

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review the facility failed to implement its policies and procedure (P&P) on infection control to prevent the spread of coronavirus disease 2019 (COVID19, a highly contagious infection affecting the respiratory system caused by a virus that can spread from person to person). The facility failed to:1. Ensure all personnel wear N95 masks (disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) during the COVID19 outbreak.2. Ensure the N95 was properly worn.3. Remove gloves promptly after contact with resident items. 4. Comply with the local health department guidelines to contain the spread of the COVID19 that included social distancing, staggered communal activities, separate laundry items of residents who were exposed to the COVID19 from the non-infected residents and keeping doors closed for residents who were exposed to the COVID19 These deficient practices resulted in protective measures not being used by the facility and had the potential to increase the spread of COVID19 to all residents, staff, and the community.During observation on 8/20/25 at 10:04 a.m., the certified nursing assistant (CNA 1) was observed making the bed in room A wearing gloves. While wearing the same gloves, CNA 1 came out of Room A and proceeded to get a linen from the linen cart that was right outside Room A. CNA 1 picked up the linen from the cart and re-entered room A. CNA 1 was observed placing the linen on top of the bed D and proceeded to continue making the bed. During observation on 8/20/25, at 10:09 a.m., licensed vocational nurse (LVN 1) was observed wearing an N95 over the surgical mask. LVN 1 stated he was wearing a double mask for .double protection. against COVID19. During observation and concurrent interview on 8/20/25 at 12:41 p.m., staffing coordinator 1 (SC 1) and staffing coordinator 2 (SC 2) were observed sitting across each other. SC 1 and SC 2 were not wearing the N95. During interview SC 1 stated we were supposed to wear N95 because we have COVID19 positive staff and residents.so we don't get covid.During an interview and concurrent record review on 8/20/25 at 3:14 p.m., the local health department guidelines dated 8/7/25 were reviewed with the infection preventionist (IP 1). IP 1 stated some of the local health department guidelines were not followed that included maintaining social distancing, keeping doors closed for the residents who were exposed to the COVID19. IP 1 further added the laundry for the exposed and non-exposed residents were not kept separated. IP 1 further stated LVN 1 who was wearing N95 over the surgical mask defeats the purpose of the N95. IP 1 stated the N95 was supposed to form a seal on the face. IP 1 further stated when leaving the resident's room, CNA 1 should remove the gloves and use the hand sanitizer. During an interview on 8/21/25 at 11:03 a.m., IP 1 stated it is important to separate laundry of the COVID19 exposed residents from the non-exposed residents to prevent cross contamination. IP 1 further added it is important to follow the local health department guidelines to .prevent the outbreak from spreading further, to protect the patients, staff and visitors. During an interview on 8/21/25 at 12:07 p.m., the director of nursing (DON) stated it is important to follow the local health department guidelines .to assist the facility in mitigation of the infection. During a review of the facility's P&P titled Infection Prevention and Control Program reviewed on 3/27/25 indicated the infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. The same Policy indicated the medical staff will help the facility comply with pertinent state and local regulations concerning reporting and management of those with reportable communicable diseases. The prevention of infection included:1. Educating staff and ensuring that they adhere to proper techniques and procedures 2. Following established and disease specific guidelines such as those of the Centers for Disease Control (CDC). During a review of the facility Policy titled Standard Precautions reviewed on 3/25 indicated gloves are removed promptly:1. after use2. before touching non-contaminated items and environmental surfaces3. and before going to another resident. During a review of the facility Policy titled COVID19: Isolation/Quarantine, Personal Protective Equipment (PPE, - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) Requirements dated 3/27/25 indicated local health jurisdictions and other entities may have masking requirements based on local circumstances.</p>		