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 SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Lynwood Post Acute Care Center		3611 East Imperial Highway Lynwood, CA 90262	
For information on the nursing home's	plan to correct this deficiency, please cont	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)		on)
F 0580 Level of Harm - Minimal harm or potential for actual harm	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42959		
Residents Affected - Few	resident missed hemodialysis (HD, for residents who have loss of kidn Cross Reference F698. This deficient practice resulted in R general acute care hospital (GACH further evaluation and treatment for function of nerve and muscle cells] Findings: During a review Resident 1's Admis was admitted to the facility on [DAT when kidneys are no longer able to blood pressure), presence of an au delivers a strong electrical shock to fast heartbeat]), atrial fibrillation (ar right and left below the knee extrem During a review of Resident 1's Mir care-screening tool), dated 7/25/20 was intact. The MDS indicated Res toilet use and bathing. According to receiving HD treatment.	nimum Data Set (MDS, a comprehensi 022, the MDS indicated Resident 1's co sident 1 required limited assistance wit to the MDS, Resident 1 used a motorize ysician's Order, dated 7/21/2022, the c	ter to prevent build up in the body sidents receiving HD (Resident 1). reath (SOB) requiring a transfer to bing admitted to the GACH for rel of potassium [critical to the treatment on 7/25/2022. sion Record indicated Resident 1 nd stage renal disease (ESRD, ls of the body), hypotension (low at monitors your heart rate and event of tachycardia [irregularly hythm) and acquired absence of the ve standardized assessment and ognition (ability to think and reason) h bed mobility, transfer, dressing, ad wheelchair for mobility and was

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 SUPPLIE	ER	STREET ADDRESS, CITY, STATE, Z	P CODF
Lynwood Post Acute Care Center		3611 East Imperial Highway Lynwood, CA 90262	
For information on the nursing home's	plan to correct this deficiency, please cont	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)		ion)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	renal disease, dated 7/22/2022, the resident to have no signs and symp monitor/document/report to the phy consciousness, changes in skin tur- and lips), and changes in the heart	ange of Condition evaluation note, date	ed dialysis and the goal was for the e staff interventions included to y including changes in level of of the mouth, including the cheeks
	 missed his Saturday HD treatment sent out to the general acute care h m. due to shortness of breath (SOE 7/23/2022 that the resident missed Resident 1's care did not complete treatment on 7/23/2022, or notify th physician for the missed HD treatm a GACH. The DON stated there wa treatment on 7/23/2022. During a telephone interview with R 7/25/2022 and was picked up by 91 	or of Nurses (DON) on 7/29/2022 at 1: (7/23/2022) due to transportation issue nospital (GACH) on the following Mond 3). The DON stated he was not notified his HD treatment. The DON confirmed a change of condition (COC) assessme e physician. The DON stated the char- ent to receive an order either laborato is no documentation recorded in Resid Resident 1 on 7/29/2022 at 1:48 p.m., F 11. Resident 1 stated he missed his sc	es. The DON stated Resident 1 was lay (7/25/2022) at approximately 3 p by Resident 1's assigned nurse or the charge nurse assigned to the charge nurse assigned to the charge nurse assigned to ge nurse should have notified the ry tests or to transfer the resident to lent 1's chart for the missed HD Resident 1 stated he had SOB on heduled HD treatment on
	stated he told the nurse that he sho During a concurrent interview with t 2:20 p.m., the SSD stated the trans HD treatment never arrived on 7/23 company. The SSD stated she calle dialysis for Resident 1. The SSD st pick up at 4:45 a.m. with a return tri form, which was faxed to the vendo	formed by the charge nurse the transpould not have missed the HD treatment the Social Services Director (SSD) and sportation company used to pick up Re 5/2022 because there was no available ed a transportation company on 7/22/2 ated Resident 1's Saturday trips were ip at 10:00 a.m. The SSD stated Residen ro on 7/22/2022 at 2:51 p.m., indicated abulance staffed by a paramedic for tra- and/or a Gurney van.	t because he needed it. I record review on 7/29/2022 at sident 1 for his scheduled Saturday ambulance per the transportation 1022 to schedule a pick-up to scheduled as wheelchair services lent 1's Request Transportation a request for dialysis transportation
	result in fluid overload (having too r the licensed nurse should have not make other transportation arrangen		ld lead to death. The DON stated transportation issue so he could
	p.m., LVN 1 stated Resident 1's sch confirmed that there was no assess stated Resident 1 might end up with Resident 1 had no scheduled HD tr	censed Vocational Nurse (LVN) 1 and neduled HD treatment on 7/23/2022 sh sment and monitoring done for Residen h fluid overload, difficulty breathing, or reatment appointment on Monday 7/25 ound 3:30 p.m. via 911 to a GACH due HD treatment was on 7/21/2022.	ould not have been missed. LVN 1 ht 1 missed HD treatment. LVN 1 even death. LVN 1 stated that /2022. LVN 1 stated Resident 1
	(continued on next page)		

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, ZI 3611 East Imperial Highway Lynwood, CA 90262	P CODE
For information on the nursing home's	plan to correct this deficiency, please con		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notified the physician for an order to 1 missed his HD treatment and could body's response to an infection dar	2022 at 3:10 p.m., LVN 2 stated Resid o transfer Resident 1 to a GACH for HI Ild have developed sepsis (life-threater nages its own tissues), fluid overload, ace around the heart and puts pressur	D treatment. LVN 2 stated Resident ning condition that occurs when the and cardiac tamponade (happens
	appointment on 7/23/2022 was mis	VN 3 on 8/26/2022 at 12:45 p.m., LVN sed due to transportation issues. LVN ment facility rescheduled Resident 1's 3 thought was okay.	3 stated she did not notify Residen
	LVN 3 stated she should have notif	ied Resident 1's physician immediately eatment on that day (7/23/2022). LVN	
		Resident 1's physician (MD 1) on 8/30/2 esident 1 had shortness of breath and HD treatment on 7/23/2022.	
	notes indicated Resident 1 missed Resident 1 stated he has been hav abdominal pain. Chest x-ray (produ your chest and spine) findings indic Resident 1 had volume (fluid) overl	CH Emergency Department (ED) note his HD treatment due to transportation ing difficulty sleeping due to SOB, cou ice images of your heart, lungs, blood ated Resident 1 had central pulmonar oad needing urgent dialysis markedly l ogram ([EKG] test that measures the e nent on 7/25/2022 at the GACH.	issues. The notes indicated ghing, mild facial swelling and vessels, airways, and the bones of y edema (swelling in the lungs). hyperkalemic (elevated potassium
	indicated the nurse will notify the re significant change of condition in th	ated policy and procedures (P/P) titled esident's attending physician or physici re resident's health status that will not r nting standard disease-related clinical i hospital/treatment center.	an on call when there has been a normally resolve itself without

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, ZI 3611 East Imperial Highway Lynwood, CA 90262	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		on)
F 0698	Provide safe, appropriate dialysis c	are/services for a resident who require	s such services.
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 42959
Residents Affected - Few		ew, the facility failed to ensure one of ste, salt, and extra water to prevent bui nent was provided by failing to:	
	1. Carry out the physician's order for Thursdays, and Saturdays.	or Resident 1 to receive HD treatment a	as scheduled on Tuesdays,
	2. Notify the physician Resident 1 r	nissed HD treatment on 7/23/2022.	
	3. Assess and monitor Resident 1 after the missed HD treatment.		
	These deficient practices resulted in Resident 1 experiencing shortness of breath (SOB) requiring to general acute care hospital (GACH) via 911 (emergency services) and being admitted to the further evaluation and treatment for hyperkalemia (higher than normal level of potassium [critical function of nerve and muscle cells] in the bloodstream) and emergent HD on 7/25/2022.		
	Findings:		
	was admitted to the facility on [DAT when kidneys are no longer able to blood pressure), presence of an au delivers a strong electrical shock to	ssion Record (Face Sheet), the Admiss 'E]. Resident 1's diagnoses included er work as they should to meet the need tomatic cardiac defibrillator (device that restore the heartbeat to normal in the h irregular and often very rapid heart rh nities (legs).	nd stage renal disease (ESRD, s of the body), hypotension (low tt monitors your heart rate and event of tachycardia [irregularly
	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.		
	missed his Saturday appointment (1 was sent out to the GACH on the shortness of breath (SOB). The DC 7/23/2022 that the resident missed Resident 1's care did not complete on 7/23/2022 or notify the physician the missed HD treatment to receive	or of Nurses (DON) on 7/29/2022 at 1: 7/23/2022) for HD due to transportation following Monday (7/25/2022) at appre NN stated he was not notified by Reside his HD treatment. The DON confirmed a change of condition assessment for n. The DON stated the charge nurse sh e an order either for laboratory tests or there was no documentation recorded	n issues. The DON stated Resider oximately 3:00 p.m., due to ent 1's assigned nurse on I the charge nurse assigned to Resident 1's missed HD treatment nould have notified the physician for to transfer the resident to a GACH
	(continued on next page)		

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	s plan to correct this deficiency, please cont	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)		on)
F 0698 Level of Harm - Actual harm Residents Affected - Few	 During a telephone interview with R 7/25/2022 and was picked up by 91 and the resident was informed by the told the nurse that he should not have the transportation company. The schedule a pick-up to dialysis for R wheelchair services pick up at 4:45 Request Transportation form, which for dialysis transportation not a van. During an interview with the DON or result in fluid overload (having too result in fluid overload (have notified other transportation arrangements. During concurrent interview with Lide p.m., LVN 1 stated Resident 1 is sched LVN 1 confirmed that there was no LVN 1 stated Resident 1 might end that Resident 1 had no HD treatment transferred on 7/25/2022 at around aware that last HD treatment and courbody's response to an infection dam when extra fluid builds up in the spapumping well). During a telephone interview with L appointment on 7/23/2022 was mis 1's physician because the HD treatment (7/25/2022) and thought that was o immediately to get a transfer order (7/23/2022). LVN 3 stated Resident breath. During a telephone interview with R notified on 7/25/2022 (Monday) by a stated Resident breath. 	Resident 1 on 7/29/2022 at 1:48 p.m., F 1. Resident 1 stated he missed his sch he charge nurse the transportation nev we missed the HD treatment because is the Social Services Director (SSD) and portation company used by the facility did not arrive on 7/23/2022 because the e SSD stated she called a transportation esident 1. The SSD stated Resident 1's a.m. with a return trip at 10:00 a.m. The was faxed to the vendor on 7/22/2022 that could accommodate a gurney or w in 8/17/2022 at 2:30 p.m., the DON states nuch water in the body), SOB and could him timely regarding Resident 1's transport censed Vocational Nurse (LVN) 1 and is reduled HD appointment on 7/23/2022 assessment and monitoring done for F up with fluid overload, difficulty breath int appointment on Monday 7/25/2022. 3:30 p.m. via 911 to GACH due shortr	Resident 1 stated he had SOB on heduled HD treatment on 7/23/202 er arrived. Resident 1 stated he he needed the treatment. record review on 7/29/2022 at to pick up Resident 1 for his ere was no available ambulance on company on 7/22/2022 to is Saturday trips were scheduled a te SSD stated Resident 1's 2 at 2:51 p.m., indicated a request wheelchair. ted missing a HD treatment could d lead to death. DON stated the isportation issue so he could make record review on 8/17/2022 at 2:44 should not have been missed. Resident 1 missed HD treatment. ing, or even death. LVN 1 stated LVN 1 stated Resident 1 was tess of breath, physician made ent 1's assigned nurse should have 0 treatment. LVN 2 stated Resider ing condition that occurs when the and cardiac tamponade (happens e on the heart and prevents it from 3 stated Resident 1's HD 3 stated she did not notify Resider ppointment to the following Monda ified Resident 1's physician ve HD treatment on that day o fluid overload and shortness of

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 SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	PCODE
Lynwood Post Acute Care Center	-^	3611 East Imperial Highway	
_,		Lynwood, CA 90262	
For information on the nursing home's	plan to correct this deficiency, please cont	act 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)		on)
F 0698 Level of Harm - Actual harm Residents Affected - Few	Resident 1 was scheduled for routin Saturdays. TP 1 stated because Re the request, but the transport comp received a call on 7/23/2022 from th the facility was made aware they we accommodations. TP 1 stated the n During a telephone interview with H HDRN 1 stated Resident 1 had sch	ransport Personnel (TP) 1 on 8/30/202 ne transport services via a gurney on T esident 1 was a new admit it would take any could provide a courtesy trip. TP 1 ne facility that Resident 1 needed trans build try their best get provide transport nurse told them the HD treatment was lemodialysis Registered Nurse (HDRN eduled HD treatment on Saturday, 7/2	uesdays, Thursdays, and e 5-10 business days to process I stated the transport company sport services via a wheelchair and t services with wheelchair rescheduled to Monday, 7/25/2022.
	treatment. HDRN 1 stated Resident Saturdays.	V 1 stated Resident 1 had no appointm t 1's routine HD treatment appointment vsician's Order, dated 7/21/2022, the o ckup time at 4:30 a.m.	t was Tuesdays, Thursdays and
	renal disease, dated 7/22/2022, the resident to have no signs and symp monitor/document/report to the phy may be due to a reduction in blood-	e plan titled, The resident needs hemo care plan indicated Resident 1 require toms of complication from dialysis. Th sician as needed for renal insufficiency flow to the kidneys) including changes r skin inside of the mouth, including the	ed dialysis and the goal was for the e staff interventions included to y (poor function of the kidneys that i in level of consciousness, changes
	During a review of Resident 1's Cha indicated Resident 1 had SOB and	ange of Condition evaluation note, date was transferred to GACH via 911.	ed 7/25/2022 at 3:30 p.m., the note
	notes indicated Resident 1 missed having difficulty sleeping due to SO (produce images of your heart, lung findings indicated Resident 1 had c (fluid) overload needing urgent dials	CH Emergency Department (ED) note his HD treatment. The notes indicated B, coughing, mild facial swelling and a s, blood vessels, airways, and the bor entral pulmonary edema (swelling in th ysis markedly hyperkalemic (elevated p measures the electrical activity of the h GACH.	Resident 1 stated he has been bdominal pain. Chest x-ray nes of your chest and spine) ne lungs). Resident 1 had volume potassium level in the blood) with
	indicated the nurse will notify the re significant change of condition in th	ated policy and procedure (P/P) titled, sident's attending physician or physici e resident's health status that will not r ting standard disease-related clinical i hospital/treatment center.	an on call when there has been a normally resolve itself without
		ated P/P titled, End-Stage Renal Disea be cared according to currently recogn ally:	

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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lynwood Post Acute Care Center		3611 East Imperial Highway Lynwood, CA 90262	
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)	
F 0698	1. The nature and clinical managen	nent of ESRD, (including infection prev	ention and nutritional needs).
Level of Harm - Actual harm	2. The type of assessment date tha basis.	t is to be gathered about the resident's	condition on a daily or per shift
Residents Affected - Few	3. Signs and symptoms of worsenir	ng condition and/or complication of ESF	RD.
	4. How to recognize and intervene	in medical emergencies such as hemor	rrhage and septic infections.

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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 09/08/2022
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Lynwood Post Acute Care Center		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)		on)
F 0745	Provide medically-related social se	rvices to help each resident achieve th	e highest possible quality of life.
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 42959
Residents Affected - Few	Based on interview and record review, the facility failed to follow up on the scheduled transportation of (11) residents (Resident 1) receiving hemodialysis (HD, removing of waste, salt, and extra water prevent build up in the body for residents who have loss of kidney function) treatment (Resident 1) Reference F698.		
	shortness of breath (SOB) requiring services) and being admitted to the	tesident 1 missing HD treatment (on 7/ g a transfer to general acute care hosp GACH for further evaluation and treat o the function of nerve and muscle cell 22.	ital (GACH) via 911 (emergency ment for hyperkalemia (higher than
	Findings:		
	was admitted to the facility on [DAT when kidneys are no longer able to blood pressure), presence of an au delivers a strong electrical shock to	Sign Record (Face Sheet), the Admiss [E]. Resident 1's diagnoses included en work as they should to meet the need tomatic cardiac defibrillator (device that prestore the heartbeat to normal in the h irregular and often very rapid heart rh nities (legs).	nd stage renal disease (ESRD, s of the body), hypotension (low tt monitors your heart rate and event of tachycardia [irregularly
	care-screening tool), dated 7/25/20 was intact. The MDS indicated Res	nimum Data Set (MDS, a comprehension 22, the MDS indicated Resident 1's co- ident 1 required limited assistance with the MDS, Resident 1 used a motorize	gnition (ability to think and reason) n bed mobility, transfer, dressing,
	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.		
	renal disease, dated 7/22/2022, the resident to have no signs and symp monitor/document/report to the phy	e plan titled, The resident needs hemo e care plan indicated Resident 1 require otoms of complication from dialysis. Th rsician as needed for renal insufficiency gor, oral mucosa (lining or skin inside of and lung sounds.	ed dialysis and the goal was for the e staff interventions included to y including changes in level of
	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.		
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	056415	B. Wing	09/08/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Lynwood Post Acute Care Center		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 a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 missed his Saturday HD treatment sent out to the GACH on the follow breath (SOB). The DON stated he resident missed his HD treatment. not complete a change of condition the physician. The DON stated the receive an order either for laborator documentation recorded in Resider During a telephone interview with F 7/25/2022 and was picked up by 91 and the resident was informed by the told the nurse that he should not ha During a concurrent interview with f 2:20 p.m., the SSD stated the trans HD treatment never arrived on 7/23 company. SSD stated she called a Resident 1. The SSD stated Reside 4:45 a.m. with a return trip at 10:00 was faxed to the vendor on 7/22/20 Advance Life Support ([ALS] ambul level of medical monitoring) and/or During a telephone interview with the DON or result in fluid overload (having too result in fluid overload (having too result in fluid overload (having too rated the transportation arranger) During a telephone interview with L treatment on 7/23/2022 was missed 1's physician because the HD treatment on 7/23/2022 in which she tt physician immediately to get a transiday (7/23/2022). LVN 3 stated Resides the shortness of breath. 	n 8/17/2022 at 2:30 p.m., the DON star nuch water in the body), SOB and coul ified him timely regarding Resident 1's nents. VN 3 on 8/26/2022 at 12:45 p.m., LVN d due to transportation issues. LVN 3 s ment facility rescheduled Resident 1's after order to a GACH so the resident co dent 1's missed HD appointment could resident 1's physician (MD 1) on 8/30/2 esident 1 had shortness of breath and t	es. The DON stated Resident 1 was ely 3 p.m. due to shortness of ed nurse on 7/23/2022 that the assigned to Resident 1's care did ID treatment on 7/23/2022 or notify physician for the missed HD to GACH. DON stated there was no nent on 7/23/2022. Resident 1 stated he had SOB on neduled HD treatment on 7/23/2022 er arrived. Resident 1 stated he he needed it. I record review on 7/29/2022 at sident 1 for his scheduled Saturday ambulance per the transportation to schedule a pick-up to dialysis for as wheelchair services pick up at quest Transportation form, which r dialysis transportation row about of patients who require a higher ted missing a HD treatment could ld lead to death. The DON stated transportation issue so he could 3 stated Resident 1's HD tated she did not notify Resident appointment to the following buld have notified Resident 1's buld receive HD treatment on that d lead to fluid overload and

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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 09/08/2022
NAME OF PROVIDER OR SUPPLIER Lynwood Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZI 3611 East Imperial Highway	P CODE
		Lynwood, CA 90262	
		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1 routine transport service new admit, it would take 5-10 busin stated they received a call on 7/23/ (wheelchair) and the facility was ma	Transport Personnel (TP) 1 on 8/30/202 e (gurney) on Monday, Tuesday and Sa ness day to process, however they coul 2022 from the facility that Resident 1 n ade aware that they would try their bes by have an available transport service (w icheduled to Monday, 7/25/2022.	aturday and since Resident 1 was ld provide a courtesy trip. TP 1 eeded a transport service t get a transport service
	the P/P indicated the facility shall h	ated policy and procedures (P/P) titled elp arrange transportation for residents tt as needed to obtain transportation.	