

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2017
FORM APPROVED
OMB NO. 0938-0391

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 C 05/12/2017
NAME OF PROVIDER OR SUPPLIER LAKEWOOD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12023 LAKEWOOD BLVD. DOWNEY, CA 90242		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint during an Abbreviated survey.</p> <p>Complaint Intake number: CA00524598 - Substantiated with a regulatory violation(s).</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 36289</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Onr deficiency was issued for complaint number CA00524598.</p>	F 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it's required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 483."</p> <p>This Plan of Correction constitutes Lakewood's Healthcare credible allegation of compliance for the alleged deficient practices.</p>		
F 252 SS=D	<p>483.10(e)(2)(I)(1)(II) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>§483.10(I) Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide-</p>	F 252	<p>F: 252 Safe/Clean/Comfortable/Homelike Environment</p> <p>Corrective actions for deficient practice:</p> <ul style="list-style-type: none"> Resident 1 has been discharged from facility 12/12/2016 Social Service attempted to make telephone calls multiple times to discuss resident claim but no response. 	12/12/2016	

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.

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F 252	<p>Continued From page 1</p> <p>(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to exercise reasonable care for the protection of one of one sampled resident's (Resident 1) personal property from loss. The resident was discharged from the facility with personal items listed on her inventory, still missing.</p> <p>Findings:</p> <p>On 3/14/17 at 2:00 p.m. a visit to the facility was conducted to investigate a complaint regarding Resident 1's missing items from the facility.</p> <p>A review of Resident 1's Admission Record indicated the resident was admitted to the facility on 5/4/16, with diagnosis that included depressive disorder (severe or persistent sadness and a lack of desire to engage in formerly pleasurable activities), and schizophrenia (a mental disorder affecting a person's ability to think, feel, and behave clearly).</p> <p>A review of Resident 1's Minimum Data Set (MDS / a resident assessment and care screening tool)</p>	F 252	<p>Identification of other residents with the potential of being affected by same practice and implemented corrective measures:</p> <ul style="list-style-type: none"> No other residents have been affected on the same deficient practice. Social Service randomly communicate/interviews residents on the care plan meeting to ensure that their personal items are protected and returned by laundry staff after being care off (washed). No concerns of response from residents and or responsible party. Licensed nurses and care givers shall continue to perform resident inventory of personal items on resident new admission and returning residents utilizing Resident's Clothing & Possessions Form which was acknowledge by resident and signed off by licensed nurse and care givers following resident inventory procedures. 	6/10/17	

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F 252	<p>Continued From page 2</p> <p>dated 5/11/16; indicated the resident was alert and oriented but required limited physical assistance from one staff member in transfers, toilet use and personal hygiene.</p> <p>A review of Resident 1's "Resident Clothing and Possessions," record indicated the resident had one radio, a sweater, trousers (with no quantity documented), and two pearl necklaces inventoried on 5/4/16, and one umbrella inventoried on 5/6/16. A hand written inventory list (undated) indicated the resident had one flash drive and one pair of women's jeans.</p> <p>On 6/3/16, a "Theft/Loss Report" indicated the resident was missing a pair of jeans when sent to the laundry. On 6/9/16, another "Theft/Loss Report" indicated the resident was missing a black umbrella, jeans and a sweatshirt. The report indicated staff searched for the missing items but was unable to locate them and that the resident was requesting for reimbursement for the lost items.</p> <p>Another "Theft/Loss Report" dated 7/13/16, indicated the resident called after discharge from the facility informing the staff that the resident was missing two triple strands of pearl necklaces. The report indicated social services searched the facility but could not locate the missing item. The report also indicated as a resolution, staff would only provide reimbursement for missing items reflected on the inventory list with proof of receipt.</p> <p>A review of the facility's undated policy and procedure titled, "Resident's Property," indicated that a long-term care facility, which failed to make reasonable efforts to safeguard resident property should reimburse a resident or replace stolen or</p>	F 252	<p>Measures in place to ensure practice does not recur:</p> <ul style="list-style-type: none"> Medical Record Designee shall continue to perform resident record audit on new admission and returning resident to the facility to make sure that nursing staff performs resident personal inventory, acknowledge by resident and or responsible party and signed off by admitting nurse and care givers. Audit findings will be submitted to responsible staff for timely completion. DON and or DSD will oversee completion and staff accountability. Activity Director shall continue to discuss resident personal items, theft and loss concern during monthly Resident Council Meeting. Responses from the general resident meeting minutes will be given to Social Service, Laundry Supervisor and or DSD for immediate follow up, interviews and staff 	6/10/17	

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F 252	<p>Continued From page 3</p> <p>lost resident property at its current value.</p> <p>On 3/14/17 at 4:21 p.m., in an interview, the Social Worker (SW 1) stated she was aware Resident 1's jeans were missing, could not be located and was unsure if the resident was reimbursed for it. SW 1 also stated if a resident reported missing items, staff conducts and investigation to locate them. She further stated that if the facility was unable to find the missing item that was inventoried, the facility provides a refund or replacement (purchased item or monetary) to compensate for the missing items with the agreement of the resident.</p> <p>On 3/16/17 at 4:30 p.m., during a telephone interview, Resident 1 stated prior to discharge from the facility, she informed the nurse supervisor and a CNA that she still had items missing. The resident also stated after her discharge, she spoke to the facility one time over the phone and the facility refused to reimburse her for the umbrella, flash drive, and two "real" pearl necklaces. She further stated staff at the facility knew about her missing items but she never had her belongings replaced.</p>	F 252	<p>education for plan of action and resolution.</p> <ul style="list-style-type: none"> DSD will continue to provide staff in-services on the importance of completing timely the Resident Personal Inventory to prevent theft and loss grievances. <p>Monitoring system to make sure solutions is sustained.</p> <p>Under the supervision of the Administrator and or Designee, the Social Service Designee and Laundry Supervisor shall perform follow up for theft & loss concerns from residents. Findings and resolution will be submitted to the QA Committee meeting on a monthly basis for 90 days then quarterly for evaluation and further recommendation for corrective of action as necessary until determines that compliance has been achieved.</p> <p>Completion Date- 6/10/2017</p>	6/10/17	