STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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** 36395 Based on observation, interview and record review the facility failed to implement the comprehensive care plan for one of six sampled residents (Resident 1). For Resident 1, the facility failed to apply floor mat at the right side of Resident 1 ' s bed as indicated in Resident 1 ' s care plan for falls. This deficient practice had the potential for Resident 1 to sustain an injury when Resident 1 falls. Findings: During a review of the Admission Record indicated the facility admitted Resident 1 on 12/10/24 with diagnoses including dementia (a progressive state of decline in mental abilities), history of falling and unsteadiness on the feet. During a review of Resident 1 ' s Fall Risk Screen dated 12/10/24 at 5 p.m., indicated Resident 1 was at high risk for falling. During a review of Resident 1 ' s Care Plan initiated on 12/11/24 and revised on 2/6/25, indicated Resident 1 had high risk for falls and injury related to history of falling, impaired mobility, weakness and with concurrent medical conditions. The Care Plan goal included Resident 1 ' s risk factors will be managed to minimize falls and injury through the next review. The Care Plan intervention included to apply floor mat at the right side of Resident 1 ' s bed. During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 12/16/24 indicated Resident 1 had severe cognitive impairment. Resident 1 was dependent (helper does all the effort) with shower/bathe, putting on/taking off footwear, moderate assistance (helper does less than half the effort) with toileting hygiene, lower body dressing, supervision with oral hygiene, upper body dressing, personal hygiene and independent with eating. During observation on 2/26/25 at 3:14 p.m., Resident 1 was observed lying on her bed. No floor mat was observed on the right side of Resident 1 ' s bed. During an interview on 2/26/25 at 3:20 p.m., registered nurse supervisor (RNS 1) confirmed there was no floor mat by Resident 1 ' s bed. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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	During an interview on 2/27/25 at 12:02 p.m., licensed vocational nurse (LVN 1) stated Resident 1 needed the floor mat to prevent injury in case Resident 1 falls. During a review of the facility's policy and procedures titled Care Plans, Comprehensive Person-Centered reviewed on 10/10/24, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident. The same Policy indicated the interdisciplinary [NAME] (IDT, group of professionals and direct care staff that work together to provide care for the resident) in conjunction with the resident and his/or her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395 Based on interview and record review, the facility failed to ensure staff maintain current basic life support (BLS, set of emergency procedures designed to sustain life in victims experiencing cardiac arrest [when the heart stops beating suddenly]) certification for one of five sampled healthcare workers (Certified Nursing Assistant 1 [CNA 1]). CNA 1 ' s BLS certificate expired on [DATE]. This deficient practice had the potential for CNA 1 not to recognize residents who may need immediate emergency intervention. Findings: During a concurrent interview and record review on [DATE] at 11:39 a.m., the BLS certificates for one registered nurse (RN) one licensed vocational nurse (LVN) and three CNAs were reviewed with the director of staff development (DSD). DSD stated the facility require BLS certification for licensed staff only and needs to be renewed every two years. DSD stated the CNAs were not required to have BLS certification. CNA 1 ' s BLS certificate expired on [DATE]. During a review of the facility's policy and procedures (P&P) titled Emergency Procedure-Cardiopulmonary Resuscitation reviewed on [DATE], the P&P indicated personnel have completed training on the initiation of cardiopulmonary resuscitation (CPR, emergency lifesaving procedure performed when the heart stops beating) and basic life support (BLS) including defibrillation (devices that apply an electric charge or current to the heart to restore a normal beat), for victims of sudden cardiac arrest. The same policy indicated obtain and/or maintain American Red Cross or American Heart Association certification in Basic life support for key clinical staff members who will direct resuscitative efforts.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0689 Level of Harm - Minimal harm or potential for 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** 36395 Based on interview and record review the facility failed to provide adequate supervision to prevent accidents for one of six sampled residents (Resident 1). For Resident 1 the facility failed to: 1.Ensure the sensor pad alarm (device that detects when weight is removed from the pad, triggering an audible or visual alarm) placement was monitored and functioning. 2. Ensure staff respond immediately when the sensor pad alarm triggers an audible alarm. These deficient practices resulted in Resident 1 having unwitnessed falls on 2/6/25, 2/7/25 and 2/9/25 and had the potential for Resident 1 to sustain major injury such as fracture (break in the bone). Findings: During a review of the Admission Record indicated the facility admitted Resident 1 on 12/10/24 with diagnoses including dementia (a progressive state of decline in mental abilities), history of falling and unsteadiness on the feet. During a review of Resident 1 ' s Fall Risk Screen dated 12/10/24 at 5 p.m. indicated Resident 1 was at high risk for falling. During a review of Resident 1 ' s Care Plan initiated on 12/11/24 and revised on 2/6/25, indicated Resident 1 had high risk for falls and injury related to history of falling, impaired mobility, weakness and with concurrent medical conditions. The Care Plan goal included Resident 1 ' s risk factors will be managed to minimize falls and injury through the next review. Interventions included to apply sensor pad alarm while Resident 1 was in bed to alert staff when Resident 1 attempts to get out of bed unassisted and to monitor the placement and function of the sensor bed alarm. During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 12/16/24 indicated Resident 1 had severe cognitive impairment. Resident 1 was dependent (helper does all the effort) with shower/bathe, putting on/taking off footwear, moderate assistance (helper does less than half the effort) with toileting hygiene, lower body dressing, supervision with oral hygiene, upper body dressing, personal hygiene and independent with eating. During a review of Resident 1 ' s physician order dated 12/31/24 at 10:06 a.m., indicated to use sensor pad alarm while in bed to alert staff when Resident 1 attempts to get out of bed unassisted and to monitor placement and function. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1s Situation, Background, Assessment, Recommendation (SBAR, a communication tool used by healthcare workers when there is a change of condition among the residents) summary for Providers dated 2/6/25 at 9 a.m., indicated Resident 1 reported that she had a fall on 2/6/25 at 9 a.m. The SBAR indicated Resident 1 complained of mild pain on the right hip. Resident 1 ' s primary physician was notified and gave order to do x-ray of Resident 1 ' s right hip. The SBAR did not indicate if Resident 1 had the sensor pad alarm in place or the alarm was triggered. During a review of Resident 1 ' s x-ray of the right hip dated 2/6/25 indicated no fracture or dislocation. During a review of Resident 1 ' s SBAR dated 2/7/25 at 8:30 p.m., indicated on 2/7/25 at 8:30 p.m., Resident 1, who was in her room, was heard yelling for help. Resident 1 was found sitting on the floor next to the restroom. Resident 1 stated she wanted to use the restroom, lost her balance and fell . Resident 1 sustained skin tear on the left elbow and the right fifth finger. Resident 1 ' s primary physician was notified and gave order to monitor Resident 1. The SBAR did not indicate if Resident 1 had the sensor pad alarm in place or the alarm was triggered. During a review of the SBAR dated 2/9/25 at 4:21 a.m., indicated Resident, who was in her room, was heard calling for help. Resident 1 was found sitting on the floor in the bathroom. Resident 1 had no injury. Resident 1 ' s primary physician was notified and gave order to continue to monitor Resident 1. The SBAR did not indicate if Resident 1 had the sensor pad alarm in place or the alarm was triggered. During an interview on 2/26/25 at 2:41 p.m., licensed vocational nurse (LVN 1) stated Resident 1 was confused and ambulatory. LVN 1 stated Resident 1 has a sensor pad alarm in bed, but Resident 1 sometimes, removes the sensor pad alarm. During a concurrent interview and record review on 2/26/25 at 2:53 p.m., Resident 1 ' s SBAR was reviewed with the registered nurse supervisor (RNS 1). RNS 1 stated Resident 1 was confused and had unwitnessed falls on 2/6/25, 2/7/25 and 2/9/25. RNS 1 stated Resident 1 was placed on toileting program but was ineffective. RNS 1 stated sensor pad alarm was implemented. RNS 1 stated the sensor pad alarm was pressure sensitive and once Resident 1 ' s weight was lifted off from the sensor pad, the sensor pad will emit an alarm. RNS 1 stated the alarm is very loud, and staff have to respond immediately. RNS 1 stated she was unable to find documentation that the sensor pad alarm was in place or emitted an alarm when Resident 1 fell on [DATE], 2/7/25 and 2/9/25. During an interview on 2/26/25 at 3:14 p.m. certified nursing assistant 1 (CNA 1) stated Resident 1 has a sensor pad alarm. CNA 1 stated .we don ' t want her to fall, so when the alarm sounds off, we have to go to her immediately. During a review of the facility's policy and procedures (P&P) titled Safety and Supervision of Residents reviewed on 10/24, the P&P indicated the facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility wide priorities. The same Policy indicated implementing interventions to reduce accident risks and hazards shall include communicating specific interventions to all relevant staff, ensuring the interventions are implemented and documenting interventions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled Falls and Fall Risk, Managing reviewed on 10/10/24, the P&P indicated position-change alarms will not be used as the primary or sole intervention to prevent falls, but rather will be used to assist the staff in identifying patterns and routines of the resident. The use of alarms will be monitored for efficacy and staff will respond to alarms in a timely manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 36395 Based on interview and record review, the facility failed to provide laboratory services to one of six sampled residents (Resident 2). For Resident 2, the facility failed to follow physician order to do blood tests that included complete blood count (CBC, blood test that measure the number and types of cells in the blood) and comprehensive metabolic panel (CMP, blood test that measures 14 components of the blood that would assess including liver and kidney function) every Friday. Resident 2 had blood tests done on 6/28/24 (Friday) but failed to repeat the blood test the following Friday on 7/5/24. This deficient practice had the potential for the facility to fail to determine if Resident 2 ' s kidney function was worsening. Findings: During a review of the Admission Record indicated the facility admitted Resident 2 on 6/25/24 with diagnoses including osteomyelitis of the vertebra (bone infection in the spine) and chronic kidney disease stage five (the kidneys (body organ) are severely damaged and have stopped doing its job of filtering waste from the blood). During a review of the Minimum Data Set (MDS, a resident screening tool) dated 6/29/24 indicated Resident 2 was cognitively intact. Resident 2 was dependent with oral hygiene, toileting hygiene, upper/lower body dressing, putting on/taking off footwear, personal hygiene and needed set up with eating. During a review of the Resident 2 ' s Physician Telephone Order dated 6/26/24 at 3:14 p.m., indicated a Physician Order to obtain blood test for Resident 2 that included CBC and CMP every Friday. During a review of the Physician Progress Note dated 6/28/24 at 2:42 p.m., indicated Resident 2 had chronic kidney disease stage 5. The Note indicated renal (kidney) patients need to be monitored closely and adjustments made to medications, to not exacerbate renal issues. The same Note indicated to monitor laboratory periodically per primary team. Resident 2 is at high risk for further renal insufficiency (kidneys are functioning poorly) requiring possible readmission to the hospital without proper care. During a review of Resident 2 ' s Care Plan created on 6/28/24 indicated Resident 2 had impaired renal function related to chronic kidney disease. The Care Plan goal indicated Resident 2 will be free from signs and symptoms of renal complications through the next review date. The Care Plan intervention included follow-up laboratory and to notify the physician for any abnormal results. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555438	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kei-Ai Los Angeles Healthcare Center	2221 Lincoln Park Ave Los Angeles, CA 90031

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 2/27/25 at 10:39 a.m., Resident 2 ' s physician order dated 6/28/24 was reviewed with the registered nurse supervisor (RNS 2). RNS 2 stated the physician gave order to obtain Resident 2 ' s blood that included CBC and CMP every Friday. RNS 2 stated Resident 2 had chronic kidney disease, and the laboratory result will indicate if Resident 2 ' s kidney function is worsening. RNS 2 stated laboratory was done on 6/28/24, Friday and the next blood draw was for next Friday, 7/5/24. RNS stated she was unable to find the result of the blood test for 7/5/24. RNS 2 further added she was unable to find documentation why the blood test was not done on 7/5/24. During an interview on 2/27/25 at 3:04 p.m., the director of nursing (DON) stated he was unable to find the documentation why Resident 2 ' s blood test was not done on 7/5/24. DON stated Resident 2 had a lot of refusals but was not able to find documentation whether Resident 2 refused the blood test. The DON stated the reason why the blood test was not done should be documented. During a review of the facility's policy and procedures (P&P) titled Laboratory and Diagnostic Test Results - Clinical Protocol reviewed on 10/10/24, the P&P indicated the physician will identify and order diagnostic and laboratory testing on the resident ' s diagnostic and monitoring needs. The Policy indicated the staff will process test requisitions and arrange for tests. The same Policy indicated a nurse will try to determine whether the test was done that included as a routine screen or follow-up.