

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  07/05/2024
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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36331</b></p> <p>Based on observation, interview and record review, the facility failed to ensure a comprehensive person-centered care plan (a written plan of care developed by the resident's medical provider, the interdisciplinary team ([IDT] group of healthcare professionals working together to provide residents with needed care), and the resident to help resident achieve his or her treatment goals) was developed and implemented for the safe storage of smoking materials (cigarettes and lighters) for three of three sampled residents (Residents 1, 2 and 3), who were smokers by failing to ensure:</p> <ol style="list-style-type: none"> <li>1). Resident 1 did not have a cigarette lighter in her purse on 7/2/2024 at 1:45 p.m.</li> <li>2). Resident 2 did not have a lighter on her wheelchair seat while in the room, on 7/2/2024 at 1:50 p.m.</li> <li>3). Resident 3 was not holding a lighter while coming out of his room on 7/2/2024 at 2 p.m.</li> <li>4). Its Nursing Manual-Resident Rights, titled, Smoking Residents, which indicated the IDT will develop an individualized plan of care for safe storage, use of smoking materials, assistance and/or required supervision, for residents who smoke, was implemented.</li> </ol> <p>These failures had the potential for Residents 1, 2, and 3 to turn on the lighters, cause a fire and affect the health, safety, and wellbeing of all 56 residents in the facility, staff and visitors and result in serious injuries, hospitalization, and death.</p> <p>On 7/3/2024 at 4:32 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation has cause, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of the Administrator and Director of Nursing (DON) due to the facility 's failure to ensure Residents 1, 2 and 3 's lighters were stored in a secured area which had the potential to cause a fire affecting the health, safety and wellbeing of all 56 residents in the facility including staffs and visitors.</p> <p>On 7/5/2024 at 4 p.m., the facility submitted an acceptable IJ Removal Plan ([IJRP] a plan with interventions to correct the deficient practice). After validating the IJRP's implementation onsite, the IJ was removed on 7/5/2024 at 4:18 p.m. in the presence of the Administrator, DON, and Clinical consultant.</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 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The IJRP included the following immediate actions:</p> <ol style="list-style-type: none"> <li>1). On 7/3/24, the Administrator Immediately removed the lighter from Residents 1, 2 and 3.</li> <li>2). On 7/3/2024, the DON/designee immediately reassessed and completed the Smoking Safety Evaluations for Residents 1, 2, and 3 who smoked and included in the assessment, the safe storage of their smoking paraphernalia (material), the supervision and/or assistance required during smoking. Person-centered care plans were updated to address residents' current assessments including their supervision needs, and safe storage of smoking materials.</li> <li>3). On 7/3/24, the Administrator met with Residents 1, 2, and 3 and discussed the Smoking Policy and Procedures including the process for safe storage and safekeeping of smoking materials. The smoking materials will be kept in a locked box and will be supervised by the activity and nursing staff.</li> <li>4). Resident 3 will be supervised by the activity/nursing staff during smoking outside smoking scheduled times.</li> <li>5). On 7/3/2024, the DON/designee conducted an audit of current residents who smoke to ensure accurate Smoking Safety Evaluations and Person-Centered Care Plans were in placed, including assessment for safe storage of smoking materials, supervision or assistance required during smoking. There were 12 residents that smoke. 12 out 12 residents identified as smokers, would be supervised by the facility staff during smoking break. These residents' smoking materials will be kept in a locked box by the Activity Department in daytime and at the nurse's station after office hours. Person centered care plans have been updated to reflect residents' smoking needs.</li> <li>6). On 7/3/2024, the Administrator/Designee conducted rounds and observations on current residents to identify any other residents who kept smoking materials in their possession and ensure safekeeping.</li> <li>7). On 7/3/2024, the DON/Designee conducted rounds and observation in the smoking area to ensure that residents who required supervision while smoking, were supervised.</li> <li>8). On 7/3/2024, the Administrator/DON initiated in -service education to the Licensed Nurses, Certified Nurse Assistants (CNA), Department Managers and the rest of the facility staff on the Smoking Policy and Procedures, with emphasis on: <ul style="list-style-type: none"> <li>-Accurate Smoking Safety Evaluations and Person -Centered Care Plans</li> <li>-Monitoring and safe storage of smoking materials for the residents. Smoking paraphernalia will be kept in the locked box in the activity department during activity hours and at the nursing station thereafter.</li> <li>-Residents who smoke will be supervised and assisted by the designated staff during smoking.</li> </ul> </li> </ol> <p>This education was completed 7/4/2024. Staff who were on leave or were unscheduled, will be provided with education by the DON or designee upon return to work.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>9). During morning Clinical Meetings on Mondays to Fridays, the IDT will review residents newly admitted /readmitted , residents due for quarterly assessments and residents with significant change in condition. The review was to ensure that Smoking Safety Evaluations and Person-Centered Care Plans were accurately completed for those residents who currently smoke, and those who have expressed the desire to smoke. Identified concerns will be immediately addressed and reported to the Administrator and DON for resolution, as warranted.</p> <p>10). The Department Managers will conduct rounds and observe residents who smoke, weekly for 4 weeks, then bimonthly for 2 months, to ensure residents who smoke adhere to smoking policy and procedures.</p> <p>11). Lighting and smoking materials were safely stored according to the residents' care plan and residents were provided supervision/assistance by the staff accordingly. Identified concerns during the observation will be immediately addressed and reported to the Administrator and DON for resolution, as warranted.</p> <p>12). The Administrator and DON will present the results of the Smoking Monitoring Audits to the Quality Assurance and Performance Improvement Committee for monthly review, for the next 3 months and quarterly thereafter, until substantial compliance is achieved. The Administrator and DON were responsible for monitoring and sustaining compliance.</p> <p>Findings:</p> <p>a). During a concurrent observation and interview on 7/2/2024 at 1:45 p.m., Resident 1 was observed sitting on her bed with a cigarette lighter in her purse. Resident 1 stated cigarette breaks were scheduled several times a day and she did not have to ask for a lighter or cigarette from anyone since she already had hers. Resident 1 stated she was unsupervised during some cigarette breaks. Resident 1 stated staff did not check her belongings for the presence of cigarettes or lighters. Resident 1 stated she would feel horrible (fearful) if someone stole her lighter and set a fire, in the facility.</p> <p>During a concurrent interview and record review on 7/3/2024 at 1:40 p.m. with the DON, Resident 1 ' s Smoking and Safety form dated 6/5/2024 and Resident 1 ' s care plan titled Risk for injury related to smoking dated 6/5/2024 were reviewed. The DON stated Resident 1 ' s Smoking and Safety form indicated Resident 1 was able to smoke cigarettes without supervision but did not indicate how the smoking materials will be stored. The DON stated Resident 1 ' s care plan titled Risk for injury related to smoking, indicated Resident 1 was an assisted smoker and required supervision. The DON stated the care plan interventions did not indicate how Resident 1 ' s cigarettes and lighter will be stored. The DON stated the care plan and smoking, and safety form were misleading, and staff could not implement appropriate interventions to prevent negative outcomes due to the inconsistency of the documents. The DON stated the care plan did not indicate a safe storage of Resident 1 ' s cigarettes and lighter.</p> <p>A review of Resident 1 ' s Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included schizoaffective disorder (a mental illness that causes a person to experience dramatic changes in their thoughts, moods, and behaviors), generalized anxiety disorder (persistent worrying), and nicotine dependence (addiction of).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s care plan titled Risk for injury related to smoking, dated 6/5/2024, indicated Resident 1 was an assisted smoker and required supervision. The care plan interventions indicated staff will enforce (implement) supervised smoking hours during scheduled times in the designated smoking patio.</p> <p>A review of Resident 1 ' s IDT Conference Review, dated 6/10/2024, indicated the purpose of the conference was to ensure Resident 1 smoked safely. The IDT goals indicated staff will keep offering Resident 1 an apron (burn protector for smokers) and encourage it ' s (apron) use. The interventions indicated staff will enforce the facility ' s smoking hours and supervise residents while smoking. The IDT Conference Review did not indicate a safe storage of Resident 1 ' s cigarettes and lighter.</p> <p>A review of Resident 1 ' s Minimum Data Set ([MDS] an assessment and care planning tool), dated 6/12/2024, indicated Resident 1 had clear speech and had the ability to express ideas and wants, and understood. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, shower/bathe self, and upper body dressing.</p> <p>2). During an observation and interview on 7/2/2024 at 1:50 p.m., Resident 2 was observed lying in bed and a wheelchair next to his bed. An orange cigarette lighter was observed on the seat of the wheelchair. Resident 2 stated he kept his cigarettes and lighter and smoked as needed without staff ' s supervision. Resident 2 stated he would feel horrible if someone stole his cigarette lighter and use the lighter to start a fire in the facility.</p> <p>During a concurrent interview and record review on 7/3/2024 at 1:45 p.m. with the DON, Resident 2 ' s IDT Conference Review, dated 1/16/24 was reviewed. The DON stated the IDT conference review goals and outcomes indicated staff will give Resident 2 smoking related material per facility ' s protocol and supervise the resident per his smoking assessment. The DON stated smoking materials were supposed to be stored by the activities department. The DON stated all residents were supposed to be supervised during smoking to prevent burn related injuries. The DON stated the care plan did not indicate a safe storage of Resident 1 ' s cigarettes and lighter.</p> <p>A review of Resident 2 ' s Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnosis of metabolic encephalopathy (alteration in consciousness due to brain dysfunction), urinary tract infection ([UTI] infection in urinary system, which may include kidneys, ureters, bladder, or urethra), and unsteadiness on feet.</p> <p>A review of Resident 2 ' s IDT Conference Review, dated 1/16/2024, indicated Resident 2 was safe to smoke independently. The IDT Conference Review indicated staff will explain the facility ' s smoking policy, store smoking related materials per facility policy and supervise Resident 2, per the smoking assessment.</p> <p>A review of Resident 2 ' s Smoking and Safety form dated 4/20/2024, indicated Resident 2 used tobacco and required assistance and supervision when smoking. The Smoking and Safety form indicated staff will apply a smoking apron on Resident 2, extinguish (blow out) the resident ' s cigarette, and refer to the IDT, if Resident 2 was deemed unsafe to smoke. The form did not indicate how Resident 2 ' s cigarettes and lighter were stored.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 had a clear speech and had the ability to express ideas and wants, and understood. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, shower/bathe self, and personal hygiene.</p> <p>A review of Resident 2 ' s care plan titled, Risk for injury related to smoking, an assisted smoker requiring supervision, and refusing to wear an apron, dated 7/1/2024, indicated staff will keep offering and encouraging Resident 2, to use an apron, to protect the resident. The care plan interventions indicated staff will enforce supervised smoking hours at scheduled times in the designated smoking patio. The care plan interventions indicated staff will light Resident 2 ' s cigarette and bring the cigarette to his mouth for assistance. The care plan did not indicate how Resident 2 ' s cigarettes and lighter were stored.</p> <p>3). During an observation and interview on 7/2/2024 at 2 p.m., Resident 3 was observed coming out of his room, holding a lighter. Resident 3 refused to answer what could happen if he lost his cigarette lighter and/or someone stole his cigarette lighter.</p> <p>During an observation on 7/2/2024 at 3:45 p.m., in the smoking patio, Resident 3 was observed smoking a cigarette by himself, and unsupervised.</p> <p>During a concurrent interview and record review on 7/3/2024 at 1:55 p.m. with the DON, Resident 3 ' s Smoking Safety Evaluation, dated 6/6/2024 was reviewed. The DON stated, the Smoking Safety Evaluation indicated Resident 3 smoked cigarettes and required supervision during designated smoking times. The DON stated the Activity ' s Department kept the lighters and cigarettes in an unlocked, unsecured tacklebox (utility box). The DON stated she was unaware if residents were stealing cigarettes and lighters from the tacklebox. The DON stated unsecured cigarettes and lighters were a safety concern in case residents light cigarettes and smoked in a room where other residents might be using oxygen.</p> <p>A review of Resident 3 ' s Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 ' s admitting diagnoses included schizoaffective disorder, suicidal ideations (act of thinking about or a state of preoccupation with taking one's own life) and homicidal ideations (a thought pattern characterized by the desire to kill another person or persons, along with a mental plan for a method of doing it).</p> <p>A review of Resident 3 ' s Smoking Safety form, dated 6/6/2024, indicated Resident 3 utilized (used) cigarettes and supervision was required during designated smoking times.</p> <p>A review of Resident 3 ' s MDS, dated [DATE] indicated Resident 3 had severe cognitive impairment (ability to think and reason). The MDS indicated Resident 3 was independent with eating, toileting, and personal hygiene.</p> <p>A review of Resident 3 ' s IDT Conference Review, dated 6/14/2024, indicated Resident 3 was safe to smoke independently. The IDT Conference Review indicated staff interventions included to store smoking materials per facility protocols, explain facility smoking policy to Resident 3, and assist Resident 3 to and from the designated smoking area.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 3 ' s care plan titled At risk for injury related to smoking, an assisted smoker requiring supervision and refusing to wear apron, dated 6/14/2024, indicated staff will enforce supervised smoking hours in the designated smoking patio. The care plan did not indicate if Resident 3 required his cigarettes and lighter stored.</p> <p>A review of the facility ' s Nursing Manual-Resident Rights, titled, Smoking Residents, dated 8/18/2023, indicated the licensed nurse will assess residents who express a desire to smoke upon admission, quarterly, annually and upon significant change of condition, and present to the interdisciplinary team (IDT) for review. The manual indicated, the IDT will develop an individualized plan of care for safe storage, use of smoking materials, assistance and/or required supervision, for residents who smoked.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36331</p> <p>Based on observation, interview and record review, the facility failed to ensure three of 11 residents (Residents 1, 2 and 3) who were smokers, had an environment free of accident hazards (risk) by failing to ensure:</p> <ol style="list-style-type: none"> <li>1). Resident 1 did not have a cigarette lighter in her purse on 7/2/2024 at 1:45 p.m.</li> <li>2). Resident 2 did not have a lighter on her wheelchair seat while in the room, on 7/2/2024 at 1:50 p.m</li> <li>3). Resident 3 was not holding a lighter while coming out of his room on 7/2/2024 at 2 p.m.</li> </ol> <p>These failures had the potential for Residents 1, 2, and 3 to turn on the lighters, cause a fire and affect the health, safety, and wellbeing of all 56 residents in the facility, staff and visitors and result in serious injuries, hospitalization , and death.</p> <p>Findings:</p> <p>a). A review of Resident 1 ' s Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of schizoaffective disorder (a chronic mental illness that causes a person to experience dramatic changes in their thoughts, moods, and behaviors), generalized anxiety disorder (persistent worrying or anxiety about a number of areas that are out of proportion to the impact of the events), and nicotine dependence (addiction of nicotine).</p> <p>A review of Resident 1 ' s care plan titled Risk for injury related to smoking, dated 6/5/2024, indicated Resident 1 was an assisted smoker and required supervision. The care plan interventions indicated staff will enforce (implement) supervised smoking hours during scheduled times in the designated smoking patio.</p> <p>A review of Resident 1 ' s Interdisciplinary Team ([IDT] group of healthcare professionals working together to provide residents with needed care) Conference Review, dated 6/10/2024, indicated the purpose of the conference was to ensure Resident 1 smoked safely. The IDT goals indicated staff will keep offering Resident 1 an apron (burn protector for smokers) and encourage it ' s (apron) use. The interventions indicated staff will enforce the facility ' s smoking hours and supervise residents while smoking. The IDT Conference Review did not indicate a safe storage of Resident 1 ' s cigarettes and lighter.</p> <p>A review of Resident 1 ' s Minimum Data Set ([MDS] an assessment and care planning tool), dated 6/12/2024, indicated Resident 1 had clear speech and had the ability to express ideas and wants, and understood. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, shower/bathe self, and upper body dressing.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 7/2/2024 at 1:45 p.m., Resident 1 was observed sitting on her bed with a cigarette lighter in her purse. Resident 1 stated cigarette breaks were scheduled several times a day and she did not have to ask for a lighter or cigarette from anyone since she already had hers. Resident 1 stated she was unsupervised during some cigarette breaks. Resident 1 stated staff did not check her belongings for the presence of cigarettes or lighters. Resident 1 stated she would feel horrible (fearful) if someone stole her lighter and set a fire, in the facility.</p> <p>During a concurrent interview and record review on 7/3/2024 at 1:40 p.m. with the DON, Resident 1 ' s Smoking and Safety form dated 6/5/2024 and Resident 1 ' s care plan titled Risk for injury related to smoking dated 6/5/2024 were reviewed. The DON stated Resident 1 ' s Smoking and Safety form indicated Resident 1 was able to smoke cigarettes without supervision but did not indicate how the smoking materials will be stored. The DON stated Resident 1 ' s care plan titled Risk for injury related to smoking, indicated Resident 1 was an assisted smoker and required supervision. The DON stated the care plan interventions did not indicate how Resident 1 ' s cigarettes and lighter will be stored. The DON stated the care plan and smoking, and safety form were misleading, and staff could not implement appropriate interventions to prevent negative outcomes due to the inconsistency of the documents. The DON stated the care plan did not indicate a safe storage of Resident 1 ' s cigarettes and lighter.</p> <p>2). A review of Resident 2 ' s Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnosis of metabolic encephalopathy (alteration in consciousness due to brain dysfunction), urinary tract infection ([UTI] infection in urinary system, which may include kidneys, ureters, bladder, or urethra), and unsteadiness on feet.</p> <p>A review of Resident 2 ' s IDT Conference Review, dated 1/16/2024, indicated Resident 2 was safe to smoke independently. The IDT Conference Review indicated staff will explain the facility ' s smoking policy, store smoking related materials per facility policy and supervise Resident 2, per the smoking assessment.</p> <p>A review of Resident 2 ' s Smoking and Safety form dated 4/20/2024, indicated Resident 2 used tobacco and required assistance and supervision when smoking. The Smoking and Safety form indicated staff will apply a smoking apron on Resident 2, extinguish (blow out) the resident ' s cigarette, and refer to the IDT, if Resident 2 was deemed unsafe to smoke. The form did not indicate how Resident 2 ' s cigarettes and lighter were stored.</p> <p>A review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 had a clear speech and had the ability to express ideas and wants, and understood. The MDS indicated Resident 2 required partial/moderate assistance (helper does less than half the effort) with toileting hygiene, shower/bathe self, and personal hygiene.</p> <p>A review of Resident 2 ' s care plan titled, Risk for injury related to smoking, an assisted smoker requiring supervision, and refusing to wear an apron, dated 7/1/2024, indicated staff will keep offering and encouraging Resident 2, to use an apron, to protect the resident. The care plan interventions indicated staff will enforce supervised smoking hours at scheduled times in the designated smoking patio. The care plan interventions indicated staff will light Resident 2 ' s cigarette and bring the cigarette to his mouth for assistance. The care plan did not indicate how Resident 2 ' s cigarettes and lighter were stored.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 7/2/2024 at 1:50 p.m., Resident 2 was observed lying in bed and a wheelchair next to his bed. An orange cigarette lighter was observed on the seat of the wheelchair. Resident 2 stated he kept his cigarettes and lighter and smoked as needed without staff ' s supervision. Resident 2 stated he would feel horrible if someone stole his cigarette lighter and use the lighter to start a fire in the facility.</p> <p>During a concurrent interview and record review on 7/3/2024 at 1:45 p.m. with the DON, Resident 2 ' s IDT Conference Review, dated 1/16/24 was reviewed. The DON stated the IDT conference review goals and outcomes indicated staff will give Resident 2 smoking related material per facility ' s protocol and supervise the resident per his smoking assessment. The DON stated smoking materials were supposed to be stored by the activities department. The DON stated all residents were supposed to be supervised during smoking to prevent burn related injuries. The DON stated the safe storage of Resident 1 ' s cigarettes and lighter was not indicated in the plan of care.</p> <p>3). A review of Resident 3 ' s Admission Record indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3 ' s admitting diagnoses included schizoaffective disorder, suicidal ideations (act of thinking about or a state of preoccupation with taking one's own life) and homicidal ideations (a thought pattern characterized by the desire to kill another person or persons, along with a mental plan for a method of doing it).</p> <p>A review of Resident 3 ' s Smoking Safety form, dated 6/6/2024, indicated Resident 3 utilized (used) cigarettes and supervision was required during designated smoking times.</p> <p>A review of Resident 3 ' s MDS, dated [DATE] indicated Resident 3 had severe cognitive impairment (ability to think and reason). The MDS indicated Resident 3 was independent with eating, toileting, and personal hygiene.</p> <p>A review of Resident 3 ' s IDT Conference Review, dated 6/14/2024, indicated Resident 3 was safe to smoke independently. The IDT Conference Review indicated staff interventions included to store smoking materials per facility protocols, explain facility smoking policy to Resident 3, and assist Resident 3 to and from the designated smoking area.</p> <p>A review of Resident 3 ' s care plan titled At risk for injury related to smoking, an assisted smoker requiring supervision and refusing to wear apron, dated 6/14/2024, indicated staff will enforce supervised smoking hours in the designated smoking patio. The care plan did not indicate if Resident 3 required his cigarettes and lighter stored.</p> <p>uring an observation and interview on 7/2/2024 at 2 p.m., Resident 3 was observed coming out of his room, holding a lighter. Resident 3 refused to answer what could happen if he lost his cigarette lighter and/or someone stole his cigarette lighter.</p> <p>During an observation on 7/2/2024 at 3:45 p.m., in the smoking patio, Resident 3 was observed smoking a cigarette by himself, and unsupervised.</p> <p>(continued on next page)</p>		

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  07/05/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 7/3/2024 at 1:55 p.m. with the DON, Resident 3 ' s Smoking Safety Evaluation, dated 6/6/2024 was reviewed. The DON stated, the Smoking Safety Evaluation indicated Resident 3 smoked cigarettes and required supervision during designated smoking times. The DON stated the Activity ' s Department kept the lighters and cigarettes in an unlocked, unsecured tacklebox (utility box). The DON stated she was unaware if residents were stealing cigarettes and lighters from the tacklebox. The DON stated unsecured cigarettes and lighters were a safety concern in case residents light cigarettes and smoked in a room where other residents might be using oxygen.</p> <p>A review of the facility's manual titled Resident Safety, dated 4/15/2021, indicated the facility will provide residents a safe and hazard free environment.</p>