


<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>555128</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/29/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>DOWNEY COMMUNITY HEALTH CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8425 IOWA STREET , DOWNEY, California, 90241</b>			
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F0000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Facility Reported Incident Number: 2573403.  The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for the Facility Reported Incident: 2573403 (Refer to Ftag 689).		F0000	The plan of correction is provided pursuant to California and Health and Safety Code, Section 1280; it is prepared and/or executed solely because it is required by the provisions of federal and state law. It is the Center's credible allegation of compliance. This plan of correction is not an admission of agreement by the provision of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. Provision of the Plan of Correction does not interfere with any legal rights available to dispute the deficiency.  The facility desires that this POC be considered its written credible allegation of compliance of the deficiencies noted.			
F0689 SS = D	Free of Accident Hazards/Supervision/Devices  CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents.  The facility must ensure that -  §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is NOT MET as evidenced by:  Based on interview and record review, the facility failed to ensure a two-person assist was used when using the Hoyer Lift (a mechanical device used to lift and/or transfer a person) for one of three sampled residents (Resident 1).  This deficient practice had the potential to result in Resident 1 falling from the Hoyer Lift.  Findings:		F0689	Corrective Action: Res1 is currently in the hospital. RN will assess Res 1 regarding transfer assistance needs upon return. On 7/31/25, the DON/DSD provided CNA1 1:1 service /disciplinary action regarding the need to exercise clinical judgement when operating a Hoyer lift with another staff.  How to Identify Potentially Affected: On 7/29/25, the charge nurses checked other residents requiring Hoyer lift for transfers to ensure the staff is operating it safely, with another staff assisting as needed. No similar issues identified.  Systematic Change: On 7/30-31, 2025, the DSD/Designee (Director of Staff Developer) in-serviced the licensed nurses and licensed nurses on facility's policy on operating Hoyer lift with additional staff based on staff's clinical judgment, to ensure resident's safety. The facility will continue to have visual identifier for the use of Hoyer lift to alert CNAs and Licensed nurses. The DSD will complete the CNAS' skills competency on how to safely operate the Hoyer lift upon hire, annually and as needed.			

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 8.7.25
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F0689 SS = D	<p>Continued from page 1</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on 11/19/2022 and readmitted on 3/11/2025 with diagnoses that included metabolic encephalopathy (a condition where your brain's ability to function properly is impaired by a chemical imbalance in your body), vascular dementia (a progressive state of decline in mental abilities caused by an impaired blood supply to the brain), and cerebral infarction (also known as a stroke, where a loss of blood flow to a part of the brain occurs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 5/29/2025, the MDS indicated Resident 1's cognitive skills (process of thinking) for daily decision making was moderately impaired. The MDS indicated Resident 1 was dependent (helper does all the effort or the assistance of two or more helpers is required) on staff's assistance with oral hygiene, bathing, personal hygiene, and chair/bed-to-chair transfer.</p> <p>During a review of Resident 1's History and Physical (H&amp;P), the H&amp;P indicated Resident 1 did not have the capacity to understand and make any decisions.</p> <p>During a review of Resident 1's Care Plan titled, "Activities of Daily Living (ADL) Self-Care Performance Deficit", dated 3/18/2025, the Care Plan's interventions indicated to assist in transfers as needed.</p> <p>During a review of Resident 1's Physical Therapy (PT) Discharge Summary, dated 4/20/2025, the Discharge Summary indicated Resident 1 was total dependent with transfers.</p> <p>During an interview on 7/29/2025 at 10:32 a.m., with Responsible Party (RP) 1, RP 1 stated, on 7/25/2025, Certified Nursing Assistant (CNA) 1 transferred Resident 1 from the wheelchair to the bed. RP 1 stated CNA 1 did not have another staff member present when CNA 1 transferred Resident 1 back to bed. RP 1 stated she was told Resident 1 required a two-person assist when the Hoyer Lift was used.</p>		F0689	<p><b>MONITORING:</b></p> <p>The DON/Supervisors/Charge Nurses will monitor compliance with proper use of Hoyer lift through routine rounds. The facility will conduct a QA study on staff compliance to use of the Hoyer lift in the next 30 days or until acceptable compliance is achieved. If lack of compliance is identified, revisions will be made as needed. Trends and findings will be reported to the QA committee for further recommendations Completion date: 8/10/25</p>			

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F0689 SS = D	<p>Continued from page 2</p> <p>During an interview on 7/29/2025 at 11:21 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, on 7/25/2025, RP 1 requested for Resident 1 to be assisted back to bed. LVN 1 stated she informed CNA 1 of RP 1's request and CNA 1 went to Resident 1's room to transfer Resident 1 back to bed. LVN 1 stated CNA 1 used the Hoyer Lift to transfer Resident 1 from the wheelchair to the bed and did not have another staff member to assist him. LVN 1 stated, "He should have asked me" because a two-person assist was required when operating the Hoyer Lift. LVN 1 stated a two-person assist was required to ensure Resident 1's safety where one person operated the Hoyer Lift while the second person supported and guided Resident 1 to the bed.</p> <p>During an interview on 7/29/2025 at 11:58 a.m., with CNA 1, CNA 1 stated, on 7/25/2025 at 6:45 p.m., he was told to transfer Resident 1 from his wheelchair to the bed. CNA 1 stated he used the Hoyer Lift to transfer Resident 1 back to bed and did not have another staff member to assist him. CNA 1 stated when operating the Hoyer Lift, he was supposed to have another person there to ensure Resident 1 had a safe transfer from the wheelchair to the bed.</p> <p>During an interview on 7/29/2025 at 12:02 p.m., with Registered Nurse (RN) 1, RN 1 stated Resident 1 was very confused and did not always have the awareness of what was happening. RN 1 stated Resident 1 was unable to support himself with his legs therefore the Hoyer Lift was used to transfer Resident 1 from the bed to the wheelchair and vice versa. RN 1 stated due to Resident 1's impaired cognition, a two-person assist was necessary to ensure Resident 1's safety during a Hoyer Lift transfer. RN 1 stated if Resident 1 were to fall from the Hoyer Lift, CNA 1 would not have been able to safely guide Resident 1 to the floor or to his bed.</p> <p>During an interview on 7/29/2025 at 12:15 p.m., with the Director of Nursing (DON), the DON stated the manufacturer's guideline for the Hoyer Lift recommended a two-person assist when operating the Hoyer Lift for the safety of the residents. The DON stated a two-person assist was recommended if the Hoyer Lift was to shift, the second person would be there to help guide the residents to bed or to the chair. The DON stated all residents were at risk for falls and injuries.</p>		F0689				

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

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F0689 SS = D	<p>Continued from page 3</p> <p>During an interview on 7/29/2025 at 1:09 p.m., with the Director of Rehab (DOR), the DOR stated a two-person assist was the safest way to operate the Hoyer Lift. The DOR stated Resident 1 was dependent on the staff's assistance with transfers. The DOR stated Resident 1 had poor cognition, often very confused, and had days where Resident 1 may or may not follow commands. The DOR stated due to Resident 1's overall condition, a two-person assist was necessary during Hoyer Lift transfers to ensure Resident 1's safety and to prevent falls and major injuries.</p> <p>During a review of the facility's document titled, "Invacare Reliant (brand of Hoyer Lift) Battery-Powered Patient Lift User Manual), dated the year 2023, the document indicated Invacare recommended two assistants be used for lifting preparation and transfers and was based on the evaluation of the healthcare professional for each individual use.</p>		F0689				