Printed: 07/03/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER Lynwood Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 East Imperial Highway Lynwood, CA 90262	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			

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 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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 056415

If continuation sheet Page 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021	
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NAME OF PROVIDER OR SUPPLIER Lynwood Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 East Imperial Highway Lynwood, CA 90262		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0925 Level of Harm - Immediate jeopardy to resident health or safety	2. The technician (not identified) of Pest Control Company 2 completed the treatment of Resident rooms A, B, C and D on 8/23/2021 in the afternoon (time not specified). The technician of Pest Control Company 2 treated Rooms A, B, C, and D with 1 ounce of Maxforce, which is a gel bait with an (IGR) Insect Growth Regulator that does not allow the cockroach to reproduce once eaten and will not allow the infant cockroaches to reach adulthood.			
Residents Affected - Some	3. Pest Control Company 1 treated all resident rooms on 8/24/2021 in the morning (time not specified) for ants and cockroaches with 12 ounces of Indoxacarb 0.06% gel and with 15 grams of Abamectin .0500% bait gel that was placed in radios, televisions, and other electronic equipment.			
	4. The administrator (Administrator 1) conducted an environmental assessment with the Maintenance Supervisor and the technician (not identified) of Pest Control Company 2 on 8/24/2021 in the afternoon (indicate not specified). The technician of Pest Control Company 2 completed a treatment of resident rooms, Room A, B, C, and D, where cockroaches and egg casings were identified by Surveyor 2 on 8/23/2021.			
	5. Administrator 1 conducted an environmental assessment with the maintenance supervisor and the technician of Pest Control Company 1 on 8/24/2021. The technician has completed treatment of all resident rooms (34 rooms) in the facility on 8/24/2021. No other cockroaches were found in any other areas.			
	6. All 88 residents (Resident 1 to 88) have the potential to be affected by exposure to cockroaches that could lead to disease transmission. When resident rooms are treated with a spray by the technician from the pest management, the residents will be removed from their rooms prior to treatment and can return to their rooms one hour after treatment.			
	ongoing. Any staff on medical leave workday. The in-service included e staff will report to the administrator	tor of Nursing (DON) gave an in-service to the staff starting on 8/23/2021 and have or unavailable will be in-serviced upon return prior to start of shift or deducating staff that if any bugs or pests are observed in the facility, the tor and or Maintenance Supervisor within an hour. The administrator and or I Pest Control Company 1 within an hour to treat for any noticed pest issue.		
	8. The facility has an updated written pest control agreement with Pest Control Company 1 that indicated the frequency of the pest control treating in the facility. Pest Control Company 1 will be in facility once per week for one month. Pest Control Company 1 will use both spray and bait for treatment of the cockroaches and pests in the facility. The facility has a total of 34 resident rooms and Pest Control Company 1 will treat with bait and spray 15 resident rooms each weekly visit which will require the residents to be out of their rooms during and one hour after the treatment. The first service will include kitchen, employee lounge, shower rooms and 15 resident rooms. The second service will include the outside perimeter and 15 resident rooms. The third service will include 15 resident rooms.			
	(continued on next page)			

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 056415

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			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021	
NAME OF PROVIDER OR SUPPLIER Lynwood Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 East Imperial Highway Lynwood, CA 90262		
For information on the nursing home's plan to correct this deficiency, please		·		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some			eatment regimen along with staff is should be eliminated from the ith an (IGR) Insect Growth Regulator ill also act as a killing agent. Im Pest Control Company 1 will eatments depending on any trends and Housekeeping Supervisor to lity. The unapproved insecticides to longer in the facility. From now ce Supervisor will monitor weekly or 1 within an hour. In and reporting of findings on pest Assurance and Performance of care and services delivered in the nentation as needed. In resident room, Room A and the extraches and or pests. A. In the facility just received a pest m. Pest Control Company 1 treated laundry area, and the central from (Room A, B, C or D) while in the facility (areas not specified) Decords, the service receipts indicate the service is normally conducted kroach activity in the facility. Prior to the service is normally conducted kroach activity in the facility. Prior to the service is normally conducted the service is normally conducted kroach activity in the facility. Prior to the service is normally conducted the service	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2021
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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0925 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 8/23/2021, a normally sees the cockroaches in it has not seen any cockroach activity them, with a spray. The Housekeer can of Raid Ant and Roach spray. During an interview on 8/23/2021, a two nights ago (on 8/21/2021) and stated that he sees them (the cockroaches, three (3) dead of floor beneath the oxygen concentrating findings (had the same observation). During an interview on 8/23/2021, a longer continue to use household up the facility would contact the pest of the facility would contact the facility observed with Administrator 1 in Rofindings (had the same observation area. During a review of the facility's pesting a review of the facility's pesting a policy of the facility's pesting a review of the facility's pesting a policy of the facility's pesting a review of the facility's pesting a review of the facility's pesting a policy of the facility of the facility's pesting a policy of the facility of the facility's pesting a policy of the facility of t	at 12:02 p.m. with the Housekeeping S he residents' rooms (did not specify why recently. When she noticed the cockroing Supervisor showed the spray she The can of Raid is marked for househout 12:05 p.m. with Resident 1, he state his room was not sprayed (with an instroaches) once in a while (in his room). Supervisor of Room C on 8/23/2021 a German adult cockroaches, and two (2 ator located near Bed A. The Maintena	supervisor, she stated that she nich specific rooms) and that she roaches, she stated she treated used for the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and it was a old use only. If the condition of the treatment and the the condition of the treatment would be conducted in this olicy indicated that the facility would