

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  05/29/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based upon interview and record review, the facility failed to:</p> <p>1. Ensure one out of 4 sampled residents was readmitted to the facility after being hospitalized (Resident 1). This deficient practice resulted in Resident 1 staying in the hospital for 30 days.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included metabolic encephalopathy (a brain dysfunction resulting from problems with the body's metabolism or chemical imbalances), spinal stenosis (a condition where the spinal canal narrows, potentially compressing the spinal cord and nerves), type 2 diabetes (a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 4/8/2025, the MDS indicated Resident 1 was cognitive (thinking) skills were cognitively intact. The MDS also indicated Resident 1 required substantial assistance with Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1 ' s progress note, dated 4/8/2025, the progress note indicated Resident 1 was transferred to the general acute care hospital (GACH) due to increased confusion and per family ' s request.</p> <p>During a review of the facility ' s April census, one female bed was available from 4/8/2025 to 4/20/2025.</p> <p>During a review of the facility ' s May census, there was one available female bed on 5/2/2025 and 5/28/2025.</p> <p>During a review of the facility ' s census on 5/29/2025, Resident 1 remained out of the facility.</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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 5/29/2025, at 9:15 a.m., with the admission Coordinator (AC), the AC stated he was responsible for facilitating a residents return to the facility after a hospitalization. The AC stated Resident 1 was transferred to the GACH on 4/8/2025. The AC stated he could not recall if he spoke to a case manager at the GACH where Resident 1 was located. The AC stated Resident 1 was denied readmission to the facility by their regional marketer due to a change in Resident 1 ' s insurance. The AC stated the risk of denying readmission to a resident could result in a resident ' s rights violation and being reported by the hospital.</p> <p>During an interview, on 5/29/2025, at 10:10 a.m., with the Director of Nursing (DON), the DON stated the protocol for readmitting a resident required her (the DON) to be informed if a resident was to be readmitted to the facility by the admission Coordinator. The DON stated she was not aware of Resident 1 being denied of readmission to the facility. The DON stated the facility ' s regional marketer did not have the authority to deny a resident ' s return to the facility. The DON stated the risk of not denying a resident ' s return to the facility could result in a placement issue as the resident wouldn ' t be able to return to their home which is the facility, a placement issue. The DON stated, I did not know the hospital called to return the resident to the facility.</p> <p>During a review of the facility ' s policy and procedures (P&amp;P), titled Readmission, revised 10/2013, the P&amp;P indicated The Facility will allow residents who were previously residents of the Facility to be readmitted to the Facility.</p>		