each resident. The P&P indicated, Residents will be lifted or transferred according to the assessment and needs of the (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	residents. During a review of the facility's P&P titled, Total Mechanical Lift dated 5/4/2023, the P&P indicated, Mechanical lifts are devices used to assist with transfers and movement of individuals who require support for mobility beyond the manual support provided by nursing staff alone. The P&P indicated, A mechanical lift is used appropriately to facilitate transfer of residents.