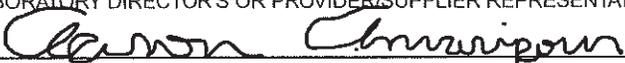


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055052	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/11/2025
NAME OF PROVIDER OR SUPPLIER CALIFORNIA POST-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3615 E. IMPERIAL 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 two complaints. Complaint numbers: CA00971853 and CA00927123. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. No deficiencies were written for complaint number CA00927123. Three deficiencies were written for complaint number CA00971853. See F835, F880, and F925.	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.	7/14/25
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.	F0812	How corrective actions will be accomplished for those residents found to have been affected by the deficient practice On July 10, 2025, a hairnet was immediately provided to Dietary Aide (DA) 1, who resumed duties only after becoming compliant with the facility's hairnets policy. On July 10, 2025, Dietary Aide (DA) 1 was given a 1:1 re-education regarding the requirement to wear hairnets while in the kitchen How facility will identify other residents having the potential to be affected by the same deficient practice All residents who received meals prepared in the facility's kitchen were identified as potentially at risk due to this deficient practice. On July 11, 2025, a full observation of kitchen staff was conducted by the Registered Dietitian (RD) to ensure that all staff were wearing appropriate hairnets. No additional non-compliance was noted.	

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 8/6/25
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F0812 SS = E	Continued from page 1 This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to follow sanitary (clean, healthy, free from dirt, germs, or other elements that could cause disease or harm) requirements for kitchen staff by failing to ensure all kitchen staff wore hair restraints (an item used to prevent hair from the head or face from contaminating food or other products) while in the kitchen. This failure had the potential for clean surfaces, food preparation areas, and the food of 117 residents to be contaminated. Findings: During an observation and interview on 7/10/2025 at 9:38 a.m., Dietary Aide (DA) 1 was observed in the kitchen emptying out food from the residents' plates. DA 1 did not have a hairnet. DA 1 stated she was not wearing a hairnet because she had forgotten to put one on. DA 1 stated she should have worn a hairnet to prevent hair from getting into the food. During an interview on 7/10/2025 at 10:11 a.m. with Dietary Supervisor (DS) 1, DS 1 stated when staff were in the kitchen, they should wear a hairnet so that hair did not land on food. During a review of facility's policy and procedure (P&P) titled, "Food Handling Practices," the P&P indicated, "It is the policy of this facility to have effective food handling practices." The P&P indicated food handling included, "Practice good personal hygiene by restraining hair appropriately" and "hair restraints will be used in the process of any food services which includes cooking, preparing, and assembling food."	F0812	What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur: On July 11, 2025, all dietary staff received mandatory in-service training on proper personal hygiene and sanitation practices, including the importance of wearing hair restraints and following infection control procedures during all aspects of food preparation. Ongoing Observations: The Dietary Supervisor or designee will conduct observations of kitchen staff for compliance with hairnet use: Daily for 3 consecutive days, then weekly for 2 weeks, then monthly thereafter. How the facility plans to monitor its performance to make sure that solutions are sustained The Dietary Supervisor and Facility Administrator will review results from ongoing kitchen staff observations to ensure adherence to food safety protocols. Kitchen staff observation results, and compliance trends will be reported to the QAPI committee monthly. The QAPI Committee will monitor and evaluate compliance for a minimum of 3 months, or until 100% compliance is achieved and sustained.	
F0835 SS = E	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is NOT MET as evidenced by:	F0835	How corrective actions will be accomplished for those residents found to have been affected by the deficient practice Immediate Action: On 7/10/25 Cease all kitchen operations and food preparation Facility leadership and the infection control team were promptly notified on 07/10/2025. On 7/10/25 Posted visible signage: KITCHEN CLOSED for SANITATION Starting on 7/10/25 all resident meals were catered from the outside services	

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F0835 SS = E	<p>Continued from page 2</p> <p>Based on observation, interview, and record review, the facility failed to ensure it was administered effectively and efficiently, as the facility Administrator was not involved with an effective pest control program of the facility.</p> <p>This deficient practice caused an increased risk for 117 residents to suffer complications and illness from pest infestations and the mandated kitchen closure due to cockroach infestation.</p> <p>Cross Reference F925</p> <p>Findings:</p> <p>During an observation and interview on 7/10/2025 at 9:15 a.m. with the Assistant Director of Nursing (ADON) and Director of Nursing (DON), the Administrator was not onsite at the facility. The ADON stated that the Administrator (Admin) was not at the facility and was currently on vacation.</p> <p>During a concurrent observation and interview on 7/10/2025 at 9:40 a.m., upon entering the kitchen a cockroach was immediately observed on the kitchen floor. Dietary Aide 1 stated there have been cockroaches found in the kitchen and that it has been going on for some time (unspecified). DA 1 then proceeded to step on the observed cockroach and killed it. DA 1 stated she informed the Dietary Supervisor last week about the cockroaches seen in the kitchen.</p> <p>During a concurrent observation and interview on 7/10/2025 at 10:18 a.m., in the kitchen with Dietary Supervisor (DS) 1, two live cockroaches were observed on the floor of the back right section of the kitchen next to a floor fan.</p> <p>During an interview on 7/10/2025 at 11:26 a.m., DS 1 stated she reported the cockroach issue to the Administrator (Admin) and the previous Maintenance Supervisor but could not recall the date. DS 1 stated that the facility no longer had a Maintenance Supervisor.</p> <p>During an interview on 7/10/2025 at 1:17 p.m. with the Vice President of Clinical Reimbursement (VPCR), VPCR stated that the Admin had been on vacation for about a week, as she was covering for the Administrator. The VPCR stated she was not aware of any maintenance concerns or pest issues. The VPCR stated and confirmed the previous Maintenance Supervisor was let go.</p> <p>During an observation 7/10/2025 at 2:45 p.m., an</p>	F0835	<p>A comprehensive inspection of the kitchen was conducted, followed by pest control services and treatment on 07/10/2025</p> <p>The entire kitchen was thoroughly cleaned and disinfected by the dietary manager and housekeeping staff on 07/10/2025</p> <p>On 7/10/25 A pest control log was created and is actively maintained by the acting Administrator for tracking ongoing pest management.</p> <p>On 7/14/25 The Facility Administrator were given a 1:1 in-service by the Regional Administrator on leadership responsibilities, including environmental services oversight</p> <p>On 7/11/25 The Dietary Manager was provided with a 1:1 in-service by the facility's Registered Dietitian (RD), with emphasis on proper kitchen sanitation standards and infection control protocols.</p> <p>On 7/11/25 All kitchen staff received in-service training by the Registered Dietitian (RD), reinforcing sanitation procedures, safe food handling practices</p> <p>How facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All 117 residents were considered at risk due to the potential health hazards related to pest infestation and the temporary closure of the kitchen.</p> <p>On 7/11/25 Residents were monitored for any signs of gastrointestinal or allergic reactions during the affected period; no related health incidents were identified.</p> <p>No adverse effects were reported among residents.</p> <p>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> <p>At random times the Administrator/ Registered Dietitian will conduct Kitchen Sanitation Review daily x5 days and twice a week for 2 weeks and weekly thereafter. Using kitchen sanitation audit tools of the kitchen and high-risk areas twice a month for three months. Any findings will be review with Dietary Manager and Administrator for further actions</p> <p>The pest control vendor will provide treatments and is required to submit a written service report after each visit, which will be signed off by the administrator to confirm it has been reviewed.</p>	

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F0835 SS = E	<p>Continued from page 3</p> <p>Environmental Health Services (EHS) Officer observed a minimum of 10 live cockroaches under the handwash sink in the right back corner of the facility kitchen. As a result, EHS had mandated to close the facility's kitchen due to a cockroach infestation.</p> <p>During an interview on 7/15/2025 at 11:36 a.m., Administrator stated he was not aware how severe the cockroach infestation was in the kitchen. The Admin stated he did not have any documentation of pest control services that were provided to the facility from the exterminator. The Admin stated the previous Maintenance Supervisor was the main point of contact with the exterminator via email, as the Admin was not included in the emails.</p> <p>During a review of facility's "Job Description of Administrator," dated 10/16/2015, the job description indicated the Administrator was responsible for planning and was accountable for all activities and departments of the Center subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The job description indicated responsibilities and accountabilities of the Administrator included, "Superintends physical operations of the Center.</p>	F0835	<p>On 7/11/25 all staff were given an in-service on the importance of timely reporting of pest sightings as shown on lesson plan titled, "Know the Enemy: Identifying Pests for Better Control in Healthcare" under Objective: "Report and document pest sightings accurately." The in-service was completed by the clinical consultant.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Pest control reports and Kitchen Sanitation will be standing agenda items at the facility's monthly QA Committee meeting. Kitchen inspections at random times and pest control documentation will be reviewed monthly by the Facility Administrator and Maintenance Supervisor and reported to the QAPI Committee. The QAPI Committee will monitor and evaluate compliance for a minimum of three months or until 100% compliance is achieved and maintained.</p>	
F0925 SS = E	<p>Maintains Effective Pest Control Program</p> <p>CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure the facility was free of cockroaches.</p> <p>This failure had the potential for clean surfaces, food preparation areas, and the food of 117 residents to be contaminated and suffer from complications of food contamination such as food borne illness or hospitalization.</p> <p>Cross Reference F812</p> <p>Findings:</p> <p>During an observation and interview on 7/10/2025 at 9:38 a.m., Dietary Aide (DA) 1 was observed in the kitchen emptying out food from the residents' plates.</p>	F0925	<p>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Immediate Action: On 07/10/2025, the facility immediately ceased all kitchen operations and posted visible signage stating "KITCHEN CLOSED FOR SANITATION. On 07/10/2025, residents and their responsible parties were notified of the kitchen closure and the interim meal service plan. The Maintenance staff, Vice President of Clinical Reimbursement and the Registered Dietitian conducted a full inspection of the kitchen on 07/10/2025. Pest control services were contacted immediately, and treatment was performed the same day. On 07/11/2025, the facility obtained a written pest control report and recommendations based on the 07/10/2025 treatment. On 07/10/2025, the entire kitchen was thoroughly deep cleaned and disinfected by the Dietary Manager and housekeeping staff. On 07/11/2025, the Dietary Manager, Registered Dietitian (RD), and Infection Control Preventionist conducted sanitation rounds in the kitchen to verify cleanliness following the deep cleaning.</p>	

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F0925 SS = E	<p>Continued from page 4 DA 1 did not have a hairnet. DA 1 stated he was not wearing a hairnet because he had forgotten to put one on. DA 1 stated he should have worn a hairnet to prevent hair from getting into the food.</p> <p>During a review of facility's policy and procedure (P&P) titled, "Food Handling Practices," the P&P indicated, "It is the policy of this facility to have effective food handling practices." The P&P indicated food handling included practicing good personal hygiene by restraining hair appropriately and "hair restraints will be used in the process of any food services which includes cooking, preparing, and assembling food."</p> <p>During an interview on 7/10/2025 at 9:15 a.m., with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON), the ADON stated that the Administrator (Admin) was not present at the facility and was currently on vacation.</p> <p>During a concurrent observation and interview on 7/10/2025 at 9:40 a.m., upon entering the kitchen a cockroach was immediately observed on the kitchen floor. DA 1 stated there have been cockroaches found in the kitchen and that it has been going on for some time (unspecified). DA 1 then proceeded to step on the observed cockroach and killed it. DA 1 stated she informed the Dietary Supervisor last week about the cockroaches seen in the kitchen.</p> <p>During a concurrent interview and record review on 7/10/2025 at 10:04 a.m. with Dietary Supervisor (DS) 1, a picture of the cockroach observed near the kitchen entrance was reviewed. DS 1 stated that this issue has been going on for about a month. DS 1 stated she reported the cockroach issue to the Administrator and the Maintenance Supervisor but could not recall the date.</p> <p>During an interview on 7/10/2025 at 10:11 a.m. with Dietary Supervisor (DS) 1, DS 1 stated when staff were in the kitchen, they should wear a hairnet so that hair did not land on food.</p> <p>During a concurrent observation and interview on 7/10/2025 at 10:18 a.m., with DS 1, two live cockroaches were observed on the floor of the back right section of the kitchen next to a floor fan.</p> <p>During an interview on 7/10/2025 at 11:26 a.m. with DS 1, DS 1 stated she reported the cockroach issue to the Administrator (Admin) and the previous Maintenance Supervisor but could not recall the date. DS 1 stated that the facility no longer had a Maintenance</p>	F0925	<p>On 07/11/2025, all infested materials were removed and properly disposed of by kitchen staff and environmental services. Beginning 07/11/2025, the Maintenance Director scheduled and completed repairs to seal all visible gaps and crevices within 24–48 hours following the pest control treatment. Pest control services were increased to twice-weekly treatments, with services performed on 07/11/2025, 07/12/2025, 07/14/2025, 07/15/2025, and 07/18/2025. Royalty Commercial Cleaning was contracted to complete additional deep cleaning of the kitchen on 07/12/2025, 07/13/2025, 07/15/2025, and 07/16/2025. On 07/10/25 and 07/11/2025, all facility staff received in-service training from Clinical Nursing Consultants on pest prevention protocols, environmental sanitation, and identifying pest-related risks. On 07/11/2025, all kitchen staff received an in-service from the Registered Dietitian to ensure adequate knowledge of food safety practices and vermin infestation prevention. Interim Meal Service Plan During Kitchen Closure Effective 07/10/2025</p> <p>On 07/10/2025, meal planning, menu modifications, and dietary adjustments were immediately implemented by the Dietary Manager in response to the kitchen closure. All residents' meals are being catered by a licensed and verified outside food vendor. A Registered Dietitian (RD) reviews and approves all catered menus in advance to ensure the following:</p> <p>Menus align with individual dietary orders and resident care plans Meals accommodate resident preferences, allergies, and cultural or religious dietary needs Delivered meals are received, logged, and checked for appropriate holding temperatures Meals are served by facility staff in a designated clean area using disposable service ware Nursing staff continue to monitor and document meal intake, weight changes, hydration status, and any adverse reactions or concerns related to food quality Mechanically altered diets (e.g., chopped, ground, pureed) and thickened liquids are prepared by the off-site kitchen in accordance with physician orders and resident care plans</p>	

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F0925 SS = E	<p>Continued from page 5 Supervisor.</p> <p>During a concurrent observation and interview on 7/10/2025 at 12:36 p.m. with Maintenance Assistant (MA) 1, there was no Maintenance Supervisor observed onsite at the facility. MA 1 stated the previous Maintenance Supervisor no longer worked at the facility and was let go on 7/3/2025. MA 1 stated that when pests were reported, they were to call pest control immediately. MA 1 stated that he did not have a pest control log to verify the number of times or what services the pest control provided for the facility over the past month.</p> <p>During an interview on 7/10/2025 at 1:17 p.m., the facility's Vice President of Clinical Reimbursement (VPCR) stated the facility Admin had been on vacation for about a week, as she was covering for the Administrator. The VPCR stated she was not aware of any maintenance concerns or pest issues. The VPCR stated and confirmed the previous Maintenance Supervisor was let go.</p> <p>During an interview on 7/10/2025 at 1:47 p.m. with Exterminator (EXT) 1, (contracted staff) EXT 1 stated the facility kitchen was sprayed at least once a month and no additional services were requested by the facility.</p> <p>During an observation 7/10/2025 at 2:45 p.m., an Environmental Health Services (EHS) Officer observed a minimum of 10 live cockroaches under the handwash sink in the right back corner of the facility kitchen. As a result, EHS had mandated to close the facility's kitchen due to a cockroach infestation.</p> <p>During an interview on 7/11/2025 at 1:32 p.m., DA 2 stated she saw cockroaches in the kitchen many times and should have informed the supervisor and the Administrator to ensure that the exterminator came to fix the problem, but she did not.</p> <p>During an interview on 7/15/2025 at 11:36 a.m., the Admin stated he was not aware how severe the cockroach infestation was in the kitchen. The Admin stated he did not have any documentation of pest control services that were provided to the facility from the exterminator. The Admin stated the previous Maintenance Supervisor was the main point of contact with the exterminator via email, as the Admin was not included in the emails. The Admin stated the previous Maintenance Supervisor was the main point of contact with the exterminator via email, as the Admin was not included in the emails.</p>	F0925	<p>On 07/10/2025, the facility dining room was converted into a temporary food service area. Housekeeping staff are responsible for cleaning and disinfecting the area before and after each meal service Residents are not permitted to stay in the dining room at any time during this period Signage was posted stating: "STAFF ONLY – DO NOT ENTER" and "DINING ROOM CLOSED" All food is served using disposable kitchenware, and this practice will remain in place until kitchen operations resume. Dietary staff from California Post Acute are responsible for preparing mechanically altered meals and thickened liquids at the off-site kitchen and transporting them safely back to the facility</p> <p>How facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents were considered at risk due to the potential health hazards related to pest infestation and the temporary closure of the kitchen. On 07/11/2025, the Social Services department conducted interviews with a representative sample of residents, specifically, at least 20% of cognitively intact residents to assess satisfaction with the interim meal service and identify any related concerns. No concerns were reported. On 7/11/25 Residents were monitored for any signs of gastrointestinal or allergic reactions during the affected period; no related health incidents were identified.</p> <p>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> <p>At random times, the Administrator/ Registered Dietitian will conduct Kitchen Sanitation inspection daily x5 days and twice a week for 2 weeks and weekly thereafter. Using kitchen sanitation audit tools of the kitchen and high-risk areas twice a month for three months. Any findings will be reviewed with Dietary Manager and Administrator for further actions The pest control vendor will provide biweekly treatments and is required to submit a written service report after each visit, which will be signed off by the administrator to confirm it has been reviewed.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F0925 SS = E	<p>Continued from page 6</p> <p>During a review of facility's policy and procedure (P&P) titled, "Pests Control," dated 4/2018, the P&P indicated, "It is the policy of the facility to maintain an ongoing pest control program to ensure the building premises, and its grounds are kept free of insects, rodents, and other pests." The P&P also indicated staff roles included to report any sign of rodents or insects, including ants, in the facility premises to each department manager; the maintenance supervisor to take immediate action to remove the pests, and if necessary, after informing the administrator, the Maintenance Supervisor will call extermination or pest control company for assistance and service."</p> <p>During a review of the Administrator's Job Description revised on 10/16/2015, the job description indicated the Administrator was responsible for planning and was accountable for all activities and departments of the facility subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents.</p>	F0925	<p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Pest control service logs and kitchen sanitation audit results will be standing agenda items for review at the facility's monthly Quality Assurance (QA) Committee meetings. The Facility Administrator, Maintenance Supervisor, and Registered Dietitian will present their findings and feedback regarding pest control logs and kitchen sanitation audits to the QAPI Committee during scheduled reviews. The QAPI Committee will monitor and evaluate compliance for a minimum of three months, or until 100% compliance is achieved and sustained.</p>	