

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Lawndale Healthcare & Wellness Centre LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 15100 S Prairie Lawndale, CA 90260	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Implement its abuse policy and procedure titled Reporting Abuse, indicated the facility should report any resident-to-resident altercations to the State Survey Agency and Ombudsman within 2 hours for one of three sampled residents (Resident 1).</p> <p>This deficient practice placed Resident 1 and other residents in the facility at risk for further abuse.</p> <p>Findings:</p> <p>a. A review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included cerebral infarction (a disrupted blood flow to the brain due to problems with the blood vessels that supply it), atrial fibrillation (abnormal heartbeat), and celiac disease (a chronic digestive and immune disorder that damages the small intestine).</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 6/6/2024, the H&amp;P indicated Resident 1 had fluctuated capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 6/17/2024, the MDS indicated Resident 1's cognition (ability to learn, reason, remember, understand, and make decisions) was able to recall information when asked to repeat information after queuing. The MDS indicated Resident 1's activities of daily living (ADL) required partial/moderate assistance with personal hygiene, showering, and dressing.</p> <p>During an interview on 7/3/24 at 1:15 pm, Resident 1 stated he and Resident 2 got into a fight over the TV being too loud. Resident 1 stated, Resident 2 blocked the door with his wheelchair and grabbed his private parts. Resident 1 further stated they fought.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. A review of Resident 2's Admission Record (Face Sheet), the Face Sheet indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 2's diagnoses included cardiomegaly (the heart has a hard time pumping the blood), dementia (developed difficulties with reasoning, judgment, and memory), and schizoaffective disorder (loss of contact with reality and mood problems).</p> <p>During a review of Resident 2's History and Physical (H&amp;P), dated 4/24/2024, the H&amp;P indicated Resident 2 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] a comprehensive assessment and care-screening tool), dated 5/6/2024, the MDS indicated Resident 2's cognition (ability to learn, reason, remember, understand, and make decisions) was not able to recall information when asked to repeat information.</p> <p>During an interview on 6/25/2024 at 5:19 p.m. with Director of Nursing (DON), The DON stated I am not aware of an altercation on 6/16/2024 at 12:00 p.m. with Resident 1 and Resident 2. The DON further stated the incident was not reported and our abuse policy was not followed by staff.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Abuse-Reporting &amp; Investigations, dated 3/2018, the P&amp;P indicated, The facility will report all allegations of abuse and to the appropriate agencies promptly . Abuse is to be reported to the Administrator (the Abuse Prevention Coordinator) .Upon allegations of abuse the Administrator or designated representative will notify law enforcement immediately within two hours of serious body injury .Administrator or designated representative will notify the Ombudsman, and CDPH by telephone and in writing (SOC-341) within two hours of initial report.</p>