

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 01/06/2026
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview, and record review the facility failed to make prompt efforts to resolve grievance for one of four sampled residents (Resident 1). The facility failed to address Resident 1's complaints regarding inadequate assistance from staff and nursing care. This deficient practice violated the residents' right to have his grievances addressed promptly. During a review of the admission Record indicated the facility admitted Resident 1 on 7/18/25 with diagnoses including esophagitis (inflammation of the lining of the esophagus [muscular tube that connects the throat to the stomach], duodenal ulcer (sores on the lining of the stomach) and generalized muscle weakness. During a review of the Minimum Data Set (MDS, resident assessment tool) dated 10/22/25 indicated Resident 1 was cognitively intact. Resident 1 used the walker and wheelchair for mobility. Resident 1 was independent with eating, oral hygiene, upper body dressing, putting on/taking off footwear. Resident 1 needed clean-up assistance with toileting hygiene and substantial assistance (helper does more than half the effort) with shower/bathe self. During a review of the History and Physical (H&P, comprehensive assessment of the resident) dated 12/5/26 at 11:45 a.m., indicated Resident 1 had the capacity to understand and make medical decisions. The same H&P indicated Resident 1 .expressed dissatisfaction with the staff and the facility, reporting inadequate assistance and communication issues. During an interview on 1/6/25 at 11:04 a.m., using the translation hotline, Resident 1 stated he has diarrhea, and he does not understand why the medications he was given are not working. Resident 1 further added the certified nursing assistants (CNA), housekeeping and licensed nurses were not giving him the assistance he needed. During an interview on 1/6/26 at 1:07 p.m., licensed vocational nurse (LVN 1) stated Resident 1 had a lot of complaints about the charge nurses, the housekeeping and the certified nursing assistants. LVN 1 further added, Resident 1 keeps repeating his complaints. During an interview on 1/12/26 at 12:30 p.m., the assistant director of nursing (ADON 1) stated Resident 1 had many complaints and Resident 1 would discuss his complaints repeatedly. ADON 1 stated the last interdisciplinary team (IDT) meeting with Resident 1 was held on 11/11/25. ADON stated IDT is done to discuss the plan of care and discuss any concerns Resident 1 may have. During an interview on 1/12/26 at 12:56 p.m., the social worker (SW 1) stated there was no grievance filed for Resident 1. SW 1 stated Resident 1's multiple complaints were addressed immediately. However, there were no supporting documents provided to support that the facility addressed Resident 1's complaints. During a review of the facility's policy and procedures (P&P) titled Resident and Family Grievances revised on 10/25 the P&P indicated it is the policy of the facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. The same Policy indicated a resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents and other concerns regarding facility stay. The same policy indicated the staff member receiving the grievance will</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>record the nature and specifics of the grievance on designated grievance form or assist resident or family member to complete the form. The grievance official will take steps to resolve grievance, log general nature of grievance and record information about grievance including actions taken on grievance form. The grievance official or designee will keep the resident appropriately apprised of progress towards resolution of grievance.</p>