

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 09/08/2022
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 contact 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42959</p> <p>Based on interview and record review, the facility's staff failed to notify the physician immediately when a resident missed hemodialysis (HD, removing of waste, salt, and extra water to prevent build up in the body for residents who have loss of kidney function) treatment for one of 11 residents receiving HD (Resident 1). Cross Reference F698.</p> <p>This deficient practice resulted in Resident 1 experiencing shortness of breath (SOB) requiring a transfer to general acute care hospital (GACH) via 911 (emergency services) and being admitted to the GACH for further evaluation and treatment for hyperkalemia (higher than normal level of potassium [critical to the function of nerve and muscle cells] in the bloodstream) and emergent HD treatment on 7/25/2022.</p> <p>Findings:</p> <p>During a review Resident 1's Admission Record (Face Sheet), the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included end stage renal disease (ESRD, when kidneys are no longer able to work as they should to meet the needs of the body), hypotension (low blood pressure), presence of an automatic cardiac defibrillator (device that monitors your heart rate and delivers a strong electrical shock to restore the heartbeat to normal in the event of tachycardia [irregularly fast heartbeat]), atrial fibrillation (an irregular and often very rapid heart rhythm) and acquired absence of the right and left below the knee extremities (legs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and care-screening tool), dated 7/25/2022, the MDS indicated Resident 1's cognition (ability to think and reason) was intact. The MDS indicated Resident 1 required limited assistance with bed mobility, transfer, dressing, toilet use and bathing. According to the MDS, Resident 1 used a motorized wheelchair for mobility and was receiving HD treatment.</p> <p>During a review of Resident 1's Physician's Order, dated 7/21/2022, the order indicated for HD on Tuesdays, Thursdays, and Saturdays with a pickup time at 4:30 a.m.</p> <p>(continued on next page)</p>

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
---	-------	-----------

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 09/08/2022
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 contact 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's care plan titled, The resident needs hemodialysis rule out (r/t) end-stage renal disease, dated 7/22/2022, the care plan indicated Resident 1 required dialysis and the goal was for the resident to have no signs and symptoms of complication from dialysis. The staff interventions included to monitor/document/report to the physician as needed for renal insufficiency including changes in level of consciousness, changes in skin turgor, oral mucosa (lining or skin inside of the mouth, including the cheeks and lips), and changes in the heart and lung sounds.</p> <p>During a review of Resident 1's Change of Condition evaluation note, dated 7/25/2022 at 3:30 p.m., the note indicated Resident 1 had SOB and was transferred to GACH via 911.</p> <p>During an interview with the Director of Nurses (DON) on 7/29/2022 at 1:15 p.m., the DON stated Resident 1 missed his Saturday HD treatment (7/23/2022) due to transportation issues. The DON stated Resident 1 was sent out to the general acute care hospital (GACH) on the following Monday (7/25/2022) at approximately 3 p.m. due to shortness of breath (SOB). The DON stated he was not notified by Resident 1's assigned nurse on 7/23/2022 that the resident missed his HD treatment. The DON confirmed the charge nurse assigned to Resident 1's care did not complete a change of condition (COC) assessment for Resident 1's missed HD treatment on 7/23/2022, or notify the physician. The DON stated the charge nurse should have notified the physician for the missed HD treatment to receive an order either laboratory tests or to transfer the resident to a GACH. The DON stated there was no documentation recorded in Resident 1's chart for the missed HD treatment on 7/23/2022.</p> <p>During a telephone interview with Resident 1 on 7/29/2022 at 1:48 p.m., Resident 1 stated he had SOB on 7/25/2022 and was picked up by 911. Resident 1 stated he missed his scheduled HD treatment on 7/23/2022, and the resident was informed by the charge nurse the transportation never arrived. Resident 1 stated he told the nurse that he should not have missed the HD treatment because he needed it.</p> <p>During a concurrent interview with the Social Services Director (SSD) and record review on 7/29/2022 at 2:20 p.m., the SSD stated the transportation company used to pick up Resident 1 for his scheduled Saturday HD treatment never arrived on 7/23/2022 because there was no available ambulance per the transportation company. The SSD stated she called a transportation company on 7/22/2022 to schedule a pick-up to dialysis for Resident 1. The SSD stated Resident 1's Saturday trips were scheduled as wheelchair services pick up at 4:45 a.m. with a return trip at 10:00 a.m. The SSD stated Resident 1's Request Transportation form, which was faxed to the vendor on 7/22/2022 at 2:51 p.m., indicated a request for dialysis transportation via Advance Life Support ([ALS] ambulance staffed by a paramedic for transport of patients who require a higher level of medical monitoring) and/or a Gurney van.</p> <p>During an interview with the DON on 8/17/2022 at 2:30 p.m., the DON stated missing a HD treatment could result in fluid overload (having too much water in the body), SOB and could lead to death. The DON stated the licensed nurse should have notified him timely regarding Resident 1's transportation issue so he could make other transportation arrangements.</p> <p>During concurrent interview with Licensed Vocational Nurse (LVN) 1 and record review on 8/17/2022 at 2:48 p.m., LVN 1 stated Resident 1's scheduled HD treatment on 7/23/2022 should not have been missed. LVN 1 confirmed that there was no assessment and monitoring done for Resident 1 missed HD treatment. LVN 1 stated Resident 1 might end up with fluid overload, difficulty breathing, or even death. LVN 1 stated that Resident 1 had no scheduled HD treatment appointment on Monday 7/25/2022. LVN 1 stated Resident 1 was transferred on 7/25/2022 at around 3:30 p.m. via 911 to a GACH due shortness of breath, and the physician was made aware the last HD treatment was on 7/21/2022.</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview LVN 2 on 8/17/2022 at 3:10 p.m., LVN 2 stated Resident 1's assigned nurse should have notified the physician for an order to transfer Resident 1 to a GACH for HD treatment. LVN 2 stated Resident 1 missed his HD treatment and could have developed sepsis (life-threatening condition that occurs when the body's response to an infection damages its own tissues), fluid overload, and cardiac tamponade (happens when extra fluid builds up in the space around the heart and puts pressure on the heart and prevents it from pumping well).</p> <p>During a telephone interview with LVN 3 on 8/26/2022 at 12:45 p.m., LVN 3 stated Resident 1's HD appointment on 7/23/2022 was missed due to transportation issues. LVN 3 stated she did not notify Resident 1's physician because the HD treatment facility rescheduled Resident 1's appointment to the following Monday (7/25/2022) in which LVN 3 thought was okay.</p> <p>LVN 3 stated she should have notified Resident 1's physician immediately to get a transfer order to a GACH so the resident could receive HD treatment on that day (7/23/2022). LVN 3 stated Resident 1's missed HD treatment could lead to fluid overload and shortness of breath.</p> <p>During a telephone interview with Resident 1's physician (MD 1) on 8/30/2022 at 2 p.m., MD 1 stated he was notified by a nurse on 7/25/2022 Resident 1 had shortness of breath and the nurse called 911 to transfer the resident to a GACH due to missed HD treatment on 7/23/2022.</p> <p>During a review of Resident 1's GACH Emergency Department (ED) notes dated 7/25/2022 at 3:29 p.m., the notes indicated Resident 1 missed his HD treatment due to transportation issues. The notes indicated Resident 1 stated he has been having difficulty sleeping due to SOB, coughing, mild facial swelling and abdominal pain. Chest x-ray (produce images of your heart, lungs, blood vessels, airways, and the bones of your chest and spine) findings indicated Resident 1 had central pulmonary edema (swelling in the lungs). Resident 1 had volume (fluid) overload needing urgent dialysis markedly hyperkalemic (elevated potassium level in the blood) with electrocardiogram ([EKG] test that measures the electrical activity of the heartbeat) changes. Resident 1 had HD treatment on 7/25/2022 at the GACH.</p> <p>During a review of the facility's undated policy and procedures (P/P) titled, Change of Condition, the P/P indicated the nurse will notify the resident's attending physician or physician on call when there has been a significant change of condition in the resident's health status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (not self-limiting) and the need to transfer the resident to hospital/treatment center.</p>		

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 09/08/2022
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 contact 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42959</p> <p>Based on interview and record review, the facility failed to ensure one of 11 residents (Resident 1) receiving hemodialysis (HD, removing of waste, salt, and extra water to prevent build up in the body for residents who have loss of kidney function) treatment was provided by failing to:</p> <ol style="list-style-type: none"> 1. Carry out the physician's order for Resident 1 to receive HD treatment as scheduled on Tuesdays, Thursdays, and Saturdays. 2. Notify the physician Resident 1 missed HD treatment on 7/23/2022. 3. Assess and monitor Resident 1 after the missed HD treatment. <p>These deficient practices resulted in Resident 1 experiencing shortness of breath (SOB) requiring a transfer to general acute care hospital (GACH) via 911 (emergency services) and being admitted to the GACH for further evaluation and treatment for hyperkalemia (higher than normal level of potassium [critical to the function of nerve and muscle cells] in the bloodstream) and emergent HD on 7/25/2022.</p> <p>Findings:</p> <p>During a review Resident 1's Admission Record (Face Sheet), the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included end stage renal disease (ESRD, when kidneys are no longer able to work as they should to meet the needs of the body), hypotension (low blood pressure), presence of an automatic cardiac defibrillator (device that monitors your heart rate and delivers a strong electrical shock to restore the heartbeat to normal in the event of tachycardia [irregularly fast heartbeat]), atrial fibrillation (an irregular and often very rapid heart rhythm) and acquired absence of the right and left below the knee extremities (legs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and care-screening tool), dated 7/25/2022, the MDS indicated Resident 1's cognition (ability to think and reason) was intact. The MDS indicated Resident 1 required limited assistance with bed mobility, transfer, dressing, toilet use and bathing. According to the MDS, Resident 1 used a motorized wheelchair for mobility and was receiving HD treatment.</p> <p>During an interview with the Director of Nurses (DON) on 7/29/2022 at 1:15 p.m., the DON stated Resident 1 missed his Saturday appointment (7/23/2022) for HD due to transportation issues. The DON stated Resident 1 was sent out to the GACH on the following Monday (7/25/2022) at approximately 3:00 p.m., due to shortness of breath (SOB). The DON stated he was not notified by Resident 1's assigned nurse on 7/23/2022 that the resident missed his HD treatment. The DON confirmed the charge nurse assigned to Resident 1's care did not complete a change of condition assessment for Resident 1's missed HD treatment on 7/23/2022 or notify the physician. The DON stated the charge nurse should have notified the physician for the missed HD treatment to receive an order either for laboratory tests or to transfer the resident to a GACH for HD treatment. The DON stated there was no documentation recorded in Resident 1's chart for the missed HD treatment on 7/23/2022.</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview with Resident 1 on 7/29/2022 at 1:48 p.m., Resident 1 stated he had SOB on 7/25/2022 and was picked up by 911. Resident 1 stated he missed his scheduled HD treatment on 7/23/2022 and the resident was informed by the charge nurse the transportation never arrived. Resident 1 stated he told the nurse that he should not have missed the HD treatment because he needed the treatment.</p> <p>During a concurrent interview with the Social Services Director (SSD) and record review on 7/29/2022 at 2:20 p.m., the SSD stated the transportation company used by the facility to pick up Resident 1 for his scheduled Saturday HD treatment did not arrive on 7/23/2022 because there was no available ambulance per the transportation company. The SSD stated she called a transportation company on 7/22/2022 to schedule a pick-up to dialysis for Resident 1. The SSD stated Resident 1's Saturday trips were scheduled as wheelchair services pick up at 4:45 a.m. with a return trip at 10:00 a.m. The SSD stated Resident 1's Request Transportation form, which was faxed to the vendor on 7/22/2022 at 2:51 p.m., indicated a request for dialysis transportation via a van that could accommodate a gurney or wheelchair.</p> <p>During an interview with the DON on 8/17/2022 at 2:30 p.m., the DON stated missing a HD treatment could result in fluid overload (having too much water in the body), SOB and could lead to death. DON stated the licensed nurse should have notified him timely regarding Resident 1's transportation issue so he could make other transportation arrangements.</p> <p>During concurrent interview with Licensed Vocational Nurse (LVN) 1 and record review on 8/17/2022 at 2:48 p.m., LVN 1 stated Resident 1's scheduled HD appointment on 7/23/2022 should not have been missed. LVN 1 confirmed that there was no assessment and monitoring done for Resident 1 missed HD treatment. LVN 1 stated Resident 1 might end up with fluid overload, difficulty breathing, or even death. LVN 1 stated that Resident 1 had no HD treatment appointment on Monday 7/25/2022. LVN 1 stated Resident 1 was transferred on 7/25/2022 at around 3:30 p.m. via 911 to GACH due shortness of breath, physician made aware that last HD treatment was 7/21/2022.</p> <p>During an interview LVN 2 on 8/17/2022 at 3:10 p.m., LVN 2 stated Resident 1's assigned nurse should have notified the physician for an order to transfer Resident 1 to a GACH for HD treatment. LVN 2 stated Resident 1 missed his HD treatment and could have developed sepsis (life-threatening condition that occurs when the body's response to an infection damages its own tissues), fluid overload, and cardiac tamponade (happens when extra fluid builds up in the space around the heart and puts pressure on the heart and prevents it from pumping well).</p> <p>During a telephone interview with LVN 3 on 8/26/2022 at 12:45 p.m., LVN 3 stated Resident 1's HD appointment on 7/23/2022 was missed due to transportation issues. LVN 3 stated she did not notify Resident 1's physician because the HD treatment facility reschedule Resident 1's appointment to the following Monday (7/25/2022) and thought that was okay. LVN 3 stated she should have notified Resident 1's physician immediately to get a transfer order to a GACH so the resident could receive HD treatment on that day (7/23/2022). LVN 3 stated Resident 1's missed HD treatment could lead to fluid overload and shortness of breath.</p> <p>During a telephone interview with Resident 1's Physician (MD 1) on 8/30/2022 at 2 p.m., MD 1 stated he was notified on 7/25/2022 (Monday) by a nurse Resident 1 had shortness of breath. MD 1 stated the nurse called 911 and transferred the resident to a GACH due to missed HD treatment on 7/23/2022 (Saturday).</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview with Transport Personnel (TP) 1 on 8/30/2022 at 2:06 p.m. TP 1 stated Resident 1 was scheduled for routine transport services via a gurney on Tuesdays, Thursdays, and Saturdays. TP 1 stated because Resident 1 was a new admit it would take 5-10 business days to process the request, but the transport company could provide a courtesy trip. TP 1 stated the transport company received a call on 7/23/2022 from the facility that Resident 1 needed transport services via a wheelchair and the facility was made aware they would try their best get provide transport services with wheelchair accommodations. TP 1 stated the nurse told them the HD treatment was rescheduled to Monday, 7/25/2022.</p> <p>During a telephone interview with Hemodialysis Registered Nurse (HDRN) 1 on 8/30/2022 at 2:20 p.m., HDRN 1 stated Resident 1 had scheduled HD treatment on Saturday, 7/23/2022 at 5:30 a.m., however, did not come to his appointment. HDRN 1 stated Resident 1 had no appointment on Monday 7/25/2022 for HD treatment. HDRN 1 stated Resident 1's routine HD treatment appointment was Tuesdays, Thursdays and Saturdays.</p> <p>During a review of Resident 1's Physician's Order, dated 7/21/2022, the order indicated for HD on Tuesdays, Thursdays, and Saturdays with a pickup time at 4:30 a.m.</p> <p>During a review of Resident 1's care plan titled, The resident needs hemodialysis rule out (r/t) end-stage renal disease, dated 7/22/2022, the care plan indicated Resident 1 required dialysis and the goal was for the resident to have no signs and symptoms of complication from dialysis. The staff interventions included to monitor/document/report to the physician as needed for renal insufficiency (poor function of the kidneys that may be due to a reduction in blood-flow to the kidneys) including changes in level of consciousness, changes in skin turgor, oral mucosa (lining or skin inside of the mouth, including the cheeks and lips), and changes in the heart and lung sounds.</p> <p>During a review of Resident 1's Change of Condition evaluation note, dated 7/25/2022 at 3:30 p.m., the note indicated Resident 1 had SOB and was transferred to GACH via 911.</p> <p>During a review of Resident 1's GACH Emergency Department (ED) notes dated 7/25/2022 at 3:29 p.m., the notes indicated Resident 1 missed his HD treatment. The notes indicated Resident 1 stated he has been having difficulty sleeping due to SOB, coughing, mild facial swelling and abdominal pain. Chest x-ray (produce images of your heart, lungs, blood vessels, airways, and the bones of your chest and spine) findings indicated Resident 1 had central pulmonary edema (swelling in the lungs). Resident 1 had volume (fluid) overload needing urgent dialysis markedly hyperkalemic (elevated potassium level in the blood) with electrocardiogram ([EKG] test that measures the electrical activity of the heartbeat) changes. Resident 1 had HD treatment on 7/25/2022 in the GACH.</p> <p>During a review of the facility's undated policy and procedure (P/P) titled, Change of Condition, the P/P indicated the nurse will notify the resident's attending physician or physician on call when there has been a significant change of condition in the resident's health status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (not self-limiting) and the need to transfer the resident to hospital/treatment center.</p> <p>During a review of the facility's undated P/P titled, End-Stage Renal Disease, Care of Resident With, the P/P indicated residents with ESRD will be cared according to currently recognized standards of care. Education and training of staff includes, specially:</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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 0698 Level of Harm - Actual harm Residents Affected - Few	<ol style="list-style-type: none"> 1. The nature and clinical management of ESRD, (including infection prevention and nutritional needs). 2. The type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis. 3. Signs and symptoms of worsening condition and/or complication of ESRD. 4. How to recognize and intervene in medical emergencies such as hemorrhage and septic infections.

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 09/08/2022
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 contact 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42959</p> <p>Based on interview and record review, the facility failed to follow up on the scheduled transportation for one of (11) residents (Resident 1) receiving hemodialysis (HD, removing of waste, salt, and extra water to prevent build up in the body for residents who have loss of kidney function) treatment (Resident 1). Cross Reference F698.</p> <p>This deficient practice resulted in Resident 1 missing HD treatment (on 7/23/2022) and experiencing shortness of breath (SOB) requiring a transfer to general acute care hospital (GACH) via 911 (emergency services) and being admitted to the GACH for further evaluation and treatment for hyperkalemia (higher than normal level of potassium [critical to the function of nerve and muscle cells] in the bloodstream) and emergent HD treatment on 7/25/2022.</p> <p>Findings:</p> <p>During a review Resident 1's Admission Record (Face Sheet), the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included end stage renal disease (ESRD, when kidneys are no longer able to work as they should to meet the needs of the body), hypotension (low blood pressure), presence of an automatic cardiac defibrillator (device that monitors your heart rate and delivers a strong electrical shock to restore the heartbeat to normal in the event of tachycardia [irregularly fast heartbeat]), atrial fibrillation (an irregular and often very rapid heart rhythm) and acquired absence of the right and left below the knee extremities (legs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and care-screening tool), dated 7/25/2022, the MDS indicated Resident 1's cognition (ability to think and reason) was intact. The MDS indicated Resident 1 required limited assistance with bed mobility, transfer, dressing, toilet use and bathing. According to the MDS, Resident 1 used a motorized wheelchair for mobility and was receiving HD treatment.</p> <p>During a review of Resident 1's Physician's Order, dated 7/21/2022, the order indicated for HD on Tuesdays, Thursdays, and Saturdays with a pickup time at 4:30 a.m.</p> <p>During a review of Resident 1's care plan titled, The resident needs hemodialysis rule out (r/t) end-stage renal disease, dated 7/22/2022, the care plan indicated Resident 1 required dialysis and the goal was for the resident to have no signs and symptoms of complication from dialysis. The staff interventions included to monitor/document/report to the physician as needed for renal insufficiency including changes in level of consciousness, changes in skin turgor, oral mucosa (lining or skin inside of the mouth, including the cheeks and lips), and changes in the heart and lung sounds.</p> <p>During a review of Resident 1's Change of Condition evaluation note, dated 7/25/2022 at 3:30 p.m., the note indicated Resident 1 had SOB and was transferred to GACH via 911.</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nurses (DON) on 7/29/2022 at 1:15 p.m., the DON stated Resident 1 missed his Saturday HD treatment (7/23/2022) due to transportation issues. The DON stated Resident 1 was sent out to the GACH on the following Monday (7/25/2022) at approximately 3 p.m. due to shortness of breath (SOB). The DON stated he was not notified by Resident 1's assigned nurse on 7/23/2022 that the resident missed his HD treatment. The DON confirmed the charge nurse assigned to Resident 1's care did not complete a change of condition assessment for Resident 1's missed HD treatment on 7/23/2022 or notify the physician. The DON stated the charge nurse should have notified the physician for the missed HD to receive an order either for laboratory tests or to transfer the resident to a GACH. DON stated there was no documentation recorded in Resident 1's chart for the missed HD appointment on 7/23/2022.</p> <p>During a telephone interview with Resident 1 on 7/29/2022 at 1:48 p.m., Resident 1 stated he had SOB on 7/25/2022 and was picked up by 911. Resident 1 stated he missed his scheduled HD treatment on 7/23/2022 and the resident was informed by the charge nurse the transportation never arrived. Resident 1 stated he told the nurse that he should not have missed the HD treatment because he needed it.</p> <p>During a concurrent interview with the Social Services Director (SSD) and record review on 7/29/2022 at 2:20 p.m., the SSD stated the transportation company used to pick up Resident 1 for his scheduled Saturday HD treatment never arrived on 7/23/2022 because there was no available ambulance per the transportation company. SSD stated she called a transportation company on 7/22/2022 to schedule a pick-up to dialysis for Resident 1. The SSD stated Resident 1's Saturday trips were scheduled as wheelchair services pick up at 4:45 a.m. with a return trip at 10:00 a.m. The SSD stated Resident 1's Request Transportation form, which was faxed to the vendor on 7/22/2022 at 2:51 p.m., indicated a request for dialysis transportation via Advance Life Support ([ALS] ambulance staffed by a paramedic for transport of patients who require a higher level of medical monitoring) and/or a Gurney van.</p> <p>During an interview with the DON on 8/17/2022 at 2:30 p.m., the DON stated missing a HD treatment could result in fluid overload (having too much water in the body), SOB and could lead to death. The DON stated the licensed nurse should have notified him timely regarding Resident 1's transportation issue so he could make other transportation arrangements.</p> <p>During a telephone interview with LVN 3 on 8/26/2022 at 12:45 p.m., LVN 3 stated Resident 1's HD treatment on 7/23/2022 was missed due to transportation issues. LVN 3 stated she did not notify Resident 1's physician because the HD treatment facility rescheduled Resident 1's appointment to the following Monday (7/25/2022) in which she thought was okay. LVN 3 stated she should have notified Resident 1's physician immediately to get a transfer order to a GACH so the resident could receive HD treatment on that day (7/23/2022). LVN 3 stated Resident 1's missed HD appointment could lead to fluid overload and shortness of breath.</p> <p>During a telephone interview with Resident 1's physician (MD 1) on 8/30/2022 at 2 p.m., MD 1 stated he was notified by a nurse on 7/25/2022 Resident 1 had shortness of breath and the nurse called 911 then transferred to a GACH due to missed HD treatment on 7/23/2022.</p> <p>(continued on next page)</p>		

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 09/08/2022
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 contact 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)
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview with Transport Personnel (TP) 1 on 8/30/2022 at 2:06 p.m. TP 1 stated Resident 1 routine transport service (gurney) on Monday, Tuesday and Saturday and since Resident 1 was new admit, it would take 5-10 business day to process, however they could provide a courtesy trip. TP 1 stated they received a call on 7/23/2022 from the facility that Resident 1 needed a transport service (wheelchair) and the facility was made aware that they would try their best get a transport service (wheelchair). TP 1 stated when they have an available transport service (wheelchair), the nurse told them the HD treatment appointment was rescheduled to Monday, 7/25/2022.</p> <p>During a review of the facility's undated policy and procedures (P/P) titled, Transportation, Social Services, the P/P indicated the facility shall help arrange transportation for residents as needed. The P/P indicated social services will help the resident as needed to obtain transportation.</p>