Printed: 11/24/2024 Form Approved OMB No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555438 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/08/2023 | | |
|--|--|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER Kei-Ai Los Angeles Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2221 Lincoln Park Ave Los Angeles, CA 90031 | | | |
| 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 0600 Level of Harm - Actual harm Residents Affected - Few | | | | | |

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: 555438

If continuation sheet Page 1 of 4

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|---|--|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIE | NAME OF PROMPER OR SUSSILES | | CTREET ADDRESS CITY STATE 712 CORE | | |
| | | STREET ADDRESS, CITY, STATE, ZIP CODE 2221 Lincoln Park Ave | | | |
| Kei-Ai Los Angeles Healthcare Center | | Los Angeles, CA 90031 | | | |
| For information on the nursing home's | For information on the nursing home's plan to correct this deficiency, please cont | | agency. | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | | | |
| F 0600 | During an observation on 1/13/202 | 3 at 9:15 a m. Resident 3's right inner | hicen (arm) had a bruise. During a | | |
| | During an observation on 1/13/2023 at 9:15 a.m., Resident 3's right inner bicep (arm) had a bruise. During a concurrent interview, Resident 3 stated on 1/5/2023 at around 5 a.m., while he was sleeping, his roommate, | | | | |
| Level of Harm - Actual harm | | Resident 1 stole his snacks, peanuts and fruits. Resident 3 stated when he woke up, he saw his food on Resident 1's bed. Resident 3 stated he went to get his food and Resident 1 became angry and hit him on the | | | |
| Residents Affected - Few | arms, shoulder, back and his head with the cane. Resident 3 stated after Resident 1 hit him he was in so much pain, and staff gave him Tylenol which helped ease the pain. Resident 3 stated the bruise in the inner bicep was due to Resident 1 hitting him with the cane. Resident 3 stated he felt better and safe when Resident 1 was moved to another room right after the incident. During an interview on 1/13/2023 at 9:30 a.m., Resident 2 stated on 12/31/2022 during the morning, his bathrobe was missing from his closet. Resident 2 stated when he looked across the room, he saw Resident 1, his roommate, wearing his bathrobe. Resident 2 further stated Resident 1 came to his bedside, looked through his belongings and took his box of tissue paper without his permission. Resident 2 stated he informed Certified Nursing Assistant (CNA) 1 that Resident 1 was bothering him and wearing his bathrobe. Resident 2 stated he felt upset and anxious. A review of the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including depression and low back pain. A review of the History and Physical, dated 10/5/2022 indicated Resident 2 had the capacity to understand and make decisions. A review of the MDS dated [DATE] indicated Resident 2 was oriented to year, month, and day. During an interview on 1/13/2023 at 10:21 a.m., CNA 1 stated Resident 2 did inform her that Resident 1 took his bathrobe. CNA 1 stated she asked Resident 1 for the bathrobe and gave it back to Resident 2. CNA 1 further stated Resident 1 would go from one bed to the other when his roommates were not in the room. CNA 1 stated she saw items like a comb in Resident 1's closet that did not belong to him. CNA 1 stated she re-directed Resident 1, informed Registered Nurse Supervisor (RNS) 2 and the licensed vocational nurse (LVN 1). During an interview on 1/13/2023 at 11:09 a.m., RNS 1 stated Resident 3 was assessed every shift after the altercation. RNS 1 stated this morning during breakfast, CNA 1 reported that Resident 3 had a bru | | | | |
| | | | | | |
| | | | | | |
| | During an interview on 1/13/2023 at 11:59 a.m., LVN 1 stated she was not aware that Resident 1 was taking belongings from his roommates. LVN 1 stated if she had known she would notify the physician and redirect Resident 1. | | | | |
| | | an interview, RNS 2 stated she was no mates and if she had known they would t's behavior. | | | |
| | | it 2:42 p.m., LVN 2 stated CNA 1 inforn N 2 stated Resident 3's bruise measure | | | |
| | (continued on next page) | | | | |
| | | | | | |

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| | | | NO. 0930-0391 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555438 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/08/2023 |
| NAME OF PROVIDER OR SUPPLIER Kei-Ai Los Angeles Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2221 Lincoln Park Ave Los Angeles, CA 90031 | |
| 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 0600 Level of Harm - Actual harm Residents Affected - Few | During an interview on 1/13/2023, a Resident 1 took Resident 2's bathry DON stated if she had known, Res DON stated if Resident 1 was getti happen. A review of the facility policy titled, be free from abuse, neglect, misap have the right to retain and use per The policy indicated the residents of A review of the facility policy titled, | full regulatory or LSC identifying informated at 2:57 p.m., the director of nursing (Diobe or that Resident 1 took personal pident 1 would need to be redirected anny personal belongings from other rook. Resident Rights, revised on 8/2022, in propriation of property and exploitation resonal possessions to the maximum exwill be supported by the facility in exercicle. Abuse Prevention Program, dated 12/2 any form of resident abuse, neglect, may form of resident abuse. | ON) stated she was not aware roperty from his roommates. The id monitor his whereabouts. The immates, an altercation could adicated residents have the right to in. The policy indicated residents stent that space and safety permit. It is in the policy indicated the policy was to |
| | | | |