STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555306	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEI-AI SOUTH BAY HEALTHCARE CENTER	15115 S VERMONT AVE , GARDENA, California, 90247

(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 Reproted Incident Number: CA00971413 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: CA00971413 (Refer to Ftag 641).	F0000	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.	8/6/25
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty	F0641	F641 Corrective action for residents found to have been affected by this deficiency: Resident number 1 was kept safe. Roommate that was involved was moved to another room immediately on 7/7/25. Resident 1 was monitored for any signs and symptoms of emotional distress, none noted. On 8/5/25, MDS consultant gave one on one in-service and education to SSA 1 regarding proper and accurate behavioral coding, i.e. resident exhibiting wandering behavior.	

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	(X6) DATE
[signature] RN	DOH	8-6-24

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

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F0641 SS = D	Continued from page 1 of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to ensure one out of three sampled residents (Resident 1) had an accurate resident assessment (the process of systematically evaluating a resident's needs, strengths, and preferences to promote quality of life) on the Minimum Data Set ([MDS]- resident assessment tool) assessment for wandering (a resident tendency to move about aimlessly repeatedly). This deficient practice of not accurately documenting on the MDS of Resident 1 wandering behavior placed the residents at risk of not receiving accurate treatment Findings: During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on 4/17/2020 and was readmitted on 1/22/2021. Resident 1 diagnoses Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), anxiety (a vague, uneasy feeling of discomfort or dread), and dementia (a progressive state of decline in mental abilities). During a review of Resident 1's History and Physical (H&P), dated 7/28/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's MDS, dated 4/18/2025, had indicated Resident 1's cognition (ability to learn, reason, remember, understand, and make decisions) was severely impaired. The MDS indicated Resident 1 exhibited behavioral symptoms such as hitting, screaming, and rummaging. The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) from staff for personal hygiene and dressing. During a record review of Resident 1's progress notes, dated 1/31/2025 and 4/9/2025, the progress note	F0641	Corrective action for residents that may be affected by this deficiency: On 8/5/25, MDS coordinator reviewed residents with behavior emphasizing on residents with wandering behavior. None were noted. Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur: On 8/5/25, MDS consultant provided an in-service and education training to MDS nurses and Social Services staff in regards to proper and accurate behavior assessment and coding. MDS accuracy will be reviewed by IDT member to ensure behaviors were accurately captured and documented during admission record review and scheduled residents' care conference. MDS consultant will validate compliance twice a month as scheduled. Findings will be reported to DON for follow up. Measures that will be put into place to ensure that this deficiency does not reoccur: The above POC will be reviewed in the QAPI committee for 3 months and as needed thereafter. Administrator and/or Designee will report trends.	8/6/25

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F0641 SS = D	Continued from page 2 indicated Resident 1's risk factor was wandering behavior. During a record review of Resident 1's progress notes, dated 3/24/2025, indicated Resident 1 was monitored for taking other resident belongings while propelling herself throughout the facility. During a record review of Resident 1's care plan titled, "Resident has a behavior of entering other resident's room, dated 3/25/2025, the interventions monitor resident's whereabouts and direct her into her room when observed entering other resident's room. During a record review of Resident 1's MDS, dated 4/18/2045, the MDS indicated Resident 1 did not exhibit wandering behavior. During an interview on 7/15/2025 at 2:07 p.m. with Certified Nursing Assistant (CNA) 1, the CNA stated Resident 1 did wandered and tried to go into other Residents' rooms. CNA 1 stated Resident 1 attempted to go into other Residents' rooms daily and needed to be redirected. During a concurrent interview and record review on 7/15/2025 at 2:41 p.m. with MDS Coordinator Nurse, Resident 1's MDS, dated 4/18/2025, indicated Resident 1 did not exhibit wandering behavior. A review of facility's policy and procedure (P&P) titled, "Resident Assessment Instrument," dated 10/2023, indicated each discipline assigned to complete the designated section of the MDS assessment is responsible for the accuracy of the information. The MDS Coordinator Nurse stated the MDS should reflect the condition of the resident so the staff can manage the condition of the resident. During a concurrent interview and record review on 7/15/2025 at 3:00 p.m. with Director of Nursing (DON), Resident 1's MDS, dated 4/18/2025, indicated Resident 1 did not exhibit wandering behavior. The DON stated the MDS was not accurate, and Resident 1 did exhibit wandering behavior. The DON stated MDS should coincide with the behavior of the residents. During a concurrent interview and record review on 7/15/2025 at 4:05 p.m. with Social Service Assistant	F0641		

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F0641 SS = D	Continued from page 3 (SSA) 1, Resident 1's MDS, dated 4/18/2025, indicated Resident 1 did not exhibit wandering behavior. SSA 1 stated the MDS was presented that she was not a wanderer, and the nursing staff is presenting that Resident 1 was a wanderer. SSA 1 stated it was important to accurately document the MDS to provide accurate care for Resident 1. During a review of facility's policy and procedure (P&P) titled, "Resident Assessment Instrument," dated 10/2023, the P&P indicated each discipline assigned to complete the designated section of the MDS assessment is responsible for the accuracy of the information.	F0641		