

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Kei-Ai South Bay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15115 S Vermont Ave Gardena, CA 90247	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43237</p> <p>Based on interview and record review, the facility failed to implement its abuse policy and procedure (P&P) titled, Abuse Reporting and Investigation, by failing to report misappropriation of funds to the State Licensing Agency (SA) within two hours, for one out of three sampled residents (Resident 2).</p> <p>This deficient practice resulted to the delay in investigation by the California Department of Public Health (CDPH).</p> <p>Findings:</p> <p>A review of Resident 2 ' s admission record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included fracture of the left femur (a break in the left thigh bone), hypertension (high blood pressure) and history of falling.</p> <p>A review of Resident 2 ' s history and physical (H&P) dated 1/12/2024, the H&P indicated Resident 2 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 2 ' s minimum data set ([MDS] a standardized care assessment and care screening tool), dated 2/28/2024, the MDS indicated Resident 2 ' s cognitive skills (thought process) was intact and could understand and be understood by others. The MDS indicated Resident 2 required partial to moderate assistance with activities such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side). The MDS indicated Resident 1 was always incontinent of bowel and bladder.</p> <p>A review of Resident 2 ' s inventory list dated 1/11/2024, the inventory list indicated Resident 2 was admitted to the facility with the following personal items:</p> <ol style="list-style-type: none"> 1. Two (2) black cell phones 2. One charger 3. One wristwatch <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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. One long black sleeve shirt</p> <p>5. One short sleeve shirt</p> <p>6. One gray pajama</p> <p>7. One upper denture</p> <p>8. One dark blue wallet with identification (ID), cards and three dollars.</p> <p>A review of Resident 2 ' s credit card statement dated 1/12/2024-1/25/2024, indicated a total of \$928.18 unauthorized charges.</p> <p>A review of Resident 2 ' s credit card statement dated 2/8/2024-2/21/2024, indicated a total of \$1,358.39 unauthorized charges.</p> <p>A review of an electronic mail (email) dated 4/23/2024 from the Ombudsman (patient advocate) office to the facility ' s business officer manager, indicated Resident 2 ' s wallet was missing, and his credit cards had incurred thousands of dollars in fraudulent (unauthorized) charges. The email from the ombudsman ' s office indicated an inquiry if the facility had investigated this incident. The email indicated the business manager from the facility was unaware of the matter (unauthorized charges) and included the Social Worker (SW) and the Administrator (ADM) to the email for further investigation.</p> <p>During an interview on 5/13/2024 at 8:30 a.m. with family member 1 (FM 1), FM 1 stated, Resident 2 was admitted to the facility with credit cards and cash money at his possession. FM 1 stated Resident 2 ' s credit cards were being used fraudulently within the first week of his stay at the facility. FM 1 stated she notified the ADM at the facility about the missing credit cards and cash. FM1 stated the ADM told FM1 he would investigate the incident. FM 1 stated she also contacted the SW and left several voicemails, but the SW never returned her calls. FM 1 stated after not hearing from the ADM or the SW, she proceeded to report this issue to the Ombudsman.</p> <p>During a concurrent interview and record review on 5/14/2024 at 12:37 p.m., the email between the Business Office and Ombudsman was reviewed with the Director of Social Services (DSS). The DSS stated she was not aware that Resident 2 was missing a wallet or that there had been fraudulent charges made to Resident 2 ' s credit card until after Resident 2 was discharged from the facility. The DSS stated she confirmed she received the email from the ombudsman indicating Resident 2 ' s missing wallet and the fraudulent charges that were made. The DSS stated she did not report the fraudulent charges or investigated the incident because the report was from the Ombudsman and the Ombudsman did not provide more information regarding the missing wallet or fraudulent charges. The DSS stated she did not attempt to reach out to Resident 2 or his family because the allegations were made from the Ombudsman and not the family members or the resident.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/2024 at 1:30 p.m. with the Director of Nursing (DON), the DON stated she was not aware that Resident 2 ' s wallet had gone missing and there had been fraudulent charges made on his wallet. The DON stated she was not aware of the email the Ombudsman had sent to the business office. The DON stated if the ADM and the DSS were aware of Resident 2 ' s missing belongings and fraudulent charges, a theft and loss report should have been opened and the case should have been investigated.</p> <p>A review of the P&P titled Abuse Reporting and Investigation, dated 1/10/2024, indicated all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, should be reported by the Abuse Prevention Coordinator to local CDPH, long term care (LTC) Ombudsman, and local law enforcement either by telephone, email, or in writing immediately or within two (2) hours after the allegations is made or reported, if the alleged violation involves abuse with or without serious bodily injury.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43237</p> <p>Based on interview and record review, the facility failed to ensure a thorough investigation was conducted for one of three residents (Resident 2), after alleged fraudulent (unauthorized) charges were reported to the facility by the Ombudsman ' s office (patient advocate).</p> <p>This deficient practice resulted to the misappropriation of Resident 2 ' s funds and placed Resident 2 and other residents at risk for further financial abuse.</p> <p>Findings:</p> <p>A review of Resident 2 ' s admission record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses that included fracture of the left femur (a break in the left thigh bone), hypertension (high blood pressure) and history of falling.</p> <p>A review of Resident 2 ' s history and physical (H&P) dated 1/12/2024, the H&P indicated Resident 2 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 2 ' s minimum data set ([MDS] a standardized care assessment and care screening tool), dated 2/28/2024, the MDS indicated Resident 2 ' s cognitive skills (thought process) was intact and could understand and be understood by others. The MDS indicated Resident 2 required partial to moderate assistance with activities such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side). The MDS indicated Resident 1 was always incontinent of bowel and bladder.</p> <p>A review of Resident 2 ' s inventory list dated 1/11/2024, the inventory list indicated Resident 2 was admitted to the facility with the following personal items:</p> <ol style="list-style-type: none"> 1. Two (2) black cell phones 2. One charger 3. One wristwatch 4. One long black sleeve shirt 5. One short sleeve shirt 6. One gray pajama 7. One upper denture 8. One dark blue wallet with identification (ID), cards and three dollars. <p>(continued on next page)</p>		

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