

# KEI-AI SOUTH BAY HEALTHCARE CENTER

Report ID: CCN 555306

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## § 1 Facility Identity

|                |                                         |
|----------------|-----------------------------------------|
| Facility       | KEI-AI SOUTH BAY HEALTHCARE CENTER      |
| CCN            | 555306                                  |
| Location       | 15115 S VERMONT AVE, GARDENA, CA, 90247 |
| Ownership type | For profit - Limited Liability company  |
| Certified beds | 98                                      |

## § 2 CMS Federal Record

|                                            |                                   |
|--------------------------------------------|-----------------------------------|
| Civil money penalties on file              | \$17,088                          |
| Deficiency citations — current cycle       | 18 ( 14% vs prior 24 months (21)) |
| Deficiency citations — prior 24 months     | 21                                |
| Immediate Jeopardy — current cycle         | 0                                 |
| Actual-harm (G+) citations — current cycle | 0                                 |
| Special Focus Facility status              | Not listed                        |
| Abuse icon                                 | No                                |

## § 3 Federal Penalties in Context

|                                   |                                                       |
|-----------------------------------|-------------------------------------------------------|
| This facility — penalties on file | \$17,088                                              |
| CA state average                  | \$26,375 (this facility is 0.6× the CA average)       |
| National average                  | \$31,239 (this facility is 0.5× the national average) |

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

## § 4 Current-Cycle Deficiencies

The current survey cycle records the following 18 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

| F-TAG | FINDING (CMS)                                                                                                                                          | SCOPE/SEV. | SOURCE          |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| F812  | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. | E          | Standard survey |
| F657  | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.   | D          | Complaint       |
| F628  | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.                               | D          | Complaint       |
| F689  | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.                                  | D          | Complaint       |
| F641  | Ensure each resident receives an accurate assessment.                                                                                                  | D          | Complaint       |
| F550  | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.                             | D          | Standard survey |
| F552  | Ensure that residents are fully informed and understand their health status, care and treatments.                                                      | D          | Standard survey |
| F636  | Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.                                | D          | Standard survey |
| F656  | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.                      | D          | Standard survey |
| F657  | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.   | D          | Standard survey |
| F684  | Provide appropriate treatment and care according to orders, resident's preferences and goals.                                                          | D          | Standard survey |
| F686  | Provide appropriate pressure ulcer care and prevent new ulcers from developing.                                                                        | D          | Standard survey |

|      |                                                                                                                                                                                                                                                         |   |                 |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------|
| F690 | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.                                                                          | D | Standard survey |
| F694 | Provide for the safe, appropriate administration of IV fluids for a resident when needed.                                                                                                                                                               | D | Standard survey |
| F711 | Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.                                                                                                                    | D | Standard survey |
| F761 | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. | D | Standard survey |
| F814 | Dispose of garbage and refuse properly.                                                                                                                                                                                                                 | D | Standard survey |
| F880 | Provide and implement an infection prevention and control program.                                                                                                                                                                                      | D | Standard survey |

## § 5 Ownership & Chain Context

|                                       |                                                                                         |
|---------------------------------------|-----------------------------------------------------------------------------------------|
| Ownership record                      | Chain: ASPEN SKILLED HEALTHCARE (35 facilities); Owner on file: AGVA LLC (organization) |
| Ownership chain                       | ASPEN SKILLED HEALTHCARE (35 facilities)                                                |
| Penalties vs chain average            | \$17,088 vs \$21,356 (0.8× the chain average)                                           |
| Current deficiencies vs chain average | 18 vs 12.3 (1.5× the chain average)                                                     |

## § 6 CMS Care Compare Star Ratings

|                       |                                    |
|-----------------------|------------------------------------|
| Overall               | 2 / 5 (state avg 3.2 · US avg 3)   |
| Health inspection     | 2 / 5 (state avg 2.8 · US avg 2.8) |
| Staffing              | 3 / 5 (state avg 3.1 · US avg 2.9) |
| Quality measures (QM) | 4 / 5 (state avg 4.2 · US avg 3.7) |

## § 7 Record Provenance

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|                          |                                                                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| CMS data as of           | Jun 2026                                                                                                                                          |
| Independent verification | <a href="https://www.medicare.gov/care-compare/details/nursing-home/555306">https://www.medicare.gov/care-compare/details/nursing-home/555306</a> |
| Snapshot SHA-256         | 8a9ad442205abb16a6c7d6bdb2afd730e2e63afc8a853e5cb07a4bb6889f1de4                                                                                  |
| Methodology & version    | v1.0 — <a href="https://www.caregiverhelpnow.com/methodology">https://www.caregiverhelpnow.com/methodology</a>                                    |

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## § 8 For Your Attorney

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1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
  2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 555306.
  3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 8a9ad442205a.
  4. Deficiency F-tags cited above are searchable in CMS QCOR ([qcor.cms.gov](https://qcor.cms.gov)).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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