

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER LAKEWOOD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 12023 LAKEWOOD BLVD. DOWNEY, CA 90242	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain clean and in sanitary condition for three wheelchair, one bedside table in good repair and a functional wheelchair alarm device. This deficient practice violated resident rights to a safe, clean, comfortable and homelike environment. Findings: During an observation with Licensed Vocational Nurse 1 (LVN 1) on 11/5/19 at 10:35 a.m.: Rooms 202 A and 210 A wheelchairs had thick brown dust like material and multiple scattered white spots. room [ROOM NUMBER] A had a wheelchair with peeling vinyl cover on both arm rests. room [ROOM NUMBER] A had a wheelchair with a nonfunctioning alarm device. On a current interview, LVN 1 stated she did not know who cleaned or the schedule for cleaning the residents' wheelchairs. During an observation on 11/5/19 at 11:05 a.m. room [ROOM NUMBER] B' s' bedside table observed with a torn and hanging piece on the side. On a concurrent interview Certified Nursing Assistant 1 (CNA 1) stated he requested maintenance to repair room [ROOM NUMBER] B' s' side table four days ago. LVN 1 stated the bed side table needed replacement for safety. During an interview on 11/5/19 at 1:10 p.m. the Maintenance Supervisor (MS), stated no one reported room [ROOM NUMBER] B' s' bedside table needed repair. MS stated nobody reported that room [ROOM NUMBER] B bedside table was broken until today. During an observation with Housekeeping Supervisor (HKS) on 11/6/19 at 10:20 a.m. Rooms 201 B, 202 A, and 220 A wheelchairs had dark brown dust like materials. On a concurrent interview HKS stated wheelchairs are cleaned every Tuesday at seven o'clock in the evening and will follow up on the cleaning schedule. During an interview on 11/6/19 at 3:30 p.m. the Director of Nursing (DON) stated nursing staff needed to coordinate the wheelchair cleaning schedule. DON stated wheelchair cleaning is done later in the evening to accommodate the residents' needs. A review of the facility's policy and procedure titled Maintenance Service dated 01/2012 indicated, to protect the health and safety of residents, visitors, and facility staff. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. The director of maintenance is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintain in a safe and operable manner.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop plan of care for a right forearm wound for one of 54 sampled residents (Resident 6). This deficient practice had a potential for missed treatment and continuous wound monitoring for Resident 6. Findings: A review of Resident 6's Admission Record indicated the facility admitted Resident 6 on 12/17/18, and readmitted on [DATE] with [DIAGNOSES REDACTED]. failure to understand reality). A review of Resident 6's initial History and Physical dated 3/3/19 indicated Resident 6 had the capacity to understand and make decisions of daily living. A review of Resident 6's Minimum Data Set (MDS - standardized assessment and care planning tool), dated 3/25/19 indicated, the resident had no impairment with cognition (ability to understand and make decisions of daily living). The MDS indicated Resident 6 required extensive assistance (how resident involves in activity, staff provide weight bearing support) from staff includes with bed mobility, transfer, dressing, toilet use, and personal hygiene. A review of Resident 6's Situation, Background, Assessment, Request/Recommendation (SBAR- a tool used by health care professionals when they communicate with each other about critical changes in a patient's status) dated 5/28/19 indicated another resident bit Resident 6 and sustained an open wound on the right forearm. During an interview and Resident 6's care plan record review with Registered Nurse 3 (RN 3) on 11/7/19 at 2:22 p.m. RN 3 stated the resident's right forearm wound care plan did not have a specific goal and date to evaluate the effectiveness of treatment. A review of the facility's policy and procedure titled Comprehensive Person-Centered Care Planning dated 11/2018 indicated; an additional changes or updates to the resident's comprehensive care plan will be made based on the assessed needs of the resident. The comprehensive care plan will also be reviewed and revised at the following times; onset of new problems, change of condition, and to address changes in behavior and care.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to clarify tetanus (also known as lockjaw, is a serious infection that affects the brain and nervous system, leading to stiffness in the muscles) shot (a substance used to stimulate and provide immunity against one or several diseases) physician's orders [REDACTED]. This deficient practice had a potential for incorrect dose administration of tetanus injection medication and at risk for adverse reaction from the medication. Findings: A review of Resident 6's Admission Record indicated the facility admitted Resident 6 on 12/17/18, and readmitted on [DATE] with [DIAGNOSES REDACTED]. failure to understand reality). A review of Resident 6's Initial History and Physical dated 3/3/19 indicated Resident 6 had the capacity to understand and make decisions of daily living. A review of Resident 6's Minimum Data Set (MDS - standardized assessment and care planning tool), dated 3/25/19 indicated, the resident had no impairment with cognition (ability to understand and make decisions of daily living). The MDS indicated Resident 6 required extensive assistance (how resident involves in activity, staff provide weight bearing support) from staff includes with bed mobility, transfer, dressing, toilet use, and personal hygiene. A review of Resident 6's Physician and Telephone Orders dated 5/28/19 indicated an order for [REDACTED]. A review of Resident 6's Licensed Personnel Progress Notes date 5/29/19 indicated the Tetanus shot was administered. A review of Resident 6's Medication Administration Record [REDACTED]. During an interview and record review with Registered Nurse 3 (RN 3) on 11/7/19 at 2:22 p.m. RN 3 stated Resident 6's tetanus shot physician order [REDACTED]. RN 3 stated the physician's orders [REDACTED]. RN 3 stated any unclear order especially medication needs clarification before administration. During an interview and concurrent record review with the Director of Nurses (DON) on 11/7/19 at 3:10 p.m. the DON stated, Resident 6's the physician order [REDACTED]. Medication orders will include the following; name of the medication, dosage, frequency, and duration of order, and the route and the condition/[DIAGNOSES REDACTED].		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.