

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 05/16/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36504</p> <p>Based on observation, interview and record review, the facility failed to place the call light buttons for 4 of 6 sampled residents (Residents 2, 4, 5 and 6), within their reach.</p> <p>This deficient practice placed Residents 2, 4, 5, and 6 at risk for not being able to call for help when needed and can result to needs not being attended to timely. This deficient practice had the potential to cause falls, other injuries, including hospitalization and death.</p> <p>Findings:</p> <p>During an inspection of the facility, on 5/16/25 at 10:45 am, the call light buttons in each residents ' room were inspected along with the Assistant Director of Nursing (ADON) for functioning and placement.</p> <p>Resident 2, the call light button was observed at the head of Resident 2 ' s bed, behind the pillow, Resident 2 could not reach the call light button.</p> <p>Resident 4, the call button was observed on the floor away from Resident 4 ' s reach.</p> <p>Residents 5, and 6, the call light button was on the bed away from Resident ' s reach.</p> <p>a). During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), heart failure (a condition where the heart can't pump enough blood to meet the body's needs), kidney failure (Resident 2 occurs when the kidneys are no longer able to effectively remove waste and excess fluid from the blood), Resident 2 had a history of falling.</p> <p>During a review of Resident 2 ' s Minimum data Set ([MDS] a comprehensive resident assessment and care-screening too) dated 4/7/2025, the MDS indicated Resident 2 has some cognitive impairment, but can make her needs known. MDS indicated Resident 2 needs assistance with mobility and transfer from bed to chair.</p> <p>During a review of Resident 2 ' s nurses note on 3/13/2025 and 3/18/2025, the nurse ' s notes indicated Resident 2 had a fall incident on 3/13/2025 and 3/18/2025.</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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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2 ' s care plans to minimize and prevent falls, one of the interventions indicated to place Resident 2 ' s call light button within resident ' s reach and encourage resident to use the call light button.</p> <p>During interview on 5/16/2025 at 10:45 a.m., with Resident 2, Resident 2 stated that she cannot reach her call light button.</p> <p>b). During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including Epilepsy (a neurological disorder characterized by recurrent seizures), Osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) and Hypertension (HTN-high blood pressure).</p> <p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 had the ability to make her needs known and needs assistance with transfer from bed to chair.</p> <p>During an interview on 5/16/2025 at 1:20 p.m., with Resident 4, Resident 4 stated that she needs the call light button close to her, so she can call for help when she needs help.</p> <p>During an interview on 5/16/2025 at 1:30 p.m., with a Certified Nurse Assistant (CNA 1), CNA 1 stated that she placed the call light button on Resident 2 ' s bed within her reach after cleaning up the resident. CNA 1 stated that call button must have fallen to the floor.</p> <p>c). During a review of Resident 5 ' s Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including Encephalopathy (any brain disorder that affects its function or structure, leading to an altered mental state), Schizophrenia ((a mental illness that is characterized by disturbances in thought), and HTN.</p> <p>During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 had some cognitive impairment. The MDS indicated Resident 5 needs assistance with transfer from bed to chair.</p> <p>d). During a review of Resident 6 Admission record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including Dementia (a progressive state of decline in mental abilities), Dysphasia (difficulty swallowing), and contracted right hand.</p> <p>During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 had some cognitive impairment. The MDS indicated Resident 6 needs assistance with transfer from bed to chair.</p> <p>During an interview on 5/16/2025 at 1:50 p.m., with CNA 2, CNA 2 stated that the call light button was not placed within reach for Residents 5 and 6 because both residents cannot use the call light button.</p> <p>During an interview on 5/16/2025 at 2:10 p.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated the residents ' call lights should be placed within reach so that the residents can call for help when needed.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure (P&P) titled, Call Light Answering, dated 12/2021, the P&P indicated that it is the policy of the facility to provide the residents a means of communication with the nursing staff. The P&P indicated to place the call device within resident ' s reach before leaving the room.</p>