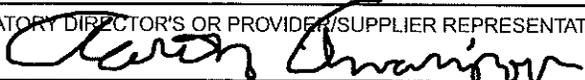


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER CALIFORNIA POST-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. IMPERIAL HIWY , LYNWOOD, California, 90262	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one complaint.  Complaint number: CA00971296.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint number CA00971296. See tag F803	F0000	California Post-Acute Care submits this response and plan of correction as part of the requirements under State and Federal Law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employees, agents, officers, directors or shareholders. The provider reserves the right to challenge the cited findings if they are relied upon in a manner adverse to the interest of the governmental agencies or third parties for evaluation and appropriate treatment modalities.	7/10/25
F0803 SS = D	Menus Meet Resident Nds/Prep in Adv/Followed  CFR(s): 483.60(c)(1)-(7)  §483.60(c) Menus and nutritional adequacy.  Menus must-  §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;  §483.60(c)(2) Be prepared in advance;  §483.60(c)(3) Be followed;  §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;  §483.60(c)(5) Be updated periodically;  §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and	F0803	A. How corrective actions will be accomplished for those residents found to have been affected by the deficient practice  1. On 7/9/2025, Resident #1's dietary preference card and tray ticket were reviewed by the Director of Nursing (DON) and the Dietary Manager  2. On 7/9/2025, the Assistant Director of Nursing (ADON) met with the resident to provide reassurance that the facility is honoring their documented food preferences.  3. A 1:1 in-service was provided to the Dietary Manager by the Registered Dietitian on 07/10/2025.	

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 reverse for further 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 Administrator	(X6) DATE 8/11/25
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>055052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/09/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>CALIFORNIA POST-ACUTE CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3615 E. IMPERIAL HWY , LYNWOOD, California, 90262</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0803 SS = D	<p>Continued from page 1</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to honor dietary choices for one resident of four sampled residents (Resident 1) by not ensuring dietary staff honored Resident 1 food dislikes.</p> <p>This deficient practice placed Resident 1 needs not to be met and caused Resident 1 not to eat.</p> <p>Findings:</p> <p>During an observation on 7/9/2025 at 12:22 p.m. in Resident 1's room, observed Resident 1's food tray. Observed a salad with sliced tomatoes.</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on 1/14/2016 and readmitted on 8/8/2023. Resident 1's diagnoses included left side hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing.</p> <p>During a review of Resident 1's History and Physical (H&amp;P) dated 8/10/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool), dated 6/27/2025, the MDS indicated Resident 1's cognitive skills (mental abilities used in thinking, learning, remembering, and problem-solving) for daily decision making was impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort) on staff for toileting hygiene, showering/bathing, putting on and taking off footwear, and personal hygiene. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort) with oral hygiene, and dressing. The MDS indicated Resident 1 required set up assistance for eating.</p>	F0803	<p>B. How facility will identify other residents having the potential to be affected by the same deficient practice</p> <ol style="list-style-type: none"> <li>1. All residents with food preferences have the potential to be affected by this deficient practice.</li> <li>2. Beginning on 7/10/2025, a full audit of all residents' dietary preference meal tickets and meal trays was conducted by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) to ensure that all food dislikes and preferences were accurately reflected on each resident's meal tray.</li> <li>3. No other deficiencies were identified.</li> </ol> <p>C. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> <li>1. On 7/10/2025, in-service training was provided to all dietary staff and dietary aides on reviewing tray tickets before each meal service and cross-checking meals with residents documented food preferences and dislikes.</li> <li>2. On 7/10/25 all licensed nursing staff and CNAs received in-service training focused on the importance of honoring resident food preferences, confirming the accuracy of meal tray contents, and ensuring alignment with documented food preferences before delivery to residents.</li> <li>3. Resident food preferences will be added into each resident's care plan, and all food dislikes will be included in the resident's diet orders to ensure consistency and accuracy in meal preparation.</li> <li>4. An audit tool was developed for the RN Supervisor /Licensed Designee to cross-check tray tickets and meal trays to ensure that meals are served according to each resident's documented food preferences. Audits will be conducted daily for three days, then weekly for two weeks, and monthly for three months.</li> <li>5. Any inconsistencies found during audits comparing meal trays with documented food preferences will be promptly reported to the Director of Nursing (DON) and the Dietary Manager and will be addressed immediately upon identification.</li> </ol>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER CALIFORNIA POST-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. IMPERIAL HIWY , LYNWOOD, California, 90262	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0803 SS = D	<p>Continued from page 2</p> <p>During a review of Resident 1's lunch meal slip, dated 7/9/2025, the meal slip indicated Resident 1's food dislikes were tomatoes and carrots.</p> <p>During an interview on 7/9/2025 at 12:26 p.m. with Resident 1, in Resident 1's room, Resident 1 stated she did not like tomatoes. Resident 1 stated she wanted to eat her salad but not with tomatoes. Resident 1 stated she would attempt to eat the salad and take off the tomatoes. Resident 1 stated the dietary staff should know she disliked tomatoes.</p> <p>During an interview on 7/9/2025 at 2:48 p.m. with the Dietary Supervisor (DS), the DS stated resident dislikes should be followed. The DS stated she did not know why Resident 1 received tomatoes for lunch. The DS stated Resident 1 disliked tomatoes and should not have been served tomatoes for lunch. The DS stated it was important to follow resident food preferences. The DS stated dietary aides and licensed nurses were to check food trays to make sure they had the correct food items.</p> <p>During an interview on 7/9/2025 at 3:52 p.m. with the Assistant Director of Nursing (ADON), the ADON stated it was important for residents to receive food according to their food preferences. The ADON stated it was the licensed nurse's responsibility to check residents' food trays to make sure it had accurate food. The ADON stated Resident 1 should have not received tomatoes if she disliked them.</p> <p>During an interview on 7/9/2025 at 3:59 p.m. with the Director of Nursing (DON), the DON stated if residents received food they do not like they would not eat it. The DON stated it was important to serve residents food they enjoy and would eat. The DON stated if residents received food they did not like they would lose their appetite and not eat.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled "Resident Nutritional Services", dated 4/2018, the P&amp;P indicated residents would receive the correct diet, with preferences accommodated as feasible. The P&amp;P indicated nursing personnel will ensure residents are served the correct food tray.</p>	F0803	<p>D. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <ol style="list-style-type: none"> <li>1. The DON/Facility administrator and dietary manager will monitor corrective actions through on-going compliance and audit results from comparisons of meal trays to documented food preferences completed by the RN supervisor/ designee.</li> <li>2. The DON/Administrator will report the findings and trends of meal trays to documented food preferences audits to the QAPI Committee monthly for review and recommendations.</li> <li>3. The QAPI Committee will monitor the process for 3 months or until 100% compliance is achieved.</li> </ol>	



<b>Title</b>	<b>Reviewing tray tickets before meal service and cross-checking meals with residents documented food preferences and dislikes</b>
<b>Presenter</b>	Qiyu Yang, RD RD
<b>Date</b>	7/10/25
<b>OBJECTIVE</b>	By the end of the lesson, participants will be able to: <ul style="list-style-type: none"> <li>• Accurately read and review all meal tray tickets.</li> <li>• Cross-check meal trays against residents documented food preferences and dislikes.</li> <li>• Identify and resolve inconsistencies before meal service.</li> <li>• Understand the importance of honoring preferences for resident satisfaction and safety.</li> <li>• Demonstrate compliance with dietary regulations and facility policy.</li> </ul>
<b>OVERVIEW</b>	<ul style="list-style-type: none"> <li>• This training ensures dietary staff can accurately review tray tickets and verify resident food preferences and dislikes before each meal to promote safety, satisfaction, and compliance with care standards.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>• Ongoing observations and monitoring ensure adherence to protocols and identify areas for improvement</li> <li>• Any issues or concerns that arise will be addressed with targeted re-in-service training as needed.</li> </ul>
<b>INTERACTIVE COMPONENTS</b>	Learning will be assessed at the end of the training by: <ul style="list-style-type: none"> <li>▪ Discussion and Q&amp;A session: Address specific concerns and challenges</li> </ul>
<b>TYPE OF OFFERING</b>	Inservice to all Dietary Staff AND 1:1 INSERVICE TO DIETARY MANAGER
<b>TEACHING METHODS</b>	<ul style="list-style-type: none"> <li>• Lecture</li> <li>• Discussion</li> </ul>
<b>NUMBER OF HOURS &amp; TYPE</b>	This course will provide (X) in-service training (X) education for ( ) CNAs, ( ) RNs (x) LVNs (x) other: All dietary Staff
<b>METHOD OF EVALUATION</b>	<ul style="list-style-type: none"> <li>• Gather feedback from participants regarding their experience with the training session.</li> <li>• Use this feedback to assess the effectiveness of the session and identify areas for improvement in future training.</li> </ul>



<b>Title</b>	<b>The importance of honoring resident food preferences, confirming the accuracy of meal tray contents, and ensuring alignment with documented food preferences before delivery to residents.</b>
<b>Presenter</b>	Adebola I, PH (ADON)
<b>Date</b>	7/10/25
<b>OBJECTIVE</b>	By the end of the lesson, participants will be able to: <ul style="list-style-type: none"> <li>• Understand the importance of respecting resident food preferences for dignity, satisfaction, and safety.</li> <li>• Accurately confirm meal tray contents before delivery to residents.</li> <li>• Align each meal tray with the resident's documented preferences, dislikes, and dietary needs.</li> <li>• Prevent common errors in tray preparation and service.</li> <li>• Demonstrate accountability and attention to detail in residents meal trays processes.</li> </ul>
<b>OVERVIEW</b>	<ul style="list-style-type: none"> <li>• This training highlights the importance of honoring resident food preferences and ensuring meal trays are accurate and aligned with documented dietary needs before delivery.</li> </ul>
<b>FOLLOW-UP</b>	<ul style="list-style-type: none"> <li>• Ongoing observations and monitoring ensure adherence to protocols and identify areas for improvement</li> <li>• Any issues or concerns that arise will be addressed with targeted re-in-service training as needed.</li> </ul>
<b>INTERACTIVE COMPONENTS</b>	Learning will be assessed at the end of the training by: <ul style="list-style-type: none"> <li>▪ Discussion and Q&amp;A session: Address specific concerns and challenges</li> </ul>
<b>TYPE OF OFFERING</b>	Inservice to all Licensed nurses and CNAs
<b>TEACHING METHODS</b>	<ul style="list-style-type: none"> <li>• Lecture</li> <li>• Discussion</li> </ul>
<b>NUMBER OF HOURS &amp; TYPE</b>	This course will provide (X) in-service training ( X ) education for (X) CNAs, (X) RNs ( x ) LVNs (x) other:
<b>METHOD OF EVALUATION</b>	<ul style="list-style-type: none"> <li>• Gather feedback from participants regarding their experience with the training session.</li> <li>• Use this feedback to assess the effectiveness of the session and identify areas for improvement in future training.</li> </ul>

Date: 7/10/25		Start Time:	End Time:		
Instructor/Presenter: Adelaida I. RN (ADON)			Signature:		
Course Title: on-site to Home Resident food preferences					
Print Name & Title	Signature:	Shift:	Department:	CNA Cert #:	
1 Mariela Enriquez	[Signature]	7-3	NURSING	00933540	
2 ERIKA LOPEZ	[Signature]	7-3	CNA -	00788587	
3 Sarah Pineda	[Signature]	7-3	RNA	01249639	
4 Jocelyn Nunez	[Signature]	7-3	CNA		
5 Jhene Wells	[Signature]	7-3	CNA	01265657	
6 Reyna Palacios	[Signature]	7-3	CNA	00884318	
7 ARTHUR DE ROSA	[Signature]	7-3	TRNA	00430970	
8 Gregory Burton	[Signature]	7-3	CNA		
9 Alejandra Padilla	[Signature]	7-3	CNA	00654000	
10 Denise Carmele	[Signature]	7-3	CNA		
11 Destiny Guerrero	[Signature]	7-3	CNA		
12 Valador Rodriguez	[Signature]	3-11	CNA		
13 Karen Manana	[Signature]	3-11	CNA		
14 Francisco Hato	[Signature]	3-11	CNA		
15 Carol Chavez	[Signature]	3-11	CNA		
16 Vicanny Garcia	[Signature]	3-11	CNA		
17 Yarely Salazar	[Signature]	3-11	CNA		
18 Blessing Ankwa	[Signature]	3-11	CNA		
19 Ruth Bereng	[Signature]	3-11	Nursing		
20					
21					
22					