

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555816	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER LAWNDALE HEALTHCARE & WELLNESS CENTRE LLC		STREET ADDRESS, CITY, STATE, ZIP 15100 S PRAIRIE LAWNDALE, CA 90260	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility's nursing staff failed to ensure they locked two (2) treatment carts and/or was in visual sight of the carts. This deficient practice placed residents at risk for accidental ingestion of the contents of the cart and/or injury. Findings: On 2/28/202, at 5:20 p.m., during a tour of the facility, two treatment carts were observed in the hallway next to rooms [ROOM NUMBERS]. The treatment carts were unlocked and when opened contained medicated ointments and sharp objects such as scissors. On [DATE], at 5:23 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated she had just completed wound treatment and forgot to lock one of the treatment carts. LVN 1 stated she did not know who unlocked the second treatment cart. LVN 1 stated she would keep the carts locked in the future. On [DATE]5/2020, at 3:11 p.m., during a telephone interview, the Director of Nursing (DON) stated they did not have a policy regarding locked treatment carts but stated it was the practice of the facility to keep the treatment carts locked so residents would not get into the contents of the cart and injure themselves.		
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.