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	02/03/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement an appropriate discharge plan for one of the four sampled residents (Resident 1) who was transferred to General Acute Care Hospital (GACH) on 7/29/2025 for further psychiatric evaluation and was not permitted to return to the facility per their policy. This deficient practice resulted in Resident 1 to unnecessary remain in GACH four months after he was cleared for discharge.A review of Resident 1's admission record indicated the facility initially admitted the resident on 7/22/2025, with diagnosis that included encephalopathy (a broad term for any disease, damage, or dysfunction of the brain that changes its function or structure, often showing up as an altered mental state like confusion, memory loss, or personality changes, caused by issues like infection, toxins, trauma, or lack of oxygen), epilepsy (a chronic brain disorder characterized by two or more unprovoked, recurring seizures, caused by sudden, abnormal electrical discharges in nerve cells), and dysphagia (difficulty swallowing) following cerebral infarction (cerebrovascular accident-CVA - stroke, loss of blood flow to a part of the brain). The same record did not indicate a psychiatric diagnosis. During a review of Resident 1's history and physical (H&P) dated 7/22/2025 indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's physician orders dated 7/22/2025 indicated, Quetiapine Fumarate (atypical antipsychotic medication primarily used to treat schizophrenia, bipolar disorder (mania and depression), and as an add-on treatment for major depressive disorder) Tablet 25 MG Giva 0.5 tablet Phone Active by mouth every 12 hours as needed for agitation. During a review of Resident 1's care plan (a written personalized document that outlines an individual's health conditions, specific care needs, goals, and the actions required to manage them) with a focus, The resident wishes to return [and] be discharged home, initiated 7/23/2025 included goals indicating Resident 1 will demonstrate correct administration. The interventions included:Encourage the resident to discuss feelings and concerns with impending discharge. Monitor for and address episodes of anxiety, fear, distress.Establish a pre-discharge plan with the resident/family/caregivers and evaluate progress and revise plan During a review of Resident 1's Interdisciplinary conference meeting dated 7/23/2025 (IDT - a collaborative group of professionals including physicians, nurses, social workers, and therapists, who work together to manage a resident's comprehensive care) indicated, DC [discharge] plan is to DC home with family when able. Writer informed [Resident 1's representative - RP] that we [facility] can assist with HH [home health services] and DME [durable medical equipment] arrangement when MD [medical doctor] clears DC. Writer also informed [RP] we [facility] have a DCP [discharge plan] that can assist with placement option if they are looking to place the resident. During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 7/28/2025, indicated, the resident had severe cognitive impairment (a significant, advanced decline in mental abilities such as memory, reasoning, and decision-making which makes it impossible for a (continued on next page)

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

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