

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)
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based observation, interview, and record review, the facility failed to protect the resident's right to be free from physical abuse and misappropriation of property (deliberate misplacement, exploitation, wrongful, temporary, or permanent use of a resident's belongings without the resident's consent) by Resident 1 for two of three sampled residents (Resident 2 and Resident 3). Resident 1 hit Resident 3 with a cane, and Resident 1 took Resident 2 and Resident 3's personal property for his own use and without permission.</p> <p>As a result, on 1/5/2023, Resident 1 was transferred to the general acute hospital (GACH 1) for a psychiatric evaluation (medical doctor that specializes in the diagnosis and treatment of mental illness). Resident 3 developed a bruise in the inner bicep (large muscle of the arm) measuring eight centimeters (cm) by four cm. Resident 3 stated he felt scared and had severe pain in both arms and shoulder requiring Tylenol (pain medication). Resident 2 stated he felt anxious and upset when he saw Resident 1 with his personal property.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including toxic encephalopathy (brain disorder caused by exposure to toxic substances) and muscle weakness.</p> <p>A review of the History and Physical dated 11/1/2022 indicated Resident 1 could make needs known but could not make medical decisions.</p> <p>A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 11/5/2022 indicated Resident 1 was oriented to year, month, and day. Resident 1 needed set up help (performs activity once the materials are provided) with eating and one-person physical assistance with bed mobility, transfer, dressing, toilet use, personal, hygiene, and bathing. The MDS indicated Resident 1 had no behavioral symptoms (hitting, scratching, or threatening).</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: 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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Care Plan initiated on 12/2/2022 indicated Resident 1 spoke another language other than English. The Care Plan indicated the language barrier may appear to limit effective communication that may result in decline of psychosocial (the interrelation of social factors and individual thought and behavior) well-being under the new environment. The Care Plan goal indicated Resident 1 would maintain stable mood and behavior. The interventions included to observe Resident 1 for any changes in mood, behavior, and psychosocial well-being.</p> <p>According to a review of the Nurses Notes dated 1/5/2023, at 5:25 a.m., Resident 1 and Resident 3 had an altercation (a noisy argument or disagreement). The Nurses Notes indicated Resident 1 used his cane and hit Resident 3. The Notes indicated during an assessment Resident 1 had no injury, was anxious and continuously talking. Resident 1 calmed down and gave up his cane without resistance. Resident 1 refused to talk about the incident and was moved to another unit.</p> <p>A review of the Nurses Notes dated 1/5/2023 at 7:55 a.m., indicated Resident 3 verbalized he was hit on his back and both hands many times, by Resident 1 while Resident 3 was trying to get the food that Resident 1 took from him. The Nurses Notes indicated Resident 3 did not have open wound, skin tears or discolorations. Resident 3 complained of pain on his arms rated at five out of 10 (using the pain scale, one to three for mild pain, four to six, moderate pain and seven to 10 severe pain) and was given Tylenol (pain medication). Resident 1's primary physician and Nurse Practitioner (NP) was notified.</p> <p>A review of the Interdisciplinary Team Meeting (IDT, team of health professionals from different disciplines who work together to address resident's needs) notes dated 1/5/2023 at 11:34 a.m., indicated Resident 1 took Resident 3's food. Resident 1 used his cane and hit Resident 3 when Resident 3 tried to take his food back. Resident 1 was alert and oriented. The IDT Notes indicated the police department and Resident 1's primary physician was notified. The primary physician gave an order to transfer Resident 1 to the general acute hospital (GACH 1) for psychiatric (medical doctor that specializes in the diagnosis and treatment of mental illness) evaluation.</p> <p>A review of the IDT notes dated 1/5/2023 at 12:20 p.m., indicated Resident 3's physician gave an order to continue to monitor Resident 3 for side effects to the arms and back for 72 hours and to notify the physician if there were any changes.</p> <p>According to a review of the Admission Record, Resident 3 was admitted to the facility on [DATE] with diagnoses including hypertension (high blood pressure) and generalized muscle weakness. A review of the MDS dated [DATE] indicated Resident 3 was oriented to year and month. Resident 3 needed set up help with bed mobility, transfer, dressing, eating, toilet use and one-person physical assistance with personal hygiene and bathing.</p> <p>A review of the Physician Progress Notes dated 1/13/2023, indicated skin assessments after the altercation between Resident 1 and Resident 3 did not record any bruising or discoloration. The Progress Notes indicated Resident 3's bruise may have been deeper initially and surfaced over time. The Physician Progress Notes indicated, However, given the altercation and size of the bruise, will order x-ray to confirm no damage to bone.</p> <p>(continued on next page)</p>		

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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>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, 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 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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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 bruise in the right inner bicep.</p> <p>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.</p> <p>On 1/13/2023 at 12:46 p.m., during an interview, RNS 2 stated she was not aware that Resident 1 was going through the belongings of his roommates and if she had known they would do a room change, notify the physician and focus on the resident's behavior.</p> <p>During an interview on 1/13/2023 at 2:42 p.m., LVN 2 stated CNA 1 informed him about Resident 3's right inner bicep bruise this morning. LVN 2 stated Resident 3's bruise measured eight cm by four cm.</p> <p>(continued on next page)</p>		

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)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/13/2023, at 2:57 p.m., the director of nursing (DON) stated she was not aware Resident 1 took Resident 2's bathrobe or that Resident 1 took personal property from his roommates. The DON stated if she had known, Resident 1 would need to be redirected and monitor his whereabouts. The DON stated if Resident 1 was getting personal belongings from other roommates, an altercation could happen.</p> <p>A review of the facility policy titled, Resident Rights, revised on 8/2022, indicated residents have the right to be free from abuse, neglect, misappropriation of property and exploitation. The policy indicated residents have the right to retain and use personal possessions to the maximum extent that space and safety permit. The policy indicated the residents will be supported by the facility in exercising his or her rights.</p> <p>A review of the facility policy titled, Abuse Prevention Program, dated 12/1/2022, indicated the policy was to promote an environment free from any form of resident abuse, neglect, misappropriation of resident property, exploitation and/or mistreatment.</p>		