

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

Printed: 06/22/2025
Form Approved OMB
No. 0938-0391

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 10/16/2024
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)		
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on interview and record review, the facility failed to inform the family or resident representative of an alleged abuse allegation for one of three sampled residents (Resident 1). The facility also failed to document in the resident medical record, events, incidents or accidents involving the resident, per the facility policy. This deficient practice caused an increased risk in abuse or potential abuse for Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was admitted to the facility on [DATE], with diagnoses including encephalopathy (a change in your body or your brain affects how well you think), dementia (a progressive state of decline in mental abilities), and epilepsy (a disorder in which nerve cell activity in the brain is disturbed).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/10/24, indicated the resident needed some help with self-care, assistance with indoor mobility (walking), and required some help with functional cognition.</p> <p>A review of the facility document received to the Department dated 10/7/2024, indicated Staff 1 (housekeeper) observed Certified Nursing Assistant (CNA) 3 slap the arm and wrist of Resident 1.</p> <p>During an observation on 10/16/24 at 10:52 a.m. in the hallway, Resident 1 was sitting in a wheelchair accompanied by two CNAs. Resident 1 had eyes closed, resting calmly in chair and was well groomed. CNA 2 was standing behind Resident 1 and attended to Resident 1 while the nurse was passing medications. During a concurrent interview, CNA 2 stated she did not hear or witness abuse against any residents. CNA 2 stated Resident 1 did scream and try to hit staff. CNA 2 stated no knowledge of abuse against Resident 1. CNA 2 stated the process to report abuse was to notify the supervisor right away, remove the staff or resident from the situation.</p> <p>During an interview on 10/16/24 at 12:25 p.m., the Assistant Director of Nursing (ADON) stated if there was staff to resident abuse, the process was to remove the staff member, notify the supervisor, do an assessment, notify the Administrator (ADM), and start the investigation. The ADON stated if they find something they would report to the family / resident representative and the physician. The ADON stated if signs of abuse presented, then a change of condition should be documented in the care plan and progress notes. The ADON stated she was not aware of any abuse in the last month, and if the ADM was not available, the ADON would be notified of any allegations of abuse.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID: 555438
Facility ID: 555438		If continuation sheet Page 1 of 5

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/16/24 at 12:40 p.m. with the nursing supervisor (NS) and Licensed Vocational Nurse (LVN) 1, the NS stated the housekeeper (Staff 1) witnessed CNA 3 slapping the hand of Resident 1 around 11 a.m. The NS and LVN 1 assessed Resident 1 and did not note any injury. The NS stated CNA 3 denied the incident and was suspended with instructions to go home, pending further investigation. The NS stated this incident was reported to the ADM on the day of occurrence (10/5/24). During a concurrent interview, LVN 1 stated there was no nurses' note documented or a change of condition documented. LVN 1 stated Resident 1's Representative was not notified of the alleged abuse and the physician was not notified.</p> <p>During an interview on 10/16/24 at 1:42 p.m., Resident 1's Representative (RR, family) stated the facility called her with concerns or issues regarding Resident 1's care and she recently talked with the discharge planner and dietitian regarding immunizations, but no one informed her of the alleged abuse.</p> <p>During interview on 10/16/24 at 1:52 p.m., CNA 3 stated and confirmed she was sent home and remained off work for three days due to an allegation of abuse with Resident 1. CNA 3 stated she received abuse training and reporting upon hire.</p> <p>During an interview on 10/16/24 at 2:10 p.m., Director of Staff Development (DSD) 1 stated there was a complaint of alleged abuse that the supervisor investigated. The supervisor suspended CNA 3 pending investigation. During a concurrent interview, DSD 2 stated she met with CNA 3 and the ADM regarding one-on-one in-service training regarding abuse and resident rights. DSD 1 stated it was facility policy to conduct an assessment of the resident, complete a change of condition in the chart and inform the physician. DSD 1 stated the facility was to inform the family, notify ombudsman, California Department of Public Health (CDPH) and local authorities. The DSD reviewed Resident 1's electronic chart and stated there was no change of condition indicated in electronic charting and there would be a delay of treatment or care to Resident 1.</p> <p>During interview on 10/16/24 at 2:49 p.m., the ADM stated CNA 3 was placed on administrative suspension for three days and there was no report to CDPH or local authorities due to unsurety of the incident. The ADM stated he was unsure if Resident 1's family / representative was contacted. The ADON stated it was the policy to indicate a change of condition in the progress note, informing the physician and family / representative, and monitoring of the resident in the electronic chart.</p> <p>During an interview on 10/16/24 at 3:09 p.m., Staff 1 stated while entering Resident 1's room she witnessed CNA 3 sitting next to Resident 1's bed. Staff 1 stated Resident 1 reached with the right arm over to the left siderail, when she heard one slap then heard two slaps. Staff 1 stated she witnessed Resident 1 trying to get out of bed when CNA 3 pushed Resident 1's legs back in bed. Staff 1 stated she continued to clean the room, then proceeded across the hall and did not witness or hear any more slapping while cleaning the bathroom. Staff 1 stated she reported incident to the NS.</p> <p>A review of Resident 1's electronic chart indicated there were no progress notes indicating a change in condition, no notification to the physician or family representative, no psychological consult, no updated care plan or further monitoring indicated regarding the incident.</p> <p>(continued on next page)</p>		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A review of the facility's policy and procedure titled, Charting and Documentation, dated 11/2023, indicated, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The policy indicated, The following information is to be documented in the resident medical record: Events, incidents or accidents involving the resident; and f. Progress toward or changes in the care plan goals and objectives.</p> <p>A review of the facility's policy and procedure titled, Abuse Reporting and Investigation, dated 11/1/2023, indicated, To promptly report ALL allegations of abuse as required by law and regulations to the appropriate agencies within the required time frames. To thoroughly investigate reports of ALL allegations of abuse, mistreatment, neglect, exploitation, misappropriation of resident property, or injuries of an unknown source when appropriate.</p> <p>The Abuse Prevention Coordinator (APC) shall inform the resident and his/her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. The APC shall keep the resident and his/her representative informed of the progress of the investigation. All allegations of abuse, including but not limited to, neglect, exploitation, or mistreatment, injury of an unknown origin will be reported by the facility Administrator, or his/her designee, to the State licensing/certification agency responsible for surveying/licensing the facility, local law enforcement and the resident's Attending Physician.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1), alleged abuse allegation was reported to local authorities and State Agency in a timely manner. This failure resulted in the breach of the facility's abuse policy.</p> <p>Findings:</p> <p>A review of the facility document received to the Department dated 10/7/24, indicated Staff 1 observed Certified Nursing Assistant (CNA) 3 slapped the arm and wrist of Resident 1.</p> <p>A review of Resident 1's admission record, dated 10/16/24, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including encephalopathy (a change in your body or your brain affects how well you think), dementia (a progressive state of decline in mental abilities), and epilepsy (a disorder in which nerve cell activity in the brain is disturbed).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/10/24, indicated the resident required help with self-care, assistance with indoor mobility (walking), and resident needs some help with functional cognition.</p> <p>During a concurrent interview on 10/16/24 at 12:40 p.m. with the Nursing Supervisor (NS) and Licensed Vocational Nurse (LVN) 1, the NS stated the housekeeper (Staff 1) witnessed CNA 3 slapping the hand of Resident 1 around 11 a.m. The NS and LVN 1 assessed Resident 1 and did not note any injury. The NS stated CNA 3 denied slapping Resident 1 on the hand and the NS suspended CNA 3 with instructions to go home, pending further investigation. The NS stated this incident was reported to the ADM on the day of occurrence (10/5/24). During a concurrent interview, LVN 1 stated there was no nurses' note documented or a change of condition documented in Resident 1's medical record. LVN 1 stated Resident 1's Representative was not notified of the alleged abuse nor was the physician notified.</p> <p>During concurrent interview and record review on 10/16/24 at 2:10 p.m. the Director of Staff Development (DSD) 1 and Director of Staff Development (DSD) 2 stated the supervisor suspended CNA 3 pending investigation of the alleged slapping to Resident 1. DSD 1 stated the proper steps to report abuse was to initiate the investigation, remove the alleged suspect and based on alleged allegation suspension pending an investigation. DSD 1 stated further steps include assessment of resident, change of condition indicated in chart with informing physician and carrying out physician's order. DSD 1 stated the facility was to inform the family, interview witnesses, residents and within 24 hours to notify ombudsman, California Department of Public Health (CDPH) and local authorities. The DSD reviewed Resident 1's electronic chart noted and no change of condition was found in the electronic charting. The DSD stated that if there no follow through with change of condition, then there would be a delay of treatment or care. DSD 1 stated it was part of the policy to follow the steps.</p> <p>(continued on next page)</p>		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During concurrent interview on 10/16/24 at 2:49 with the Administrator (ADM) and the Assistant Director of Nursing (ADON), the ADM stated an interaction occurred between CNA 3 and Resident 1 that was possibly a confrontation according to Staff 1. The ADM stated separation between Resident 1 and CNA 3 occurred and staff assessed Resident 1. The ADM stated he did not report to CDPH or local authorities and was unsure if family / representative was contacted. The ADON stated it was the policy to indicate a change of condition in the progress note, informing the physician and family / representative, and monitoring of the resident in the electronic chart.</p> <p>A review of the facility's policy and procedure titled, Abuse Reporting and Investigation, dated 11/2023, indicated, to promptly report all allegations of abuse as required by law and regulations to the appropriate agencies within the required time frames. To thoroughly investigate reports of all allegations of abuse, mistreatment, neglect, exploitation, or injuries of an unknown source when appropriate. The Abuse Prevention Coordinator (APC) shall inform the resident and his/her representative of the status of the investigation and measures taken to protect the safety and privacy of the resident. All allegations of abuse, including but not limited to, neglect, exploitation, or mistreatment, injury of an unknown origin will be reported by the facility Administrator, or his/her designee, to the following persons or agencies. The State licensing / certification agency responsible for surveying/licensing the facility, and. Local law enforcement.</p> <p>A review of a facility's policy and procedure titled, Prohibitions of Abuse Prevention, dated 11/2023, indicated the mandated reporter must notify the LTC Ombudsman, local State licensing office, and law enforcement immediately by phone, or as soon as practically possible but within 24 hours, and fax a copy of the written SOC341 to the Ombudsman, State licensing agency, and law enforcement.</p>		