

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Kennedy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 619 N. Fairfax Ave Los Angeles, CA 90036	
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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview, and record review, the facility failed to ensure one of four sampled residents, Resident 1 ' s court delegated general power of attorney (POA - authorizes someone else to handle certain matters, such as finances or health care, on someone ' s behalf. If a power of attorney is durable, it remains in effect if the person become incapacitated for any reason, including illness and accidents) was informed of Resident 1 ' s health care decision.</p> <p>This deficient practice violated Resident 1 ' s legal POA to be notified and placed the resident at risk for making informed decisions he was not able to recognize based on the medical condition.</p> <p>Findings:</p> <p>A review of the Face sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including unspecified dementia (a progressive state of decline in mental abilities), chronic kidney disease (CKD-a longstanding disease of the kidneys leading to renal failure) and atherosclerotic heart disease (build-up of fats, cholesterol, and other substance in and on the arterial walls). The same Face sheet indicated, Resident 1 ' s emergency contact was Responsible Party 2 (RP 2).</p> <p>A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/23/2021, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact.</p> <p>A review of Resident 1 ' s General Power of Attorney, dated 4/4/2018 indicated, Resident 1 designate Responsible Party (RP 1) attorney-in-fact to act as set forth below, in my name, in my stead and for my benefit, hereby revoking any and all powers of attorney I may have executed in the past: Power to make payments or collect monies owed .health care (to take any and all steps necessary to arrange for my admission to any type of health care facility, including, without limitation, a hospital, rehabilitation facility, skilled nursing facility, or hospice .</p> <p>A review of Resident 1 ' s Progress Notes dated 12/18/2021 indicated, Resident ' s RP 1 provided facility with POA paperwork . Resident (1) ' s face sheet will be updated.</p> <p>A review of Resident 1 ' s Progress Notes dated 1/19/2022 indicated, Resident (1) was discharged today with RP 2, signed Against Medical Advice (AMA) . Discharge papers and medication explained to RP 2.</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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/15/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Kennedy Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 619 N. Fairfax Ave Los Angeles, CA 90036	
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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview with Social Services Director (SSD) on 1/16/2025 at 11:12 a.m., SSD stated, Resident 1 ' s POA in the beginning of the admission in 2018 was RP 2. When asked if they have a documentation that prove Resident 1 ' s POA was RP 2, SSD was unable to provide documents. SSD stated, RP 1 was Resident 1 ' s care giver and they have RP 2 as Resident 1 ' s emergency contact. SSD reviewed medical record of Resident 1 and verified, RP 2 was Resident 1 ' s POA, dated 4/4/2018, for health care and financial decision. SSD stated, they did not get a copy of Resident 1 ' s POA document until 2021. SSD stated, they should have obtained Resident 1 ' s POA timely when it was acquired in 2018 and they should have updated Resident 1 ' s face sheet.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Advance Directives, reviewed 4/17/2024, the P&P indicated, Advance directives are honored in accordance with state law and facility policy . Prior to or upon admission of a resident, the social services director or designee inquiries of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives . If the resident or the resident ' s representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents ' medical record and are readily retrievable by any facility staff.</p>		