

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056415	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/18/2026
NAME OF PROVIDER OR SUPPLIER LYNWOOD POST ACUTE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3611 EAST IMPERIAL HIGHWAY , 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 an abbreviated standard survey. Facility Reported Incident Number: 2802309 The inspection was limited to the specific complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Three deficiencies was issued for the Facility Reported Incident: 2802309 (Refer to Ftags F609, F610, and F684).	F0000	F 000 Lynwood Post Acute Care Center submits this response and Plan of Correction as part of the requirements under the 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 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 at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to the provider policy or procedures should be considered to be remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be in any proceeding on that basis.	
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations	F0609		

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 4/1/26
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F0609 SS = D	<p>Continued from page 1 to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to report a resident-to-resident altercation for two of four sampled residents (Resident 2 and Resident 4) to the facility's Abuse Coordinator and the California Department of Public Health (CDPH).</p> <p>This deficient practice created a delay in the investigation by the Abuse Coordinator and CDPH, and had the potential to result in further abuse.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on 10/15/2024 and was readmitted 12/24/2025. Resident 2's diagnoses included anxiety disorder (mental health condition characterized by excessive, persistent, and uncontrollable worry or fear that interferes with daily life) and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 1/8/2026, the MDS indicated Resident 2 had no cognitive impairments (when a person has trouble with memory, thinking, learning, concentration, or decision-making). The MDS indicated Resident 2 could independently perform oral hygiene and dress his upper and lower body.</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was admitted to the facility on 11/10/2017 and was readmitted on 4/30/2020. Resident 4's diagnoses included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and congestive heart failure (CHF, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 4's MDS, dated 12/29/2025, the MDS indicated Resident 4 had no cognitive impairments. The MDS indicated Resident 4 could independently perform activities of daily living (ADLs, activities such as bathing, dressing and toileting a</p>	F0609	<p>F609 - 483.12 (b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Corrective Actions taken for those residents alleged to have been affected by the deficient practice are:</p> <ul style="list-style-type: none"> · Resident 4's physician was notified on 3/19/26 · Resident 4's plan of care was reviewed and revised on 3/19/26 <p>Actions taken to identify other residents that may have the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> · Documentation authored by R1 was reviewed by the DON and Administrator on 3/19/26 with no other instances of unreported events noted. <p>The measures the facility will take to ensure the problem will be corrected and will not recur.</p> <ul style="list-style-type: none"> · RN 1 and all staff were in-serviced beginning on 3/23/26 by the DSD and DON related to: <ul style="list-style-type: none"> o Timely reporting within 2 hours; all staff are mandated reporters o Any suspicion of abuse should be reported to the Administrator immediately 	

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F0609 SS = D	<p>Continued from page 2 person performs daily).</p> <p>During a review of Resident 2's Change of Condition (COC) Assessment, dated 1/31/2026, the assessment indicated that on the morning of 1/31/2026, Resident 2 displayed verbal and physical aggression with an "anger outburst". The assessment indicated staff observed Resident 2 initiating a physical altercation with Resident 4 without provocation and attempting to strike him for no apparent reason. The assessment indicated both residents were separated to minimize escalation.</p> <p>During an interview on 3/18/2026 at 12:54 PM, with Registered Nurse (RN) 1, RN 1 stated she was the RN on duty on 1/31/2026. RN 1 stated she did not report the altercation that occurred on 1/31/2026 to the Administrator (ADM), the facility's abuse coordinator. RN 1 stated she did not recall reporting the incident to CDPH. RN 1 stated she was to report the altercation to the ADM and CDPH right away. RN 1 stated the purpose of timely reporting was for the safety of the facility's residents.</p> <p>During an interview on 3/18/2026 at 1:36 PM, with the ADM, the ADM stated she was not aware of the altercation that occurred on 1/31/2026 until 3/18/2026. The ADM stated RN 1 should have reported it to her right away, and if she was unavailable, RN 1 could have reported the altercation to the Director of Nursing (DON). The ADM stated the purpose of timely reporting to herself, and CDPH, would be to prevent abuse. The ADM stated that timely reporting was important for resident safety.</p> <p>During a review of the facility's policy and procedure (P&P) titled "Abuse, Neglect, Exploitation, and Misappropriation Prevention Program," revised 4/2021, the P&P indicated the facility was to report any allegations of abuse within the timeframes required by federal requirements.</p> <p>During a review of the facility P&P titled "Abuse, Neglect, Exploitation, and Misappropriation – Reporting and Investigating," revised 9/2022, the P&P indicated that if resident abuse was suspected, the suspicion was to be reported to the facility ADM immediately. The P&P indicated the facility was also to report the suspicion to the state licensing/certification agency immediately or within two hours.</p>	F0609	<ul style="list-style-type: none"> o Any suspicion of abuse should be reported to the Department of Public Health, the Ombudsman and the local police department. o If two residents are involved in an altercation, staff are to notify each resident's attending physician. o Staff are to update each resident's plan of care o Staff are to document all interventions in the clinical record <p>Quality Assurance plans to monitor facility performance to make sure corrections are achieved.</p> <ul style="list-style-type: none"> - A QA/QI Tool was developed and initiated by Administrator/Designee to ensure the process for the following: <ul style="list-style-type: none"> o Ensuring alleged violations are reported. o QA will be completed 5times a week for 2 weeks. o QA will be completed 3 times a week for 2 weeks. - The Administrator or Designee will be responsible for ensuring the completion of this tool. The results of the monitoring completed under this Plan of Correction will be 	
F0610 SS = D	<p>Investigate/Prevent/Correct Alleged Violation</p> <p>CFR(s): 483.12(c)(2)-(4)</p>	F0610		

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F0610 SS = D	<p>Continued from page 3</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to investigate a resident-to-resident altercation that occurred on 1/31/2026, for two of four sampled residents (Resident 2 and Resident 4).</p> <p>This deficient practice had the potential to increase the risk for further abuse to occur.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on 10/15/2024 and was readmitted 12/24/2025. Resident 2's diagnoses included anxiety disorder (mental health condition characterized by excessive, persistent, and uncontrollable worry or fear that interferes with daily life), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a resident assessment tool), dated 1/8/2026, the MDS indicated Resident 2 had no cognitive impairments (when a person has trouble with memory, thinking, learning, concentration, or decision-making). The MDS indicated Resident 2 could independently perform oral hygiene and dress his upper and lower body.</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was admitted to</p>	F0610	<p>submitted monthly to the QAPI committee for review and further follow up. The QA/QI tool will continue until the QAPI committee deems it is no longer necessary.</p> <p>Completion Date: 04/01/2026</p> <p>F610 - 483.12 (c)(2)-(4) Investigate/Prevent/Correct Alleged Violation</p> <p>Corrective Actions taken for those residents alleged to have been affected by the deficient practice are:</p> <ul style="list-style-type: none"> · Post Event Assessment completed for Resident 4 on 3/19/26 · Resident 4's physician was notified on 3/19/26 · Resident 4's plan of care was reviewed and revised on 3/19/26 <p>Actions taken to identify other residents that may have the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> · Documentation authored by R1 was reviewed on 3/19/26 by the DON and Administrator with no other instances of uninvestigated events noted. 	

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F0610 SS = D	<p>Continued from page 4 the facility on 11/10/2017 and was readmitted on 4/30/2020. Resident 4's diagnoses included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and congestive heart failure (CHF, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 4's MDS, dated 12/29/2025, the MDS indicated Resident 4 had no cognitive impairments. The MDS indicated Resident 4 could independently perform activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily).</p> <p>During a review of Resident 2's Change of Condition (COC) Assessment, dated 1/31/2026, the assessment indicated that on the morning of 1/31/2026, Resident 2 displayed verbal and physical aggression with an "anger outburst". The assessment indicated staff observed Resident 2 initiating a physical altercation with Resident 4 without provocation, attempting to strike him for no apparent reason. The assessment indicated both residents were separated to minimize escalation.</p> <p>During an interview on 3/18/2026 at 1:36 PM, with the Administrator (ADM), the ADM stated she was not aware of the altercation that occurred on 1/31/2026. The ADM stated the altercation was not investigated. The ADM stated the purpose of timely investigation was to prevent further abuse and ensure resident safety.</p> <p>During a review of the facility's policy and procedures (P&P) titled "Abuse, Neglect, Exploitation, and Misappropriation Prevention Program," revised 4/2021, the P&P indicated the facility was to investigate any allegations of abuse within the timeframes required by federal requirements.</p> <p>During a review of the facility P&P titled "Abuse, Neglect, Exploitation, and Misappropriation – Reporting and Investigating," revised 9/2022, the P&P indicated that all allegations of abuse were to be thoroughly investigated. The P&P indicated the investigation was to be initiated by the ADM.</p>	F0610	<p>The measures the facility will take to ensure the problem will be corrected and will not recur.</p> <ul style="list-style-type: none"> - RN 1 and all staff were in-serviced beginning on 3/23/26 by the DSD and DON related to: <ul style="list-style-type: none"> o Timely reporting within 2 hours; all staff are mandated reporters o Any suspicion of abuse should be reported to the Administrator immediately so that a timely investigation can be completed. o Any suspicion of abuse should be reported to the Department of Public Health, the Ombudsman and the local police department. o If two residents are involved in an altercation, staff are to notify each resident's attending physician. o Staff are to update each resident's plan of care o Staff are to document all interventions in the clinical record <p>Quality Assurance plans to monitor facility performance to make sure corrections are achieved.</p> <ul style="list-style-type: none"> - A QA/QI Tool was developed and initiated by Administrator/Designee to ensure the process for the following: <ul style="list-style-type: none"> o Ensuring alleged violations are investigated. 	
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility</p>	F0684		

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F0684 SS = D	<p>Continued from page 5 residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement it's policy and procedure (P&P) titled "Resident-to-Resident Altercations," revised 9/2022, following a resident-to-resident altercation on 1/31/2026, for one of four sampled residents (Resident 4).</p> <p>This deficient practice created the potential for Resident 4 to not receive the care and interventions needed after the altercation on 1/31/2026.</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was admitted to the facility on 11/10/2017 and was readmitted on 4/30/2020. Resident 4's diagnoses included chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and congestive heart failure (CHF, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 4's Minimum Data Set (MDS), dated 12/29/2025, the MDS indicated Resident 4 had no cognitive impairments (when a person has trouble with memory, thinking, learning, concentration, or decision-making). The MDS indicated Resident 4 could independently perform activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily).</p> <p>During an interview on 3/18/2026 at 12:54 PM, with Registered Nurse (RN) 1, RN 1 stated on 1/31/2026, another resident attempted to strike Resident 4. RN 1 stated she did not recall notifying Resident 4's physician or documenting the incident in Resident 4's electronic medical record (EMR).</p> <p>During an interview on 3/18/2026 at 1:36 PM, with the Administrator (ADM), the ADM stated she was not aware of the altercation that occurred on 1/31/2026. The ADM stated there was no documentation in Resident 4's EMR indicating his attending physician was notified of the altercation, or that a care plan with interventions was</p>	F0684	<ul style="list-style-type: none"> o QA will be completed 5times a week for 2 weeks. o QA will be completed 3 times a week for 2 weeks. <p>· The Administrator or Designee will be responsible for ensuring the completion of this tool. The results of the monitoring completed under this Plan of Correction will be submitted monthly to the QAPI committee for review and further follow up. The QA/QI tool will continue until the QAPI committee deems it is no longer necessary.</p> <p>Completion Date: 04/01/2026</p> <p>F684 - 483.25 Quality of care</p> <p>Corrective Actions taken for those residents alleged to have been affected by the deficient practice are:</p> <ul style="list-style-type: none"> · Resident 4's physician was notified on 3/19/26 · Resident 4's plan of care was reviewed and revised on 3/19/26 <p>Actions taken to identify other residents that may have the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> · Documentation authored by R1 reviewed by the DON and Administrator on 3/19/26 with no other instances of resident to resident altercations noted. 	

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F0684 SS = D	Continued from page 6 developed to address his possible psychosocial needs after the altercation. During a review of the facility's policy and procedure (P&P) titled "Resident-to-Resident Altercations," revised 9/2022, the P&P indicated that if two residents were involved in an altercation, staff were to notify each resident's attending physician. The P&P indicated staff were also to make any necessary changes in the care plan to all of the residents involved, and document all interventions in the resident's clinical record.	F0684	The measures the facility will take to ensure the problem will be corrected and will not recur. - RN 1 and all staff were in-serviced beginning on 3/26/26 by the DSD and DON related to: o Timely reporting within 2 hours; all staff are mandated reporters o Any suspicion of abuse should be reported to the Administrator immediately o Any suspicion of abuse should be reported to the Department of Public Health, the Ombudsman and the local police department. o If two residents are involved in an altercation, staff are to notify each resident's attending physician. o Staff are to update each resident's plan of care o Staff are to document all interventions in the clinical record Quality Assurance plans to monitor facility performance to make sure corrections are achieved. - A QA/QI Tool was developed and initiated by Administrator/Designee to ensure the process for the following: o Ensuring residents receive the care and interventions needed after an altercation.	

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IN-SERVICE MEETING MINUTES

Facility Name: Lynwood Post Acute Care Center

Date: 3/23/26 - 3/24/26

Time From: _____

6am
2pm
3pm

To: _____

7am
3pm
4pm

Name of Lecturer: Kristoffer Fabian/Alicia Pease Signature: [Signature]

Topic: Elder Abuse: Different types of Abuse, Abuse Prevention & Reporting, Mandated Reporter.

Brief Summary of Lecture: Resident to Resident Abuse, Signs of Abuse.

(Continuation).

Print Name:	Signature:	Title:	Shift:	Certification #
<u>Yolanda Lopez</u>	<u>[Signature]</u>	<u>order</u>	<u>5-1</u>	
<u>Jennifer Rodriguez</u>	<u>[Signature]</u>	<u>CNA</u>	<u>7-3</u>	
<u>Yessenia Gutierrez</u>	<u>[Signature]</u>	<u>STD</u>	<u>AM</u>	
<u>Victoria Vargas</u>	<u>[Signature]</u>	<u>SSA</u>	<u>AM</u>	
<u>Rocio Pulido</u>	<u>[Signature]</u>	<u>Dietary</u>	<u>AM</u>	
<u>CHRIS SOLIS</u>	<u>[Signature]</u>	<u>COOK</u>	<u>PM</u>	
<u>Ayriana Maldonado</u>	<u>[Signature]</u>	<u>TOSS</u>	<u>AM/PM</u>	
<u>Wendy Arezader</u>	<u>[Signature]</u>	<u>COOK</u>	<u>AM</u>	
<u>Jess Salazar</u>	<u>[Signature]</u>	<u>Pictary</u>	<u>am/pm</u>	
<u>Lucid Jimenez</u>	<u>[Signature]</u>	<u>H/K</u>	<u>AM</u>	
<u>Antoinette Sheppard</u>	<u>[Signature]</u>	<u>CNA</u>	<u>7-3</u>	
<u>Enrique Martinez</u>	<u>[Signature]</u>	<u>HK</u>	<u>AM</u>	
<u>Edson Torres</u>	<u>[Signature]</u>	<u>DN</u>	<u>AM</u>	
<u>Rihanna Cecom</u>	<u>[Signature]</u>	<u>CNA</u>	<u>7-3</u>	
<u>Jennifer Miranda</u>	<u>[Signature]</u>	<u>CNA</u>	<u>7-3</u>	
<u>Wayne Taylor</u>	<u>[Signature]</u>	<u>Dietary</u>	<u>11-7</u>	
<u>Benjamin Salazar</u>	<u>[Signature]</u>	<u>Diet. Aide</u>	<u>11-7</u>	
<u>Saudi Tate</u>	<u>[Signature]</u>	<u>HSK</u>	<u>A.M.</u>	
<u>Andrea Lopez</u>	<u>[Signature]</u>	<u>MED</u>	<u>AM</u>	
<u>Mike Sullivan</u>	<u>[Signature]</u>	<u>maint</u>	<u>AM</u>	
<u>Domenico Mabe</u>	<u>[Signature]</u>	<u>CNA</u>	<u>AM</u>	
<u>Martza Vargas</u>	<u>[Signature]</u>	<u>CNA</u>	<u>7-3</u>	
<u>Mary Espinoza</u>	<u>[Signature]</u>	<u>CNA</u>	<u>3-11</u>	
<u>Nancy Navarro</u>	<u>[Signature]</u>	<u>CNA</u>	<u>3-11</u>	
<u>DENEEN HEDGEMAN</u>	<u>[Signature]</u>	<u>CNA</u>	<u>3-11</u>	
<u>LaShawna Shields</u>	<u>[Signature]</u>	<u>CNA</u>	<u>3-11</u>	
<u>Gracie Sanchez</u>	<u>[Signature]</u>	<u>CNA</u>	<u>3-11</u>	
<u>Lesly Vargas</u>	<u>[Signature]</u>	<u>WPN</u>	<u>3-11</u>	

IN-SERVICE MEETING MINUTES

Facility Name: Lynwood Post Acute Care Center

Date: 3/23/26 - 3/24/26

Time From: _____

6am
2pm
3pm
To: 7am
3pm
4pm

Name of Lecturer: Kristoffer Fabian/Allison Proulx **Signature:** [Signature]

Topic: Elder Abuse: Different types of Abuse, Abuse prevention & Reporting, Mandated Reporters, Resident

Brief Summary of Lecture: to Resident Abuse, signs of abuse.

Print Name:	Signature:	Title:	Shift:	Certification #
Carla Pinon	[Signature]	LVN	3-11	
Cristalyn Washington	[Signature]	LVN	3-11	
Leslie Y Pate	[Signature]	RN	3-11	
Marilyn Watson	[Signature]	LPN	11-7	
JR SINSUAT	[Signature]	CNA	11-7	
MIGUEL SANCHER (TR)	[Signature]	CNA	11-7	
Christopher Gallego	[Signature]	CNA	11-7	
Ashley Garcia	[Signature]	LVN	11-7	
Jade Talavera	[Signature]	CNH	11-7	
Silvia Matias	[Signature]	LVN	11-7	
Maggie Duarte	[Signature]	CNA	11-7	
Rosa Perez	[Signature]	CNA	11-7	
MARIA VELASQUEZ	[Signature]	BUM	AM	
Jessica Rendon	[Signature]	AMON LVN	AM	
JASMIN BAUTERA	[Signature]	DOC	AM	
MIKE SULLIVAN	[Signature]	masn	AM	
Sandra Vega	[Signature]	BOA	AM	
Ken Bernal	[Signature]	Dietary	AM	
Norman Tucker	[Signature]	Dietary	AM	
Adriana Korp	[Signature]	CNA	7-3	
Shirley Paulino	[Signature]	HS	AM-PM	
Kim Deily	[Signature]	DOC	AM	
Irma Reyes	[Signature]	CNA	7-3	
Eva Morales	[Signature]	LVN	7-3	
Rocio Villagomez	[Signature]	CNA	7-3	
Jessie-futs	[Signature]	LVN	7-3	
Brightlynn Mascoe	[Signature]	CNA	7-3	
Roman Lopez	[Signature]	CNA	7-3	

IN-SERVICE MEETING MINUTES

Facility Name: Lynwood Post Acute Care Center

Date: 3/23/26 - 3/24/26

Time From: _____

6am
2pm
3pm

To: _____

7am
3pm
4pm

Name of Lecturer: Kristoffer Fabian / Allison Pearce Signature: _____

Topic: Elder Abuse: Different types of Abuse, Abuse prevention & Reporting, Mandated Reporters, Resident to

Brief Summary of Lecture: Resident Abuse, signs of Abuse.

(continuation)

Print Name:	Signature:	Title:	Shift:	Certification #
Evelyn Portocarrero		RNA	AM	
Sandra Guillen		HS	AM-PM	
VITMA VARGAS		SSA	AM	
Antoinette Shapsho		CNA	7-3	
Guadalupe Jandoval		ACT	PM	
Silvia Matias		LVN	11-7	
Iris Joy Blasco		RN	11-7	
Anthony's Okereke		CNA	11-7	
Klondra Barajas		CNA	11-7	
Marynne Duarte		CNA	11-7	
Jill Sinsuar		CNA	11-7	
MAVEL SANCHEZ JR		CNA	11-7	
Marilyn Watson		LVN	11-7	
Yvonne Ciego		RN	7-3pm	
Maria Cassano		LVN	7-3	
Brightynn Mendez		CNA	7-3	
Idanvia Lopez Saldana		CNA	7-3	
Ana Gonzalez		CNA	7-3	
Liberty Mendez		CNA	7-3	
Lucas Jimenez		HSK	AM	
Jarmin Olivus		CNA	7-3	
CHRISTOPHER O		CNA	3-11	
Estrella Franco		CNA	AM	
Natalie Garcia		CNA	AM	
Jennifer Miranda		CNA	AM	
Rihanna Coom		CNA	7-3	
Jennifer Rojas		CNA	7-3	
Gilianne Hilario		IPN	PM	

IN-SERVICE MEETING MINUTES

Facility Name: Lynwood Post Acute Care Center

Date: 3/23/24 - 3/24/24

Time From: _____

6 am
2 pm
3 pm

To: _____

7 am
3 pm
4 pm

Name of Lecturer: Kristoffer Fabian/Alison Pross Signature: [Signatures]

Topic: Elder Abuse: Different types of Abuse, Abuse prevention & Reporting, Mandated Reporters, Resident to

Brief Summary of Lecture: Resident Abuse, rights of Abuse.

(continuation)

Print Name:	Signature:	Title:	Shift:	Certification #
HVA	[Signature]	CNA	7-3	
Josylin	[Signature]	CNA	7-3	
Saudi	[Signature]	MSK	AM	
Irene Fuentes	[Signature]	HK	AM	
Cindy Rosales	[Signature]	LVN	3-11	
Lesly Vargas	[Signature]	LVN	3-11	
Nancy Navarro	[Signature]	CNA	3-11	
Mirna Garcia	[Signature]	CNA	3-11	
Gracie Sanchez	[Signature]	CNA	3-11	
LaShawna Shields	[Signature]	CNA	3-11	
Ashley Garcia	[Signature]	LVN	7-7	
Eben K...	[Signature]	CNA	11-7	
Alondra Benavides	[Signature]	CNA	11-7	
Jade Talaron	[Signature]	CNA	11-7	
Christopher Galay	[Signature]	CNA	11-7	
Iris Jay Bianco	[Signature]	RN	11-7	
Marilyn Watson	[Signature]	LVN	11-7	
Marilyn Elvira	[Signature]	CNA	7-3	

F 609 Reporting Alleged Violations
 QA Tool

	Resident room and initials:	Resident room and initials:	Resident room and initials:
Is there a suspicion abuse? Y/N			
If yes, did staff report immediately to administrator, CDPH, ombudsman and local authorities? Y/N			
If no, what was the follow up?			
Initial of auditor: Date of audit:			

F 610 Investigate/Prevent/Correct Alleged Violation
 QA Tool

	Resident room and initials:	Resident room and initials:	Resident room and initials:
Is there a suspicion of abuse? Y/N			
If yes, was a timely investigation initiated and conducted ? Y/N			
If no, what was the follow up?			
Initial of auditor: Date of audit:			

F 684 Quality of Care
QA Tool

	Resident room and initials:	Resident room and initials:	Resident room and initials:
Was there a resident to resident altercation? Y/N			
If yes, was the attending physician notified, plan of care updated and interventions recorded in the medical record for all parties involved ? Y/N			
If no, what was the follow up?			
Initial of auditor: Date of audit:			

Post-Event Review - V 2

Resident: Valdez, Manuel
(17163625)
Initial Admission: 11/10/2017
Score: NA

Effective Date: 03/19/2026 10:45
Admission: 04/30/2020
Category: NA

Location: Station 1 05 C
Date of Birth: 09/02/1949
Physician: Sacapano, Manuel Ramon

Post-Event Review

Event Data

1. Date and Time of Event

01/31/2026 08:33

2. What was the event:

- a. Resident to resident altercation
- b. New pressure injury
- c. Skin tear or discoloration
- d. Other (specify below)

4. Residents statement of what happened

res stated other resident had a disagreement, and the other res started getting close to him and raising his voice. res stated staff intervned and nothing happened, stated the other res is "odd, I dont pay any mind to him" in spanish. res stated they dont have any issues. explained to res not to engage with other resident, and report to staff if the other resident approaches him, res verbalized understanding

Cognitive Status

5. Resident's cognitive status prior to the event: (Check all that apply)

- a. Alert
- b. Oriented to person/place/time
- c. Oriented to person/place
- d. Oriented to person
- e. Disoriented
- f. Other (Specify below)

Vision/Hearing

6. Does resident have a vision or hearing deficit?

- a. Yes
- b. No

3. Action

1. Was environment and assistive equipment checked for potential issues that could have contributed to event?

- a. Yes - no issues identified
- b. Yes - potential contributing factor (s) identified and addressed
- c. No - not applicable

2. Was family/RP notified

- a. Yes
- b. No

2a. Name/Designation of Person notified:

Manuel Valdez

3. Was Physician notified?

- a. Yes
- b. No

3a. Name of Physician notified:

Sacapano

4. Was Care Plan Reviewed and Updated related to event?

- a. Yes
- b. No

5. Immediate Action Taken:

Both residents were separated promptly, and staff provided interventions and separated them to minimize

Post-Event Review - V 2

Resident: Valdez, Manuel
(17163625)

escalation. MD notified.

5. IDT Review:

1. IDT Summary Review and Recommendations:

Description of Event: res stated other resident had a disagreement, and the other res started getting close to him and raising his voice. res stated staff intervened and nothing happened, stated the other res is "odd, I dont pay any mind to him" in spanish. res stated they dont have any issues. explained to res not to engage with other resident, and report to staff if the other resident approaches him, res verbalized understanding Dx that may contribute to risk: n/a Other Risk factors: Poor impulse control IDT Recommendations: SS visits for psychosocial well-being

2. IDT Members Participating (Name and Title):

Allison Pease, Admin Edson Torres, DON Herogene Honrada, MDS/RN Maricela Maldonado, AD Yessenia Gutierrez, SSD

Signed By

Signed Date

Edson Torres, RN [e-SIGNED]

03/30/2026

Care Plan Report

Focus	Goal	Interventions	Position	Freq/Resolved
<ul style="list-style-type: none"> the resident had an altercation with another resident on 1/31 Date Initiated: 03/18/2026 	<ul style="list-style-type: none"> The resident will verbalize understanding of need to control physically aggressive behavior through next review. Date Initiated: 03/18/2026 The resident will seek out staff/caregiver when agitation occurs through next review. Date Initiated: 03/18/2026 The resident will not harm self or others through next review. Date Initiated: 03/18/2026 The resident will demonstrate effective coping skills through next review Date Initiated: 03/18/2026 	<ul style="list-style-type: none"> Assess and address for contributing sensory deficits Date Initiated: 03/18/2026 Assess and anticipate resident's needs: food, thirst, toileting needs, comfort level, body positioning, pain etc. Date Initiated: 03/18/2026 SS visits for psychosocial well being Date Initiated: 03/19/2026 When The resident becomes agitated: Intervene before agitation escalates; Guide away from source of distress; Engage calmly in conversation; if response is aggressive, staff to walk calmly away, and approach later. Date Initiated: 03/18/2026 	<p style="text-align: center;">XLCSW CNA</p>	

Allergies	No Known Allergies	D.O.B.	09/02/1949	Physician	Manuel Sacapano
Facility	Lynwood Healthcare Center				
Resident	Valdez, Manuel (17163625)	Admission Date	04/30/2020	Location	Station 1 05 C

Lynwood Healthcare Center

This document/report has been created at the request of legal counsel and/or for the purpose of internal quality assurance/risk management investigation in anticipation of potential litigation. It is confidential, proprietary, and privileged.

Name of Witness: Manuel Valdez

Name of Interviewer: Edson Torres

Date of Incident: 1/31/26

Location of Incident: Hallway

Date of Interview: 3/19/26

Summary of Witness Statement: Res stated in spanish that the other resident was "just being annoying, and that he just ignores him because he knows hes odd". Stated that, "they have no problems." Asked the resident if there was any physical exchange or if he was struck or if he struck the other resident. Res denied being struck or striking the other resident. Res stated, "nothing happened."

Lynwood Healthcare Center

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Name of Witness: Jennifer Miranda Ramirez

Name of Interviewer: Allison Pease

Date of Incident: 1/31/20

Location of Incident: Stairm 1

Date of Interview: 3/18/20

Summary of Witness Statement: I was on break, but when I
came back I was told they had an argument,
but they didn't hit each other.

Lynwood Healthcare Center

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Name of Witness: Marta DePischer

Name of Interviewer: Allison Pease

Date of Incident: 1/3/14

Location of Incident: Station 1

Date of Interview: 3/18/14

Summary of Witness Statement: I did not see them

arguing, but I went there and helped
separate them. I was told they did
not hit each other